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By S. JACCOUD, M.D.,

PHYSICIAN TO THE HOSPITAL OF ST. ANTOINE, PARIS.

TRANSLATED BY JOHN COCKLE, M.D., M.A.

(Continued from page 536, Vol. V.)

The foregoing considerations are applicable to the majority if the organic diseases of the heart, but, in cases of aortic onsufficiency, a special condition both favours and hastens the fatty, or fibro-fatty degeneration of its contractile tissue.

The heart receives the blood destined for its nutrition, from the coronary arteries, but, by an unique exception, they do not receive their maximum repletion at the moment of the ventricular systole. When the blood is propelled into the aorta by the contraction of the ventricle, it passes in a direction directly perpendicular to the orifices of these vessels, consequently, without entering them, and it would be with difficulty only that the nutritive arteries received a small portion of the systolic wave. This condition (a general one) is further aided in a large proportion of subjects by the relative position of the coronary arteries and sigmoid valves. Frequently, indeed, the orifices open so close to the mitral zone of the aorta that when the valves open during systole, they fall back towards the orifices and close them, in which case, it is certain that the nutritive arteries can receive no blood at the moment of the ventricular systole. During the diastole, on the contrary, everything conspires to secure abundant irrigation of the heart. The valves are closed, and the column of blood assumes a retrograde direction; checked by the closed valves, it finds no egress but by the orifices of the coronary arteries largely open to admit it; a portion of blood enters, and the repletion of the arteries is complete. In fine, the injection of blood into the tissue of the heart occurs, principally (I do not say entirely) at the moment of the ventricular diastole, and the pressure of the retrograde column is the most powerful agent in the occurrence.

Such being the mode in which the normal nutrition of the heart is effected, it is easy to see the great disturbance that would accrue from imperfect closure of the aortic valves. A portion of the aortic column of blood regurgitates into the ventricle during the period of diastole, hence, one reason for a direct diminution of the coronary wave; but more than this, the abnormal egress opened to the passage of the blood by the chink of the insufficiency, lowers, considerably, the retrograde pressure of the blood column upon the patent orifices of the coronary arteries, and this pressure affording the *vis a tergo* for the movement of the blood in the coronary arteries, imparts, finally, to aortic insufficiency the two following effects: diminution of the amount of blood supplied to the coronary arteries, and diminution of the pressure causing this blood to circulate; in other words, the heart receives less blood, and that, under less than normal pressure. The nutrition of the heart is thus fundamentally modified and rendered less active. But this is not all. The diminished volume and tension of the blood in the coronary arteries necessarily, induces a retardation of its course in the corresponding veins. This, again, produces in the venous radicles and in the intermediate capillary network, interstitial *stasis*, augmenting, uselessly, the volume of the heart, and restricting that free interchange of elements which constitutes the supreme act of nutrition.

To such source of disorder, another, acting in a similar manner, may be superadded, viz.: the abnormal pressure exercised upon the cardiac capillaries during the period of diastole by the surplus blood which fills, to a *maximum*, the left ventricle.

Thus, shackled, in the initial act which prepares it—admission of the nutrient blood—shackled in the final act which constitutes it—interchange of the *materièl*—the nutrition of the heart is fatally defective, and its tissue degenerates.

While investigating the nature of the muscular tissue generally, Billroth has shown that it tends to degenerate into connective tissue whenever its nutrition is compromised, and certain researches of Traube have confirmed these results in reference to the heart. The change then, is not simply into fat, as Stokes and Paget supposed, but rather one of a fibro-fatty description. The development of this degeneration is frequently hastened by *myocarditis*, contemporaneously existing with the *endocarditis* which caused the valvular disease.

The intra-cardiac papillary muscles naturally participate in these disorders, and end in atrophy, thus directly compromising the action of the mitral valve. My learned friend, Professor Bamberger, of Würzburg, affirms that the papillary muscles are always hypertrophied in cases of aortic insufficiency. Traube, on the contrary, describes them as being in such cases, always elongated, flattened and atrophied. It seems to me, that these contradictory opinions are quite reconcilable, all depending upon the time the examination is made. At the commencement of compensation, the papillary muscles become hypertrophous in common with the left ventricle; subsequently, when the disease has produced the changes I have described, these muscles, also, participate in the change and atrophize. It is, now, that secondary mitral insufficiency results, assuredly one of the most curious points in the history of the affection. So long as the hypertrophy of the ventricle and papillary muscles keeps pace with the dilatation, the respective dimensions of the mitral orfice and its valves remain unchanged, and the closure of the orifice is complete. But, when the hypertrophy halts and yields to the abnormal state of nutrition, when the muscles of the valves, submitted to an abnormal elongation, begin to waste, when, in a word, dilatation acquires the ascendency, the diameter of the mitral orifice aguments in the same proportion, the zone enlarges, and as the valves preserve their original dimensions, there arises a defect of relation between the curtains of the valves and the aperture they ought to close; the closure is now imperfect, and mitral insufficiency results. Whenever, in the case of a patient known to be suffering from aortic insufficiency, without mitral disease, a murmur, during the first period, is heard at the apex of the heart without anteceding acute disease, we may feel assured of the existence of mitral insufficiency originated by exaggerated dilatation of the left ventricle. This accident is of ill-omen, inasmuch as it denotes a disorder of compensation, though not one of immediate peril. Often, on the contrary, during the first phase of this second period, a favourable change in the state of the circulation and, consequently, in the condition of the patient, is observed; indeed, the mitral incompetence opens out a way of escape for the blood which over-distends the ventricle, and acts as an auxiliary by diminishing the sum total of its work. The ventricle empties itself more easily, the auricles dilate in their turn, and this new phase in compensation may retard for a period more or less long, the accidents of confirmed *asystolie*. In consequence of the considerable degree of dilatation of the heart in the case of our patient, I fancy, that the mitral incompetence, which we have detected, is a secondary lesion precisely of this description.

Whenever the compensation of a cardiac affection is compromised the prognosis becomes serious—this is a general fact; but the gravity of the affection is, nevertheless, not always of the same amount, and, in order to form an accurate judgment, the conditions under which the equilibrium is disturbed, must be carefully borne in mind. Permit me to explain myself. If the disturbance can be referred to some positive exciting cause—exertion, for example, unusual fatigue, bronchitis, or other affection capable of inducing momentary disorder of the circulation already compromised—the prognosis is, under such circumstances, less serious, the derangement of compensation is but an accident and not the result of the natural increase of the cardiac disease, and we may fairly hope that, as soon as the superadded cause disappears, matters will revert to their original condition. This confidence is well-grounded when the compensating equilibrium is destroyed for the first time. But, when the disorder results without any appreciable exciting cause, the prognosis acquires an absolute gravity, and, I would add, becomes at once unfavourable. The asystolie is, then, the immediate result of changes occurring in the cardiac structure, and the mechanism is no longer susceptible of repair because the direct agents of compensation are destroyed. Two conclusions are deducible from these facts. In a case of complete or incomplete *asystolie*, the practitioner should most carefully endeavour to discover the possibly exciting causes of the disturbance, and he should, moreover, scrupulously investigate those cases in which disease is compensated, with especial regard to the disastrous consequences of overfatigue of every description, dietetic errors, and particularly those following exposure to cold.

In the case of our female patient, the rupture of compensation has obviously been the united effect of two exciting causes, over-exertion and obstinate bronchitis. We have seen the beneficial results of repose and appropriate treatment in the case. Nevertheless, I do not believe that this patient can be restored to the state of health she enjoyed prior to her admission into the hospital; she is 69 years old, and has always lived under bad hygienic conditions; her disease dates, at least, 15 years; dilatation of the ventricle has induced secondary mitral insufficiency; the aorta is dilated and atheromatous, and from the existence of these conditions, I am persuaded that the nutrition of the cardiac tissue has been compromised for a long period, and, that the occurrence of *asystolie*, has been but slightly hastened by those extrinsic influences we have alluded to. I do not believe that compensation can be completely re-established. She has been in the hospital four weeks, and during three weeks, at least, the alarming symptoms she first suffered from, have ceased: so long as she remains at rest in bed, all seems well, but, the moment she rises, dyspnœa supervenes, the face acquires a cyanotic tint, and the legs begin to swell; the heart can only perform its proper function while she remains in the horizontal position, consequently, I regard her condition as hopeless. She would, assuredly, very speedily sink, if she were compelled to keep the erect position during the day. Repose may, for a time, prolong existence; this is the only possible hope in her case.

I cannot quit this subject, without pointing out to you the frequency of sudden death in cases of aortic insufficiency. No disease of the heart is exempt from this sudden termination, but it is never more to be dreaded than in cases of this description, and I would particularly recommend to your perusal the work that my friend, and colleague, Dr. Mauriac, has devoted to this point of pathology. Bear well in mind this fact, every patient suffering from aortic insufficiency may die suddenly, whenever the compensation is not perfectly exact. The mechanism of this accident is easily apprehended. Remember that the left ventricle is both dilated and enfeebled; under the influence of exertion, emotion, or any other cause influencing the innervation of the heart, either in a direct or reflex manner, the action of the ventricle is suddenly arrested, and it ceases to contract; the double column of blood from the auricle and the aorta enters and distends its cavity; the degenerated muscular walls have no reactive power, the pause of a second—becomes a definite paralysis, and the faintness,—a mortal syncope.

The cases of Williams, Elliotson, Hope, and many others, demonstrate the fact and the explanation I have offered of it. Occasionally, even, the cessation of the heart's action occurs without any obvious exciting cause. The ventricle, for an instant, forgets its functions as it were, and taken by surprise by the blood which over distends it, loses all power of action, ceases to contract, and the patient dies.

The statistics of Aran enables us to appreciate approximately, the comparative frequency of this termination in aortic insufficiency. This acute observer found that in 113 instances of sudden death from disease of the heart, 25 cases occurred in isolated disease of the aortic valves, and in 9 other cases, simultaneous disease of these valves existed. Thus, 34 deaths out of 113, were to be imputed to disease of the aortic orifice.

This special danger inherent in cases of aortic insufficiency, is of great practical importance. It imposes upon the practitioner a paramont obligation. Under such circumstances he should forewarn the relatives of the patient of the possible danger which threatens life. No other resource remains to lessen beforehand our share of responsibility.

Three months subsequently our patient died, and the autopsy, made by my friend Dr. Pierreson, who discharged temporarily, the duties of *chef de clinique*, confirmed the diagnosis in every particular. The heart was hypertrophied and presented considerable dilatation of the left ventricle; the aortic insufficiency was complete; the aorta itself, sensibly dilated at its ascending portion, was studded by atheromatous deposit, and the curtains of the mitral valve, tough, rigid, and uneven, could no longer close the enlarged orifice.

Postcript.—The translator would remark that many points of detail alluded to had already been pointed out by him in his memoir on "*Insufficiency of the Aortic Valves, in connection with Sudden Death, with Notes, Historical and Critical,*" published by Davies (Hardwicke), 1861. For some years prior to the thesis of Mauriac, he had been investigating the mechanism of the cardiac circulation in health and disease, and had advocated the view of the repletion of the coronary arteries during the period of ventricular diastole. This view was adopted by the late Dr. Snow, in his work on "Chloroform," published in 1858, and, indeed, is now generally adopted.

He had, moreover, shown that there are, practically, *three* well marked stages of aortic insufficiency. First, the *irritative* stage—here, in many cases, the earliest symptoms are those of obstruction and general cardiac excitement, from the impediment offered to the onward passage of the blood, by the tumid state of the aortic valves, and it is only after a certain interval, when this tumid state subsides, that the process of contraction of the valves begins; they then permit regurgitation of the blood into the cavity of the ventricle, causing it to dilate. The speedy accession of hypertrophy of the chamber compensates the disorder thus induced, and forms the second, or *physiological* stage, which, in many cases, if rightly managed, may persist for years, and maintain the proper balance of the circulation. Sooner or later, according to circumstances, the third, or *degenerative* stage occurs, and in its train, the symptoms so well described by Jaccoud, as those of asystole. This stage, the translator has shown, may, in some cases, often be foreshadowed by the gradual lessening of the collapse of the superficial arteries—a fact occasionally noticed even by non-professional observers of the cases.

In concluding this Lecture the Translator feels specially called upon to acknowledge the great and ready courtesy of Professor Jaccoud and Monsieur De la Haye, in permitting its publication. The work from which it is extracted—"*Lecons de Clinique Medicale,*" Paris, 1867—cannot be too strongly commended to the attention of our countrymen as equally calculated by its rare excellence to sustain the high character of the School of Medicine of Paris, and to enhance the reputation of one of its most brilliant teachers.

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Original Communications.

MORBID CONDITIONS OF THE THROAT IN THEIR RELATION TO PULMONARY CONSUMPTION: THEIR DIAGNOSIS AND TREATMENT.

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No. I.

The importance of a knowledge of the relations of the disorders of the trachea and adjacent parts, including the larynx, the tonsils, and the pharynx, to pulmonary consumption, has been long admitted by practical physicians.

Before I joined the Consumption Hospital at Brompton, I was sensible of the importance of these relations, but it was after this that its real magnitude was duly impressed upon my mind. Disorders of the trachea and the adjacent parts above indicated have been observed in a very large proportion of the entire cases coming under my care in the hospital. Amongst the forty-three patients—not merely the consumptive—now under my charge in the hospital, no less than twenty-eight present disorders of the parts indicated, thus giving the result of 65 per cent.

The chief relations which have been held to subsist between these throat disorders and pulmonary consumption, are four in number—1. That of a precursor; 2. That of a coincident; 3. That of a sequela; and 4. That of a simulator. These relations are all worthy of note, but in this paper most attention will be given to the fourth relation—viz., that of a simulator.

Precursor.—As a precursor, the disorders above-named perform a comparatively unimportant part. In many cases of phthisis declaring itself soon after the advent of the disorders referred to, I am satisfied the priority was more apparent than real, and that tubercle in the lung was really present before the disorders of the trachea were manifested, and that diligent search for the physical signs of tubercle instituted at the first departure from health would have resulted in the discovery of physical evidence of tubercular disease of the lung. I have met with numerous examples of pulmonary consumption in the history of which, it has been declared by the patient that, the first disordered condition was that of the throat and voice, and that the chest was only secondarily affected. These cases have come before me in large numbers, but I have generally found that the amount of disease in the lungs at my first examination has been so great, as to suggest its comparatively long duration, and the probability of its having been really the primary disorder. In fact, the evidence in a large proportion of cases of phthisis in which throat affections have been held as precursors, the pulmonary disease was the real and primary one, and the supposed precursor was truly a secondary one.

In one sense throat affections may be regarded as precursors—viz., as antecedents, for, of course, persons suffering, or who have suffered, from these complaints are, like all others, more or less liable to become affected with phthisis. Many persons who have suffered from throat complaints become the subjects of pulmonary consumption, but these disorders are more truly antecedents merely—that is, independent prior disorders, performing no part in the production of tubercle in the lung. Primary tubercle of the trachea, if it ever occur at all, we have reason to believe, is an exceedingly rare affection, and the ordinary inflammatory disorders of the trachea and the congested and hypertrophied conditions of the mucous membrane are very different in their nature from tubercle, and seldom or never give rise to it either in the parts primarily disordered or in the lungs. Such is my experience, and such is that of most enlightened practical physicians and pathologists of the present day. True it is, in non-professional parlance, we often hear of neglected colds of the throat spreading down into the lung and producing consumption, and in some not highly esteemed professional writings we read of the same relation. It was Dr. Hunter, of inhalation notoriety, who most recently pressed upon the public this error and false induction.

A Coincident.—Affections of the trachea and adjacent parts do occasionally manifest themselves by hoarseness and other throat indications at the same time that pulmonary consumption gives signs of its development, and the two classes of disorder seem to arise at the same time.

We see this alliance or double development to hold almost exclusively in cases of acute pulmonary consumption. But even in cases of acute consumption signs of tracheal complication seldom develop themselves until the pulmonary and more grave form of disease, together with constitutional disturbance, has held in a marked manner for days or weeks. Therefore as a coincident (beginning at the same time) of pulmonary consumption, tracheal disorder is of comparatively little import.

Sequela.—It is as a sequela of pulmonary consumption that tracheal disorders assume their most grave aspect. Including all forms of pulmonary consumption, and all its stages, we may safely say that few cases are met with which do not present some material evidence of tracheal disturbance.

In the first stage of phthisis the non-implication of the trachea and adjacent parts is most common, but even in such cases a majority will show a not entirely healthy condition of the parts in question. In the second stage a much larger proportion of cases is found to be implicated with these minor affections; and in the third, nearly every case reveals, either by the voice or by respiratory auscultatory signs, evidence of the implication of the windpipe. The task of connecting the disorder of the trachea with the more grave disease of the lung in such cases is, on the whole, an easy one. If there be any difficulty it is in cases of phthisis in its first stage. The aberrations from the healthy amount and quality of the respiration sounds of the chest, serve at once, in the later stages of pulmonary consumption, to indicate the dependence of the minor disorders upon pulmonary mischief.

Of twenty-six cases of all forms of phthisis in all stages of the disease now in the Hospital at Brompton, under my care, nineteen, or 73 per cent., give full evidence of disorder of the upper air-tube apparatus.

Some of the local complications are grave, while others are of less serious significance.

Of eighteen cases of phthisis in the third stage, only three are free from implication of the trachea, and other parts of the upper air-tube apparatus. These figures give a percentage of 83.

The diseases of the trachea, larynx, and adjoining parts, which we observe in pulmonary consumption, are almost invariably found to hold this relation, viz.—that of sequela. In examples of acute pulmonary consumption, it is consistent with my observation to say, that the disorders of the windpipe, &c., that occur, depend upon the extension to the parts first involved, of that tubercular vascular over-action which originated in the lungs. This morbid action is propagated by continuity of structures.

In chronic cases of phthisis, the disorders of the trachea, larynx, and adjoining parts, seem to proceed from the production of congestive action from neighbouring irritative disease, and in the second and third stages from inflammatory conditions, sometimes simple and sometimes tubercular, caused by the actual passage of irritant secretions, and the *debris* of destroyed material from the diseased lung, over hitherto healthy parts.

The morbid alterations of structure which I have observed in the trachea and the adjacent parts, in pulmonary consumption, are various. These conditions are often simply an injected and turgid, and somewhat swollen state of the mucous membrane of the rima of the glottis, the epiglottis, the tonsils, and the posterior wall of the pharynx, and of the larynx and trachea. These parts may be all equally affected, but it is more frequently the case that only some parts are materially involved. In the more advanced cases of phthisis the larynx and trachea are chiefly diseased, but in many examples, rapidly progressing to a fatal issue, all parts are implicated. Red and injected conditions, with small elevations of swollen glandules of the posterior wall of the pharynx are common. Indented or serrated conditions of the epiglottis are often presented, and a thin and shaven-off like edging is not unfrequent. A red and scarlet state of the epiglottis, resembling the petal of a scarlet geranium, is often met with. The larynx is often inflamed, congested, ulcerated, and totally, or almost totally, deprived of its vocal cords. A very general condition, in extremely bad cases, is one of total loss of the cords, with deep ulceration between the thyroid and cricoid cartilages, and a general ulceration, and rough or granulated surface of the entire mucous membrane of the larynx.

The symptoms during life attending the allied disease of the trachea, &c., are, in slight cases, huskiness and occasional hoarseness, sense of irritation in the throat, and more or less frequent attempts to clear the parts of mucus, producing a sound like the word "hem," more or less forcibly formed. The hoarseness frequently becomes continuous, and when ulceration of the larynx is extensive, aphonia or whispering is produced. When the vocal cords are totally destroyed, the aphonia is complete, and the attempt to speak simply produces a roaring and inarticulate sound, very painful to hear. In these latter cases deglutition is painful, and when the epiglottis is greatly ulcerated, particles of food are wont to fall into the larynx and to give rise to partial suffocation, and to severe local convulsive efforts.

An œdematous state of the rima glottidis is occasionally found in the last stages of pulmonary consumption, and this gives rise to great difficulty of respiration. The lung is not duly inflated, and it is impeded in the expulsion of its æriform contents. The voice is destroyed, or becomes whispering, and the sound of respiration, heard through the medium of the open atmosphere, or through the stethoscope placed upon the neck, is hissing and constricted. The greater intensity of the hissing or constriction at the immediate region of the glottis, points to the seat of the constrictive disease.

Tubercular matter, grouped in masses even so small as mustard-seeds, I have never seen in the larynx and trachea, and this product seems, when deposited, to affect very fine forms, scarcely visible to the naked eye, such as I have observed in the aorta and pulmonary artery. The distinct masses of tubercle which we find imbedded in the mucous membrane of the bowels, both small and large, I have never seen imitated in the mucous membrane of the tubular apparatus leading to the lungs. The addition of important throat affections to pulmonary consumption adds seldom to the danger of the patient, but exposes him to grave inconvenience. Difficulty of swallowing tends to hasten dissolution.

The discovery of even advanced disease of the lung is in some cases impeded by the presence of strongly marked signs of disorder of the trachea, &c. The coarse and loud constrictive respiration sound through the upper portion of the air-tube apparatus, tends by descending into the lung structure to mask fine and single humid crackles in cavernules and in cavities. The cavernous voices is with some difficulty made out in cases marked by partial aphonia, and weak and whispered voice. The articulated voice, superficial and very near so valuable as a sign of cavity is, of course, lost in cases of aphonia. I have seen several cavity cases in which, even after very diligent exploration, I have been left in doubt until a second examination has been made. The proportion of such cases is small, for careful listening will generally detect some amount of crackling, either cavernulous or cavernous, and the voice over the diseased lung will generally show an unusual amount of distinctness and nearness. Besides in advanced softening and in cavity cases, the motion is reduced, and the percussion is either dull or of manifestly short duration. Coughing will sometimes give the requisite evidence. In cases of tubercular, perforation of the pleura, the amphoric respiration and voice, and the clear percussion at first throughout the diseased side, and in the stage of effusion the clear percussion above, and the absolutely dull percussion below will almost always suffice to lend certainty to the judgment.

It is right, however, to mention that cases of cavity do sometimes present themselves in which the cavity has been altogether overlooked when such oversight is scarcely to be justified, and this has happened from the marked character of the throat complication causing the chest to be exempted from all exploration. Since very much attention has been given to the laryngoscope, and so much time expended upon its use, these over-lookings seem to have become more than usually frequent. Perhaps this is in some measure to be explained by the fact that the laryngoscope has been largely adopted, and most usefully too, by some members of the profession, who had not previously seen much disease of the chest, or been familiar with the methods of exploration of that portion of the body. Such oversights are not only an injustice to the patient, but discredit the medical attendant, and are likely to prove injurious to him. To avoid all chance of such results it should be made a rule that, in cases of throat disease of any importance, either through the urgency or intractability of local symptoms, or suffering of the general health, the entire chest should be subjected to the tests of expansion, percussion, and auscultation, I would almost say of *differential* auscultation. With this chest examination such errors will not often occur, and should disease subsequently manifest itself, it will be felt that non-discovery did not rest upon culpable neglect.

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ON THE ACTION OF ACONITE AND QUININE IN NEURALGIA.

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(A paper read before the Cork Medical Association.)

Gentlemen,—It is not with a view to enunciate any new theory regarding the action of a drug often experimented with before by such men as Pereira, Gesner, Fleming, and others, that I bring these few remarks under your notice, nor to propound any new doctrine on its therapeutic effects, but being struck often, while conversing with medical men on the action of aconite, by their dislike to administer it internally at all, I was tempted to bring the following case under your notice to-night.

Now, it has not been the ardour of the young physician, nor the love of new and extraordinary means of aid that has occasionally led me to use it, but that like others, struck as a student with the startling effects of aconite, I subsequently became practically convinced of its therapeutic value, and have not been afraid to administer it internally when cases presented themselves which demanded its use. I now wish to allude to its action in neuralgic affections only, and shall illustrate any remarks I make by rather a curious case which I attended this year. In cases where as yet I have had to use aconite, such as in the varying shades of facial neuralgia, cephalagia, &c., I have invariably combined it with quinine, and with astonishing good effect, that is to say, cases that quinine was administered in without any result, on combining aconite with it, I afforded relief.

Thus, having often seen the good results from the combination of these two powerful drugs, I determined to use them as a first means on this particular instance, and then thought that it might be a good example to add to the list of those brought before the profession of the use of aconite.

Mrs. H., aged 72, apparently very strong and robust, I saw on January 16th, 1867, about six P.M., suffering the most excruciating torture, quite unable to speak coherently and shrieking dreadfully from pain. Her daughter explained to me that this had come on violently since three P.M. of the same day, but that for a few days previously, she had suffered slight neuralgic attacks in the arm and side. The old lady writhing in agony directed my attention to her thumb, and from her daughter I learned the following history:—Twenty-five years previously she had injured her hand; the bones of the thumb got affected, and Sir P. Crampton wished to take away a piece of one. This she would not consent to, and five years subsequently, during a period of extreme cold and frost, she got a bad attack of neuralgia, and went to her physician, requesting him to amputate the thumb, so bad was the pain in it.

Though shaken greatly in her general health, she had no return of neuralgia for a period of twenty years, until the severe frost of January of this year again brought it on. I was on the point of examining the thumb, but the moment I touched it, she screamed most violently, and got into such a state, that it completely prevented any further examination, and I refrained, satisfied that she suffered from pure nervine pain propagated by the old lesion in the thumb, and fostered by the extreme cold—she having gone out each day to chapel notwithstanding her daughter's entreaties. My visit was hurried, as I saw that her suffering was so intense, and all she could now say was that if I knew of no other means to alleviate the pain, to get the thumb amputated forthwith.

I ordered immediately—Tinct. aconiti, ʒi. Quinine bisulph. ʒss. Acid sulph. dil, ʒi. Aq. ad. ℥viiim. ℥ss. stat. et rept. omni secr. hora, directing that if anything unusual occurred to send for me at once, but that I'd see her early the next morning. I did so, and to my astonishment, for I thought the amount of relief I might have afforded the old lady, never would have satisfied her. She expressed herself very thankful to me, and I saw at a glance that she was much better. Questioning her regarding any sensation she might feel, she complained of numbness and tingling in her fingers and toes; she had had a few hours sleep in the night after four or five doses of the mixture, and it was after the sleep she awoke so much relieved. She apologised for being, as she said, so like a mad woman on the previous evening. I now ordered the mixture to be given only every third hour, and seeing her the same evening so much better, I discontinued the use of the aconite, and reduced the dose of the quinine. She then recovered completely, and I have not since seen her. I tried the strength of the tincture. I used it in this instance, as follows:—I selected a fine buck-rabbit, and having kept it some hours previously without food, gave it ten drops of the tinct.—

1st. Ten drops—no effect.

2nd. Ten drops, one hour after: spasms about the throat and twitchings about its mouth set in.

3rd. Ten drops, one hour after last: more spasms, limited to the mouth and throat.

4th. Ten drops, one hour after last: more spasms, limited to the mouth and throat.

5th. Twenty drops, half-an-hour after: great difficulty of breathing, and spasms of jaws.

6th. Half-an-hour after, twenty drops: same result, increased in energy.

7th. Twenty drops, half an hour after: violent convulsions of all the body, jerkings of head and hind limbs, the latter thrown alternately out, and gaspings; death in about half a minute after the dose, so that *less* than ʒii of this tincture produced death, divided over a period of more than four hours. We may notice, in this case I have quoted a few points:—1st. The effects of severe cold in developing a disorder latent for so many years, as also that the thumb had recovered the effects of the injury, *it* was the part to originate the general disorder of the nerves of the arm, shoulder, and face. 2nd. The rapid subsidence of such severe pain under the combined influence of aconite and quinine.

Now, before answering the question as far as pathology and physiology will allow us: How do aconite and quinine combined, or aconite alone, effect an neuralgic patient? We must first decide what is neuralgia? and here is the first difficulty; without entering into varied discussions we may take as the results of the researches of those interested in this curious affection, that it is due to some morbid change in the nerves of parts often not *recognisable* after death, as slight thickening, vascularity, or pressure from tumours in their immediate neighbourhood, these changes being the active causes which are set in motion by external or internal agencies, as atmosphere in the first case, or stomach and intestinal disorders in the second, both alike giving rise to intense suffering traceable often to no cause, but this external or internal agency which produces, in some unknown manner, a state of increased sensibility of the nerves of sensation of certain regions not even evidenced by any visible changes in these parts, or again to some low state of vitality of certain peripheral nerves, consequent on a disordered condition of surrounding structures, or the direct result of any *injury*.

Looking, now, practically as to the manner in which aconite given internally can be a remedy for any of those morbid states:—1st. As a contro-stimulant, either by a direct action conveyed to parts by the blood, as evidenced by the numbness and diminished sensibility, this influence being felt by parts preternaturally excited before acting on the system generally (Fleming). 2nd. By a direct sedative action on the circulation as shown by its action on the heart's pulse. 3rd. By diminished power of sensibility of the brain—it being, as Bouchardat states, a stupifying agent, less powerful than belladonna or opium. We may thus make a two-fold division of its mode of action on a neuralgic part.

1st. Reducing any increased vascularity and excitability.

2nd. Exercising a healing influence on the nerves of the part, and deadening sensibility in the nerves of the affected region, both effects being increased in proportion as it influences the nervous system generally through the brain; and, as Dr. Fleming remarks, "if an organic lesion, resulting from an injury, be not present, our cure may be permanent," if it is only temporary, the physician, always remembering the physiological action of aconite, must seek for those states of the system which contro-indicate its use, and not stigmatise a drug as noxious and dangerous, which, if given in congested states of organs, lungs, or otherwise, will decidedly verify his worst anticipations; or if in anæmic states of the system we give this powerful drug, we must only blame our own rashness, if its indiscriminate use leads us into trouble.

To enter into the vexed question of the exact way in which quinine acts, whether it is a tonic, acting simply by catalysis (Headland) on the blood, or by giving to it some essential ingredient in which it is deficient. For my part, I must confess myself an advocate of the logical conclusions drawn by Dr. Headland on this matter in his recent able edition on the "Action of Medicines," believing quinine to be a restorative medicine, not directly neurotic, and adducing in evidence the discovery of Dupré and Jones by means of the fluorescent test, which establishes the presence of a substance in the blood similarly constituted to quinine. Certain it is that quinine is not excreted in any quantity, and it requires very large doses to detect its presence in the urine. To satisfy myself of this fact, I obtained some pure *quinia* from the Apothecaries' Hall, Dublin, and gave, at intervals, to a healthy man (a pensioner) 33 grains in the 24 hours. He suffered from pains in the loins, head, and back. I got him to pass urine immediately before the first dose, and obtained, then, all he passed in the 24 hours, amounting to 54 fluid ounces. It was quite clear and *healthy*. I first took two ounces and rendered it slightly acid with tartaric acid, evaporated to dryness, dissolved in absolute alcohol, and evaporated in a water-bath, filtered, and extracted the residue, and repeated this process three times. I then extracted the residue with more alcohol, to which remainder, by this time very minute and colourless, I added solution of carbonate of potash, and got a *white precipitate*, perfectly soluble in æther, but failed to get the chlorine and ammonia test on the evaporation of the ether. On again repeating the same process with four ounces of this urine, I got the green with chlorine and ammonia, but from the quantity I obtained altogether from the six ounces, I should say that not more than a few grains passed entirely through the urine. We may thus look on quinine as producing a *permanent* change in the blood, either filling up some deficiency, or producing some change in its integral constituents, and so altering the existing state, and conclude that quinine acts through the blood, and that its effects in nervine disorders are due to this blood-action, which is restorative in character. So that it is indicated in any deranged state of the system which clinical experience shows to be the result of certain morbid states of the blood, originating in a deficiency or change in its ingredients, as evidenced by a certain class of affections that follow those particular changes.

Is not, then, neuralgia often the result of such changed conditions of the blood? Pathology, in many instances, can assign no cause for it! Morbid anatomy looks in vain for any state to account for the life symptoms, and though we may have palpable causes during life, and apparent after death, still, in many instances, we can assign no reason for suffering but some debilitated state of the blood, anæmic or otherwise, no practical physician having failed to observe the relation that exists between neuralgia, debility, and hysteria; often do we find all three co-existing in the same individual, and as surely as chlorosis and hysteria are allied, so is neuralgia and other debilitated states. The question arises, then, does not quinine, by altering this morbid state, relieve the condition that it has induced? and this I believe to be its true action. And so we may use it as a valuable adjunct to aconite—1st. In neuralgia occurring in anæmic or debilitated patients, without any apparent nerve-lesion or exciting cause. 2nd. In old cases of neuralgia, where the primary disease has induced a state of the circulation at the part affected not in accordance with health. 3rd. In all cases where, to a temporary relief, we would add permanency of cure.

I trust the society will pardon the time I have taken up on this apparently trivial subject; but I offer my excuse in the words of Dr. Headland, when he says that "it must be confessed that in the action of medicines and their agency in curing disease, we do not so much excel our ancestors;" and he rightly attributes it to the want of united medical testimony on the action of drugs, "so that the doubts and difficulties which are now clearing away before the efforts of a few, may be finally dissipated by the energies of all."

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Hospital Reports.

CITY OF DUBLIN HOSPITAL.

REMARKABLE AND VERY RARE CASE OF SPREADING GANGRENE OF THE LEFT UPPER EXTREMITY, RESULTING FROM DISLOCATION OF THE HEAD OF THE HUMERUS INTO THE AXILLA—FATAL TERMINATION—POST-MORTEM APPEARANCES.

UNDER THE CARE OF MR. CROLY.

J. S., aged 73 years, a bricklayer, a powerfully muscular man, and unusually active for his time of life, residing a few miles from the city, was admitted into the Hospital under Mr. Croly's care, on the evening of the 29th of May, on the recommendation of a medical gentleman:—

History.—He was working at a gentleman's house on the 26th of May, and accidentally fell from a ladder; he struck his left arm in the fall, and immediately lost all power of the limb, which swelled rapidly; he felt a coldness and tingling in his fingers. He was visited in two hours by a practitioner of long experience, who at once recognized a luxation of the left shoulder-joint, and was forcibly impressed by the unusual amount of swelling, not only of the hand and forearm, but of the entire upper extremity. The patient was placed on the floor, the surgeon (having taken off his boot) put his heel into the axilla, and grasped the wrist; with the utmost facility the head of the bone was returned into its natural position, and the arm was bandaged to the side.

May 27th.—On visiting the patient he observed that the swelling had not diminished since the reduction, and on examining the shoulder-joint he felt a depression beneath the acromion process, as if the head of the bone had again left the glenoid cavity.

29th.—The patient complained of coldness and total loss of sensation in the fingers. He was then removed to hospital.

Condition of Patient and appearance of limb on admission.—Countenance cheerful and natural; pulse (at *right* wrist) 80 in the minute; tongue clean; left hand cold and very much swollen; nails blue; no sensation in the fingers; forearm swollen and congested, upper arm at least twice the size of the sound limb; no pulse can be felt at the wrist or in the brachial artery. The shoulder-joint (when the elbow is kept in to the side) presents a naturally rounded appearance, but on abducting the arm a depression is observed (beneath the acromion), into which the fingers sink upon pressure.

There is a large soft tumour filling the entire axillary cavity, not diminished in size by compressing the axillary artery in its first stage, and an enormous ecchymosis extending from the superior costa of the scapula to the gluteal region posteriorly, and laterally from within two inches of the dorsal vertebræ to the nipple of the breast.

Treatment.—Hand and forearm enveloped in wadding cotton and supported on a pillow. A liberal supply of nourishment was ordered, and opium with quinine prescribed.

May 30th.—Patient slept well; does not complain of pain; tongue clean; pulse strong and natural in sound arm. There is great tension and infiltration of all the affected limb. There are dark-coloured bullæ on the back of the hand, which presents a bluish appearance.

Mr. Croly consulted with his colleague on duty (Professor Hargrave), who agreed with him as to the propriety of making superficial incisions into the forearm and arm, to relieve tension. This was accordingly done; serous fluid escaped, and the angles of each wound were plugged with strips of lint steeped in turpentine, to prevent hæmorrhage. Immediately after the incisions were made the axillary tumour disappeared.

One of the incisions was made over the course of the brachial artery, and the fascia was opened; but neither Professor Hargrave nor Mr. Croly could feel any pulsation in the vessel.

31st.—Patient in the same cheerful spirits, and apparently not suffering from any constitutional disturbance. Hand of a bluish-black colour; the discoloration has extended as far as the dorsal aspect of the forearm above the wrist. The integuments above the gangrene present a purplish-red appearance on the dorsal aspect, and a mottled look on the anterior part of the forearm, extending obliquely upwards and inwards nearly as high as the elbow-joint.

June 1st.—Patient passed a good night, and has taken eggs beaten up with whiskey, a chop, strong beef-tea, and a liberal supply of wine each day since admission. His countenance is natural, and he is, as usual, very cheerful and hopeful. Pulse full and strong. He passes urine freely, which is not discoloured. A number of flaccid bullæ containing gas and dark fluid have formed on the forearm, and there is a gangrenous odour from the limb.

Mr. Croly drew a line with ink around the forearm, for the purpose of observing the extension of the gangrene.

2nd.—Patient was restless during sleep last night, yet his countenance is not indicative of any distress. Pulse 88, and full. He was ordered a turpentine enema, with tincture of assafœtida, as the bowels were not freed for two days. No tympanites. Continues to enjoy his food, and passes water freely. The gangrene has not extended above the ink-line on the dorsal aspect of the limb, but there are dark streaks above the line marked on the anterior surface. Much of the extravasated blood in the scapular region has been absorbed. Phlyctenæ on limb larger.

Temperature of hand and forearm, 75°
„ upper arm, 95°

3rd.—Patient passed a tolerably good night. Countenance not so bright or cheerful; face sallow; pulse not so strong, and more frequent. The gangrene has spread about three inches above the ink-line. He could not pass water this morning. Mr. Croly introduced the catheter, and drew off healthy-looking urine.

A consultation was held at twelve o'clock noon, and it was decided that amputation at the shoulder-joint should be performed at half-past three o'clock, which proposal the patient and his friends agreed to.

At half-past three o'clock Mr. Croly visited the patient (who was most anxious that something should be done to give him a chance of his life), but found a marked change for the worse in the short time which elapsed since the consultation at noon. The countenance became anxious, respiration accelerated, with dyspnœa; the pulse was rapid, and the patient seemed partly unconscious.

Mr. Croly at once abandoned the idea of operation. The patient expired at eight o'clock P.M.

AUTOPSY SIXTEEN HOURS AFTER DEATH.

Mr. Croly (assisted by his colleagues Professor Hargrave, Mr. Tufnell, and Dr. Hewitt, and in the presence of the class), made a careful dissection of the shoulder-joint and axillary region in the following manner:—

An incision was made, commencing at the centre of the clavicle, and carried in a curved direction to the insertion of the deltoid muscle, and from that point upwards and backwards to the spine of the scapula. On dissecting up the integuments a large quantity of dark-coloured blood was observed infiltrating the subcutaneous tissue. The deltoid muscle, which was largely developed, was reflected upwards so as to expose the joint; large black clots of blood were seen beneath the muscle; the dissection was carefully continued so as to expose the axillary artery and vein. On abducting the arm, an enormous quantity of dark clotted blood was observed, filling the axillary cavity between the subscapular muscle and the ribs. The clots were removed in handfuls, and when the parts were sponged, the axillary artery, at the termination of the third stage of its course, was opened, and a gum-elastic catheter passed through the vessel up to the clavicle, to ascertain if it was wounded. A catheter was also passed through the vein with the same object. The axillary artery and vein were thus carefully examined throughout their three stages, and no lesion of either vessel could be discovered, nor was there any atheromatous deposit in the artery. The subscapular vein (a very large trunk) was found lacerated at its junction with the axillary vein, thus accounting for the hæmorrhage and gangrene. There was not any lesion of the brachial plexus.

On examining the shoulder-joint, the capsular ligament was found divided at its inferior part so fully, that on abducting the arm the head of the humerus could be luxated into the axilla with the greatest facility, the portion of the head of the bone corresponding to the laceration of the capsular ligament, and subscapular vein, presented a well-marked appearance of chronic rheumatic arthritis. A chisel-shaped osseous stalactite of about an inch in length, was developed on the bone at the internal part of the anatomical neck. The upper arm was infiltrated with serum and blood. There was not any rupture of the muscles discovered, and no trace of the long tendon of the biceps could be found in the joint.

Remarks.—The post-mortem examination in this interesting case explained the remarkable facility with which the dislocation was reduced, the joint having exhibited the morbid appearances characteristic of chronic rheumatic arthritis. The chisel-shaped osseous stalactite (an adventitious growth found on the anatomical neck of the humerus) caused the extensive laceration of the capsular ligament.

This peculiar condition of the joint, and the destruction of the articular portion of the long tendon of the biceps usual in this affection, allowed of unnatural mobility of the head of the bone.

The subject has been recently brought under the notice of the profession in an able article by Dr. Adams in the pages of this Journal.

The sudden and enormous swelling and tension of the entire upper extremity, and the subsequent extensive ecchymosis of the scapular region and the side, were found to be the result of laceration of the subscapular vein (a vessel of considerable size), evidently produced by the sharp ridge on the neck of the bone. The gangrene which soon followed was caused by the venous extravasation, which intercepted the circulation through the limb (venous hæmorrhage being probably a more frequent cause of gangrene than arterial lesion). Being an example of spreading gangrene, in which not any appearance of a line of demarcation was observable, the question of amputation was discussed (a procedure recommended in such cases by Larrey, Guthrie, and the lat

Professor Porter, the highest surgical authorities), and although an unpromising case for operation (in consequence of the advanced age of the patient and the extensive ecchymosis of the trunk), it was decided, upon consultation, to afford the sufferer a chance of preserving his life, by amputation at the shoulder-joint (and thus reach the source of the lesion which caused the gangrene), as no constitutional symptoms to contra-indicate the operation had appeared.

The consultation was held at twelve o'clock noon, the operation decided upon, and the hour fixed for half-past three P.M.; but during that brief interval very unfavourable symptoms set in. The operation was accordingly abandoned, and the reasons were fully explained by Mr. Croly to the class which had assembled in the operation theatre.

As far as can be ascertained, the foregoing is not only a very rare, but probably an unique case, and will doubtless be read with interest by the practical surgeon.

The post-mortem examination is very interesting—firstly, in fully explaining the cause of the lesion which produced the fatal gangrene; and secondly, in showing how unsuccessful amputation would have proved, and consequently how hopeless in some cases are the resources of our art.

RICHMOND SURGICAL HOSPITAL.

CASES UNDER THE CARE OF MR. WILLIAM STOKES.

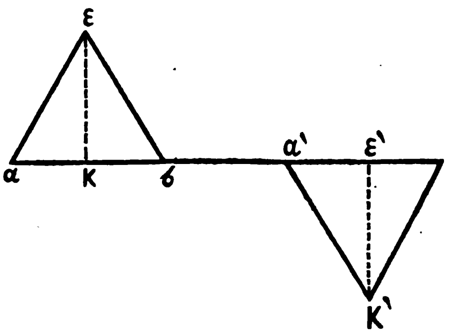
(Reported by Mr. JAMES ROSS.)

EPITHELIOMA OF FOURTEEN YEARS' DURATION SITUATED ON LEFT CHEEK OVER THE MALAR EMINENCE: RECENT RAPID INCREASE OF THE WARTY GROWTH: EXCISION OF THE TUMOUR, AND SUBSEQUENT PERFORMANCE OF BUROW'S PLASTIC OPERATION: SUCCESSFUL RESULT.

As this case is one in which the plastic operation of M. Burow, a Polish surgeon of considerable eminence, was performed, a brief record of the case to its successful termination cannot be considered devoid of surgical importance:—

Phinter D., æt. 60, was admitted into Mr. Stokes' wards in the Richmond Hospital on the 20th of last May. The patient stated that about fourteen years ago he received the prick of a needle in the cheek, in the situation of the tumour, for the removal of which he had come into hospital. Shortly after getting this apparently trivial injury he perceived a small wart about the size of a grain of rice to form exactly in the situation where he got the prick of the needle. This wart remained stationary for a very considerable length of time, after which it seemed to get loosened, and the patient then picked it off with one of his nails. Another then formed in the same situation, and ran precisely the same course. Things remained in this way for several years, the disease being apparently quite localized, and the general health of the patient remaining in every respect perfectly unimpaired. About six months previous to the patient's admission into the Richmond Hospital the warty growth began to increase in size, and when he came under Mr. Stokes' care the tumour was fully half-an-inch in length, and a quarter of an inch in breadth. There was no evidence of any similar disease elsewhere.

After some clinical remarks to the class on the nature of this peculiar form of malignant disease, Mr. Stokes observed that when it occurred in the situation in which it was in the case under observation—viz., on the face, it was of the last importance to the patient that no permanent disfiguring cicatrix should be left in the situation when the tumour was removed. Mr. Stokes proposed to obviate the chance of this occurring by performing a plastic operation after removing the tumour, which would have the much to be desired effect of not leaving any marked cicatricial deformity. The operation alluded to, was one designed originally by a Polish surgeon named Burow, of considerable continental celebrity, the particulars of which Mr. Stokes had learned from seeing the operation performed by M. Arlt, the eminent Professor of Ophthalmology in the Vienna University. The different steps of this ingenious operation were then carefully explained to the class. The patient having been brought full under the influence of chloroform the tumour was encircled by three incisions in the form of a triangle (*a e b*), the apex of the triangle (*e*) being above the tumour, and the base (*a b*) below. The tumour and the portion of the integument to which it was attached were then carefully excised. The incision (*a b*) was then carried outwards until its entire length (*a b'*) was three times that of the base of the triangle (*a e b*). The different steps of this operation will probably be best understood by reference to the annexed woodcut:—



Burow's Plastic Operation.

The next step consisted in making the outer third of this horizontal incision (*a' b'*) the base of a second triangle (*a'* K' *b'*) in every respect equal to the original one (*a e b*), where the tumour was removed. The integument within the incisions, constituting the second triangle (*a' b'* K'), was then carefully dissected off. There were then two raw triangular spaces to be covered in by sound integument, one which had been the seat of the epithelial cancer, and the other in which the integument was perfectly healthy. This was easily effected by dissecting off with great care the triangular flaps (*a a'* K') and (*e b b'*) from the adjacent structures. This having been done, no difficulty whatever was experienced in bringing the points (*a b*) together by one interrupted suture, and the points (*a' b'*) together by another. In this way the triangular spaces were completely filled up, without any chance of a broad cicatrix, which would necessarily have been left had either of them been left to fill up by granulations.

The sutures were left undisturbed for three days, after which they were removed; the greater portion of the wound had united by first intention—indeed, all, except the points corresponding to the apices of the two triangles. In order to promote union at these points, Mr. Stokes inserted two of the finest of the so-called "entomologist" pins, and by a figure of eight suture brought the ununited edges of the wound into close apposition. After two days the pins were removed, when it was found that all the wound had united perfectly. Nothing could have been more entirely satisfactory than the result of this admirably conceived and extremely ingenious plastic operation. This case, as far as Mr. Stokes is aware, is the first in which this operation has been performed in this country, and the particulars of it to its successful termination cannot but prove interesting to those who take an interest in this all-important and thoroughly practical department of operative surgery.

SEVERAL of the old students of St. Thomas's Hospital met at Mr. Whitfield's on the 18th, to consider how, on the rebuilding of the hospital, they might, by some special gift, best testify their attachment to their old school. Drs. Barker, Carpenter, Clapton, Saunders, Messrs. South, Solly, Le Gros Clark, Whitfield, and Stone, with Dr. Sedgwick, 2 Gloucester-terrace, as honorary treasurer and secretary (who will be glad to hear from old students), were appointed a sub-committee to report on the matter to a general meeting to be shortly convened.

Address

DELIVERED AT THE OPENING OF THE GENERAL MEDICAL COUNCIL.

SESSION 1868.

By Dr. BURROWS, F.R.S., President.

GENTLEMEN,—Ten eventful years have transpired since the Legislature created this Council for the performance of most important duties towards the medical profession and the public. For nine of those years I have had the honour of being associated with you in your labours, and for nearly five years by your favour I have occupied the distinguished post of President. The vessel on which we have embarked, when first constructed, excited the scrutiny and criticism of many. When first launched she had to steer her course through unknown or untraversed seas, often through tempestuous waters, with quicksands around us and breakers ahead. She visited ports where her presence was hardly welcome. The original crew, unaccustomed to work together, laboured under serious disadvantages; the crew has sustained many great losses. Some of our foremost men have been taken from us; but still nearly one half survive to recount the dangers of the past, and to assist by their experience those more recently enlisted into an arduous and responsible service. Our craft is still sound, and our crew more disciplined. We have learnt to esteem or appreciate our companions, and let us hope that the venture of the present year may, by our earnest denial of self, by our prudence and circumspection, and close application to our work, bring profit to those whose interests are consigned to our keeping as well as credit to ourselves.

In former years, I have in my opening address ventured to retrace succinctly the proceedings of the previous session, and to indicate some of the questions which you would be called upon to investigate and discuss during the current session; but in consequence of the additional duties assigned to our enlarged Executive Committee, it would be presumptuous on my part to arrogate to myself a duty which must necessarily be more ably performed through the joint labour and wisdom of the members of that Committee.

It is, however, incumbent on me, as your President, to render to you some account how I have performed certain public duties which have devolved upon me personally, as such knowledge may to a certain extent influence you in the course you may think proper to take in the future conduct of the business of the Council. By a resolution of the General Council on June 6, 1867, and also by one passed by the Executive Committee on November 12, 1867, recorded in the Minutes of the Medical Council, vol. v., p. 273, your President became charged with the duty of conferring with the Government respecting the Bill for the Amendment of the Medical Acts.

THE MEDICAL ACTS AMENDMENT ACT.

During the past winter I had various communications with the Government, and more particularly a lengthened interview with the Home Secretary on February 7 last, and on that occasion I again pressed upon Mr. Gathorne Hardy the necessity of Amendments in the Medical Act of 1858, and requested him to give his assistance to the General Medical Council in bringing a Bill into the House of Commons. After a patient hearing of my statement, Mr. Gathorne Hardy frankly said that in the early part of the impending session of Parliament he had so many Government Bills on his hands, that he could hold out no promise of assisting the Medical Council before Easter; but that if the state of public business would permit, at a later period of the session, he would give his attention to the subject. Mr. Hardy at the same time requested me to prepare a short memorandum for him, embracing in a succinct form the points most urgently requiring his attention. With the able assistance of the Registrar (Dr. F. Hawkins), I was preparing this document immediately before the Easter recess, when, as you know, a thunderbolt was thrown on the floor of the House of Commons which startled and amazed the uninitiated, disconcerted all the Government plans, and practically put an end to all legislation for the session. And then commenced what is facetiously termed "the slaughter of the innocents." Bill after Bill was sacrificed, and it was hopeless and useless to press upon the Home Secretary the promise he had held out of assisting the Medical Council to bring in a Bill this session. All prospect of medical legislation having vanished, it seemed unnecessary to summon you from your respective public and private duties until this more than customary advanced period of the year. The Medical Council will therefore be relieved from any pressing necessity of discussing this question, which has often occupied so much of our time.

Although the question of the amendment of the Medical Acts will not be necessarily before you, still, as this in all probability will be the only opportunity I shall have of addressing you from the presidential chair, I would wish to make a few suggestions for the consideration of those who may be called upon hereafter to carry on the negotiations with the government upon the amendment of the Medical Acts.

First, let me recall to the remembrance of the members of this Council that one of the great obstacles to the introduction of a bill into the House of Commons to amend the Medical Act, 1858, was the discordance of opinion between the late Secretary of State for the Home Department (Mr. Walpole) and this Council upon the terms of a clause enabling this Council to admit colonial and foreign graduates on to the British Register. Part of this question is likely to be brought before the Council again this year, in consequence of an application from the University of Melbourne, addressed to the Imperial Government, to have their medical graduates admitted to registration in Great Britain; and also because this Council have already committed themselves by a resolution (June 3rd, 1867), moved by Sir D. Corrigan, and seconded by Mr. Cæsar Hawkins. See Minutes of Council, vol. v., p. 187.

Considering the difficulty that has been experienced in drawing up a clause to effect the registration of colonial and foreign graduates, I would suggest whether the difficulty may not be surmounted without attempting to frame a new clause, but simply by a verbal amendment of the Clause 46 of the Medical Act—the clause which enabled this Council to make special provision for the registration of persons practising medicine and surgery within the United Kingdom on colonial or foreign diplomas and degrees before the passing of the Act.

The operation of Clause 46 was simply retrospective; and the amendment of it that I would suggest would be to make its operation prospective as well as retrospective. Under the powers granted to the Medical Council by that clause, no less than 204 colonial and foreign graduates were admitted on to the British Medical Register, and there is no reason for the Legislature to suspect that this Council would act with less liberality for the future than it has done in the past; and this Council may feel assured that any committee appointed to investigate the claims of colonial and foreign graduates to registration would devote the same patient and careful consideration to the subject as the former committee did, and which was so ably presided over by the distinguished representative of the College of Physicians of Edinburgh, Dr. Alexander Wood. I commend the foregoing suggestion to the impartial consideration of members of Council as a means of evading the difficulty attendant upon drawing up a new clause which shall be equally acceptable to the Government and to this Council.

A second suggestion I would venture to offer for future occasions is that any future application to the Government to assist the Council in Parliament should be made in a different quarter to that hitherto selected. The Home Secretary has always been requested to introduce into the House of Commons our Bill to amend the Medical Acts. The uniform reply that we have received from that Minister has been that the pressure of public business has prevented him from acceding to our wishes, and it ever will be so unless powerful Parliamentary and external pressure is exerted to influence the Home Secretary. It was suggested by Sir George Grey when in office that this measure should be first introduced into the House of Lords. Now, after much experience and reflection on this subject, I am inclined to think that the suggestion that our Bill should be introduced into the House of Lords is not only the course which is most likely to be attended with success, but that it is the course which ought rightly to have been adopted from the first. My reasons for thinking so are as follows. According to the enactments of the Medical Act, 1868, this Council has not properly any relations with the Secretary of State for the Home Department, although the Act happened to be introduced and carried through parliament by a former Home Secretary (Mr. Walpole). On the other hand, this Council partly emanates from and may have most important relations with the Privy Council. In the constitution of the Privy Council you must bear in mind that six of our number—a fourth of the whole—are nominated by her Majesty with the advice of her Privy Council.

Also by clauses 20 and 21 of the Acts we are directed under certain circumstances to make representations to her Majesty's

Most Honourable Privy Council, and not to the Home Secretary. The Privy Council is called upon, if it shall think fit to enforce any representations or regulations emanating from this Council.

Again, by clause 23, it is the Privy Council which is directed to prohibit attempts on our part to impose restrictions upon the practice of medicine and surgery, and the Vice-President of the Committee of the Privy Council on Education is especially directed to take part in any orders connected with carrying out the regulations of this Medical Council.

It appears then from all that I have just advanced, that, as we are a Council of Medical Education, and have much to connect us with her Majesty's Privy Council, it would henceforth be more expedient and proper that we should seek the assistance of the Lord President of the Privy Council to introduce any Bill into the House of Lords, rather than again fruitlessly seek the assistance of the overworked Secretary of State for the Home Department in the House of Commons.

THE COLONIAL PRACTITIONERS' ACT.

I must next say a few words upon an Act of Parliament recently passed termed "An Act to amend the law relating to Medical Practitioners in the Colonies." Prior to the introduction of this Bill into the House of Lords by the Duke of Buckingham, there was forwarded to me by direction of Mr. Hardy various documents relating to it, and I was requested to peruse them, and return them with my opinion upon them. Having read them, I fortunately had the opportunity of conferring with the Executive Committee before I wrote my reply to the Home Secretary's communication. I made various suggestions in reference to the proposed legislation in my letters, which I now place on the table, because it has not before been brought under your notice.

When the Duke of Buckingham proceeded with his Bill, I found that all my suggestions contained in the letter to the Home Office had been entirely ignored. I therefore immediately applied for an interview with the Colonial Secretary, and this being granted, Dr. Sharpey and Mr. Hawkins kindly accompanied me to the Colonial Office. When offering our objections to the Medical Practitioners (Colonial) Bill, I adverted to my letter, as President of this Council, on the subject, when his Grace informed us that he had never seen nor heard of any such letter from the President of the Medical Council; in truth, it had never been transmitted to his Grace from the Home Office. Fortunately, I was provided with a copy of the letter, which I then read to the Duke, and left it with him. The result was the objectionable parts of the original Bill were amended, and the measure has now passed in a form to which little objection can be made.

THE REPRESENTATION OF THE PRACTITIONER ON THE COUNCIL.

There is one other topic to which I may briefly allude before I sit down, and that is the prospect there is of your being invited to look into your own constitution, and decide whether you think that constitution would be improved by an increase of your number and by the introduction of members who are to represent interests, which it is alleged by some persons are not duly represented in the Council. It could hardly be expected in this era of radical reforms and organic change in the Legislature, that this Council, which has hitherto been regarded as fairly representing the profession for those purposes for which it was constituted, should remain undisturbed and that attempts would not be made to alter its constitution and character. I am sure I am expressing the sentiments of all when I say, that whenever this question is properly brought before us, we shall be prepared to give a patient, careful, candid, and temperate consideration to the argument and reasons by which such a proposal is supported.

Lastly, it is a duty which I owe to the members of the Council to remind them of a circumstance to which I have already alluded, that my term of office as President will probably have expired before the next annual session of the Council. Now it is all essential to the future harmony and credit and good working of the Council that this question of the election of my successor to the honourable and distinguished office of President should not take you by surprise. You will during the present session have frequent opportunities of personal intercourse, and I trust you will make that one of the topics of private, friendly discourse—it can hardly be discussed in public. Then as to the precise date when I should vacate my office? Whatever course may most contribute to the convenience of the Council, and be most conducive to uphold the dignity and honour of the office, will be the most acceptable to my feelings.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 1, 1868.

FORTITER IN RE.

THE profession will scarcely be reassured, albeit their faith in the Medical Council needs strengthening, by the pitiable exhibition of timidity and irresolution with which the exercise of their very simple power of removing a person from the register for "infamous conduct in a professional respect" was attended last week. The desire to suppress public discussion of their act by obstructing the record of their proceedings in the public journals, was worthy of the subsequent proceedings, and indicated a very reasonable apprehension that the proceedings of some members would not be read to the credit of the Council at large, or inspire confidence in its energy or boldness of action. We can hardly imagine the circumstances which should render a debate after investigation as to the truth of the charges at all necessary, much less can we understand what the peculiarities of the discussion might be which require that the thing should be "done in a corner." But the sequel explains all.

On the question, which to an earnest reformer would appear to admit of only one solution, whether a person, who under the false pretence of a special commission engaged in the sale of fraudulent diplomas, was deserving of being expelled from the profession, nine members of the Council supported the policy of pusillanimity, and four, scarcely less timid, declined to vote at all.

Our Special Reporter describes the scene as follows :—

"Upon this case opinion seemed to be equally divided, for when the motion of his expulsion from the profession was put to the vote, nine voted for and the same number against, the President giving the casting vote for his expulsion, whilst a few cautious members abstained from speaking or voting upon the question altogether, it being suggested by one or two speakers that the Council might find itself embroiled in some very serious legal difficulties, if they attempted to deal summarily with the accused. Some very plain-speaking followed as a necessary consequence, and for two hours the changes were very merrily rung on both sides. As, however, we have not space for the whole, and had we, some members who, as we have said, spoke in no very guarded language, might possibly object to their remarks appearing in print, we purposely omit further reference to the subject."

We cannot conceive a duty more plain or a function more secure than that of purging the profession of such gross practices. In its discharge the Council would receive the support and approbation of the entire profession, and the attempt to escape from the courageous performance of their functions by the suppression of publicity is a melancholy forecast for the future of professional reform.

Why did not the Council crown the absurdity by issuing a "recommendation?"

NOTES ON THE ABYSSINIANS.

No. III.

There is much that is peculiar and interesting in the Deaths and Funerals of the Abyssinians, whose religious tenets are so remarkable that Pontius Pilate figures as a Saint in their Kalendar.

When a sick person is not expected to live a priest is sent for, and he, among other duties, has to remind the dying man to declare his last wishes respecting the disposal of his property. These are not written, but, being simply declared in the presence of the priest and other witnesses, are taken for and esteemed his "last Will and Testament."

The funeral takes place on the day of death, and is thus described by Mr. Parkyns :—

> "All the priests from the neighbouring church assemble, and the relations of the deceased call from the house-tops and send messengers to the neighbouring villages, where, standing on eminences, they summon the neighbours by crying aloud, 'Such a one, son or daughter, of such a one, is dead. Come ye to the funeral, and bring the crosses and the incense bowls.' The priests on their arrival commence chanting the prayers, while the spectators weep and wail. The body, having been properly washed and laid out, is wrapped in a cotton shroud, with the face covered. It is then placed on a couch, upon which it is to be carried to the burial-place ; but before the procession is formed the body is removed to the outside of the door, and, on being again raised on the shoulders of the bearers, every one present who has a gun discharges it as a salute. The funeral train then sets out, the friends of the deceased who accompany it wailing and violently rubbing their foreheads and faces with the borders of their garments held in both hands. On its way to the church the procession makes seven halts, at each of which incense is burned over the body, and the priests and scribes read and pray. The service comprises the whole of the Psalms, which are read very quickly, a great number of the scribes as well as priests being present ; to each of these is allotted a psalm or two, and they all read their respective parts at the same time. In Abyssinia they have a hundred and fifty-one psalms, the extra one being merely a private history of David's youth, which it would appear we do not allow to be authentic. Besides the Psalms they read certain portions of the New Testament. The seventh halt is made at the church gate. Should, however, the dead person's house be near the church, five of the services are read previously to starting, and only the remaining two on the road. The mourners usually take care to have among their party some friend learned in such matters, to prevent their being cheated out of any part of the reading. The corpse is carried by the friends in turn. On entering the church another long service for the dead is performed, at the conclusion of which the priests wrap the body in a mat, made of the leaves of the date-palm, as symbolical of the branches of the palm which were spread before our Saviour on his entering into Jerusalem—death being considered as the entry of the Christian to the spiritual Jerusalem."

In Abyssinia there are no professional grave-diggers; but while the funeral proceeds, as already described, any one present lends a hand, and helps to inter the deceased, in pursuance of the popular opinion that it is a meritorious and charitable act to bury the dead. When the grave is prepared, the priest descends into it and perfumes it with incense, after which the body is lowered to its last earthly resting-place. At various intervals of days masses are said for the deceased, and are accompanied by some extraordinary proceedings on the part of the near relatives. On the day of the chief or high mourning, the third after death, the relatives, both male and female, publicly signify their sorrow by shaving their heads ; and they rub themselves so severely on the forehead and temples as to abrade the skin completely, and produce a sore which takes a long time to cure ; and even when healed, the part remains for some time as white as a European's skin. By degrees, however, it assumes a darker colour, and at last becomes even blacker than the rest of the face ; but in all cases a mark is apparent for several years, and frequently for life. The custom of crying or singing (*Hibernicè* "keening") is also common at funerals ; and there are paid professional women, "keeners" as in Ireland, who act as a choir, and improvise verses in praise of the deceased, who, we presume, is lauded whether he deserved it or not, according to the charitable maxim, *nil de mortuis nisi bonum.*

Owing to the extreme ignorance of the natives about medicine, and to the custom of burying within a few hours of the presumed death, it often happens that people are buried alive in Abyssinia. Mr. Parkyns relates that during a funeral it is not rare to hear noises emanating from the freshly filled tomb. These are often attributed to the "Booda," or Evil Spirit making off with the body, and no one would think of re-opening the grave to examine into such cases, which are caused generally by burial during life.

Another custom of which this people are ignorantly guilty is that of howling at the bedside of a sick relative. A case in point is thus related by Mr. Parkyns :—

> "A servant of mine was once dangerously ill, of which, however, I was not aware, no one having intimated to me the extent of his complaint ; and as they seemed to prefer doctoring him themselves, I had only inquired after him casually when passing his hut, thinking that little was the matter, till one day I was astounded on hearing the death-wail raised where he was lying. On immediately hastening to see what was the matter, I found that though he was seriously ill he was neither dead nor dying. The effects of a violent fever had rendered his head shaky ; and, though not delirious, he was wandering, and when I spoke to him he muttered something, of which the only intelligible word was 'death.' To afford him momentary relief I had him sponged all over, and gave him some medicine ; after which he became a little more sensible, but still continued to speak of his death. I expostulated with his father about the wailing, and on his ordering the women off I went and sat with the lad, and by keeping him cool and easy by sponging, and continuing to talk to him cheerfully, I at last persuaded him that there was nothing seriously the matter. The result was, that he gradually got better ; though I firmly believe, that, had the women been allowed to have their way, they would literally have howled him to death."

We must not omit to notice that intoxication is a frequent, even a general, accompaniment of Abyssinian funerals; which in this, as in other particulars, are strangely like the typical festive funeral gatherings of the Irish peasantry, who often eat, drink, cry, sing, pray, and are merry, when sorrowing for the loss of people whom they never saw once when alive.

Notes on Current Topics.

The Carmichael Prizes.

We understand that the Council of the Royal College of Surgeons of Ireland, inasmuch as the bequest of the late Mr. Carmichael for the purposes of the prizes was, under certain contingencies, to pass to the Royal Medical Benevolent Fund Society of Ireland, has taken the opinion of the Right Hon. J. A. Lawson as to the legality of the acts of the Council in respect of the adjudication of the prizes. The reply of the learned gentleman was lately laid before counsel, and, as we learn, completely justifies the action of the Council in the matter. Mr. Lawson is of opinion that Dr. Mapother, though a councillor, was perfectly eligible to seek and receive the prize; that it was competent for the Council to appoint a committee from themselves to adjudicate, and to vote any reasonable remuneration to the members of that committee for their services. Mr. Lawson advises that the Council, having advertised prizes of £200 and £100, and the candidates having sent in their essays on the faith of such advertisement, the Council ought not on this occasion to avail themselves of their powers to increase the grant to £400 and £200.

The Next Army Examination.

We are enabled to state that the number of vacancies for assistant-surgeoncies in her Majesty's army for the examination next August, will be smaller than usual. It is expected that they will not exceed twenty-two.

Public Prosecutors.

A good deal has been written in favour of appointing such officers in England. Yet in Scotland they do not give universal satisfaction, if we may judge from a remark of Dr. Alexander Wood's in the Medical Council last week. He observed that a certain person had not been prosecuted, because in Scotland it was necessary to apply to the Public Official, who could refuse to do anything, whereas, in England any one so disposed could commence a prosecution.

Convenient Indispositions.

For the credit of our profession, we most earnestly trust that our brethren will be warned by the contemptuous rejection of Sir W. Fergusson's certificate of the illness of Madame Rachel by the sitting magistrate.

We certainly do not believe that any greater fault is attributable to the learned baronet than haste and thoughtlessness in acting inadvisedly on false representation; but we would have our brethren more cautious than they appear to be in guarding against such indiscriminate certifying.

The New Anæsthetic.

The use of the cumbersome apparatus for the manufacture and storage of nitrous oxide, which we described in our last as in use at the metropolitan hospitals, has been obviated as regards the employment of the anæsthetic in private practice by Mr. Barth, of London, who sells the gas compressed into bottles, with a suitable valve, by means of which it can be made available in all cases to which its employment is suitable.

The New Penny Paper on the Public Health.

We are glad to observe that the *Daily News*, the enlightened organ of the more thoughtful advanced Liberals, which always evinced considerable interest in matters of this kind, does not seem disposed to neglect them, now that it has reduced its price. A high-class Liberal paper, that would devote fair space to matters medical and be above all partiality, would secure the support of the profession. We give an extract from the *Daily News* of Thursday last :—

> "Nothing tries the health of great cities like hot and dry weather. It is in the most brilliant sunshine that epidemics fester. The great year of the plague was a year of blazing summer, and the cholera seasons of the present century were all hot, and in their worst weeks dry. It is therefore satisfactory to know that the hot dry weather which has just been broken by these summer showers has left the health of London remarkably good. The deaths from zymotic diseases are under the average, and even those from diarrhœa, the disease almost peculiar to summer, were comparatively few. But we owe this favourable condition of the public health almost entirely to the sanitary improvements of late years, and we can only maintain it by watchfulness. Hot weather will always bring choleraic diarrhœa, and the number of persons attacked will rise as the thermometer rises. This, therefore, is a most inopportune time for reducing the sanitary staff of any metropolitan parish, much more of an East-end parish. For the next three months sanitary inspection is more useful and more needful than at any other period of the year. Let this sweet summer air be poisoned by bad smells from choked-up drains and it becomes all the deadlier from its very warmth and softness. Yet the registrar tells us that the parish of Whitechapel has just reduced its staff of inspectors of nuisances. Is this an indication of any diminution of inspection, or any relaxation in the watchfulness of the parochial authorities over the public health ? If so, its results are certain to be bad, and may possibly be disastrous. But here is only another illustration of the divided and cumbrous nature of our metropolitan administration. The health of any and every parish in this vast city is not merely its own concern, but is the concern of all the rest. Disease seizes on the least protected part, but getting a vantage ground there it assails the whole. Our present system puts on the parishes which because they are the poorest, need the most inspection, all the cost of a carefulness which is of immense importance to us all. The inspectors of nuisances in the East-end should be borne equally by West and East, for they are needful for the protection of both. Happily, in the present season, there is no epidemic in the air, and no poison in the water. We have got thus far into a sultry summer with unusual healthfulness, and with even ordinary care against defilement of the vital air, or of the almost equally vital water, we may hope that 1868 will not only be a year of plenty but a year of health."

The delays of the law have operated in the adjournment of the case of Eastlake *v.* Edmunds to the next term.

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GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

Royal College of Physicians, London.

Wednesday, June 24, 1868.

Dr. Burrows, President, in the chair.

Present.—Dr. Bennett, Mr. Hawkins, Mr. Cooper, Dr. Acland, Dr. Paget, Dr. Embleton, Dr. Storrar, Dr. Alexander Wood, Dr. Andrew Wood, Dr. Fleming, Dr. Syme, Dr. Thomson, Dr. Smith, Mr. Hargrave, Dr. Leet, Dr. Apjohn, Sir D. Corrigan, Bart.; Dr. Sharpey, Dr. Parkes, Dr. Quain, Dr. Rumsey, Dr. Francis Hawkins, Registrar.

The President then delivered his Address, which will be found at page 9.

A letter was read from the Secretary of British Medical Association to the effect that—

"The Committee of Council of the British Medical Association had appointed a deputation to wait upon the Medical Council in reference to the further representation of the profession in the Council, and requesting an audience."

Tuesday (yesterday) was fixed.

The following motions were then passed with but little discussion :—

"That the reference from the Scottish Branch Council on the subject of Lunacy Certificates be referred to a Committee who shall consider the subject, in concert with Mr. Ouvry, the Council's solicitor, and report to the Council."

"That the letter from the Medical Department of the Privy Council of November 28, 1867, together with the letters from the various Licensing Bodies connected with the subject of Vaccination, be referred to a Committee, to draw up for the approval of the General Council an answer to the Privy Council."

"That the observations of the Licensing Bodies upon the Report of the Committee of the Medical Council on the Visitations of Examinations be received and entered on the minutes."

"That the Reports of Visitations since the last meeting of the Medical Council be received and entered on the minutes."

"That a Committee be appointed to consider the observations and the reports of visitations of examinations, referred to in the two last resolutions, and to report thereon to the Council."

"That the Returns from the Army and Navy Medical Departments, and from the India Office, relative to the Examination of Candidates for Commissions in the respective services, be received and entered on the minutes."

We are compelled to postpone the publication of the important returns from the Army Medical Department.

NAVAL MEDICAL SERVICE.

"Admiralty, Somerset House, April 24, 1868.

"SIR—We have the honour to acquaint you for the information of the General Council of Medical Education and Registration, that, during the year 1867, thirty-five candidates presented themselves for examination for medical commissions in her Majesty's naval service; but that of these, three, who were rejected on their first examination, presented themselves a second time, so that thirty-eight examinations altogether were held.

"2. The result of these examinations was that in twenty-seven instances the answers given were of a more or less satisfactory character, and the candidates were admitted into the service; in ten they were unsatisfactory, and the candidates were accordingly rejected; and one candidate was found to be physically unfit for the service.

"3. In three of the twenty-seven successful examinations the answers were very good in all branches; in thirteen, good; in nine, fair only; and in two, indifferent.

"4. Two candidates who passed good examinations, and one a fair examination, had been previously rejected during the year; and one who passed a very good examination in all branches, and one a fair examination, had been rejected during the preceding year.

"5. Appended hereto (for which we have not space this week) are lists of the subjects upon which the candidates were orally examined; the questions forming the subjects for their written examinations; and a tabular statement showing the qualifications of the different candidates, according to Schedule (A) of the Medical Act; the results of the examinations in each case; and the subjects on which the candidates were most deficient.

"6. In consequence of the preliminary examinations now instituted by all licensing bodies in accordance with the recommendation of the General Medical Council, their lordships were pleased to direct that, in future, the examination in Latin by candidates for naval medical commissions should not be compulsory. This regulation came into force on the 7th of May, 1867.

"7. We are of opinion that the examinations on the professional subjects have not evinced any marked superiority over those of the preceding year; and we find in the candidates an increasing disinclination to be examined in Latin, and that few of them possess a useful knowledge of that language.—We have the honour to be, sir, your most obedient servants,

"JAS. SALMON, Deputy Inspector-General, R.N.
"WM. R. E. SMART, M.D., Dep. Inspector-Gen., R.N.
"ALEX. E. MACKAY, M.D., Dep. Inspector-Gen., R.N.
"J. D. MACDONALD, M.D., F.R.S., Staff Surgeon, R.N.

"Dr. Bryson, C.B., F.R.S., &c.,
Director-General, &c."

REGISTRATION OF COLONIAL DEGREES.

A letter from the Chancellor of the University of Melbourne to the Home Secretary, preceded by one from the Colonial and one from the Home Office, drawing the attention of the Council thereto, was then read, from which we extract the following:—

"There is doubtless much force in the suggestion that those charged with the grave responsibility of admitting to registration applicants who arrive in England from distant countries, should be allowed full opportunity to satisfy themselves as to the respectability and social standing of such applicants. Nevertheless, I may be allowed to submit, with great deference, the compulsory residence in England, for the period of one year, previous to the application, is not required; for it is quite possible to make provision that such persons may apply to be registered in England, on producing to the General Council a certificate or certificates of the nature deemed necessary, signed by the Governor,

"The Chief Justice,

"The head of the religious body to which the applicant belongs,

"The principal medical officer of the colony, or any of the chief officers of State, together with the like certificate or letters discussory or recommendatory signed by the Chancellor, Vice-Chancellor, Warden, or Principal, or the representatives of those officers, and six members, at the least, of the University in which he has taken a degree.

"Thus, should a medical man possessing a degree confirmed by the University of Melbourne, present himself for registration in London without the prescribed Certificates, or should it be necessary to refer to the proper authorities in this country to complete any portion of the evidence requisite, a period of six months would amply suffice to procure all required, while any further delay could form no grounds for just complaint, as it would be attributed in all likelihood to some inattention on the part of the applicant, whose duty it would be to furnish all the testimony required by the Act.

"I trust you will permit me therefore to impress upon you, that you be pleased not to insist on any compulsory residence in England before registration by any of the Medical Graduates who may arrive in the United Kingdom furnished with the Certificates or other testimony mentioned above.

It was then moved by Dr. SYME; seconded by Dr. RUMSEY, and agreed to:—

"That the communication be entered on the minutes."

Sir DOMINIC CORRIGAN suggesting that a copy of the Duke of Buckingham's Colonial Degrees Bill, now before Parliament, should if possible be laid before the Council at the same time.

COMMITTEES ON THE "HOW, WHEN, AND WHERE" OF MEDICAL EDUCATION.

On rising to move the following motion, which was seconded by Dr. ANDREW WOOD:—

"That a committee be appointed to consider and report how the various subjects of medical education which have been deemed requisite by the Council may be taught with most advantage; in what order they should be studied; and how the examinations on them ought to be arranged,"

Professor SYME, whose remarks were very inaudible, was understood to say that he felt greatly impressed with the importance of the subject with which he had to deal, and was almost constrained to apologise that it was not in abler hands. As a teacher and examiner for forty years he could, however, speak with some degree of certainty. He knew great diversity of opinion existed both in the Council and beyond the pale of its constitution, as to the best means to be employed in educating the youth for the profession; hence his proposition shaped itself into three distinct clauses. *How* it could best be done; in *what order* it should be pursued, and *when* the examination should take place. There were two great errors prevalent with regard to teaching. One was that teaching implied learning, and that learning was the same as committing to memory. The act of learning, or acquiring new ideas, was an act of the mind, no less essential for the purpose than the acts of digestion and assimilation were for the adaptation of nutriment to the body; and they could no more make a man learn by the mere enunciation of facts and opinions than they could make a man strong by distending his stomach with food. Nevertheless, many teachers, forgetful of this, believed that they discharged their duty by pouring forth volumes of details, no sooner received than forgotten. A man might be a profound scholar and yet a bad teacher. He considered the system adopted in Scotland superior to that in any other part of the kingdom. There they had but three medical schools; but in London and Dublin almost every hospital had its school, as well as nearly all the large provincial towns, and this he conceived was in some measure the cause of the present unsatisfactory state of things. With so many schools, it caused the number of students to be distributed over a large area; and from his experience it was much easier and much more satisfactory to the teacher, to have a large class than a small one. He thought teachers now looked upon their appointment to one of these schools as a something that suited their present purpose—a stepping-stone to a future appointment that would bring them in a much heavier emolument. He would abolish all these minor schools and limit the number to a few of the larger ones, as in Scotland, and he then believed we should get more competent professors and teachers—men who would look upon teaching as an honour worth seeking, and when obtained to be held for the best of their life.

Dr. ANDREW WOOD had great pleasure in seconding this motion, as he anticipated some good must result from a free discussion thereon. If Professor Syme was right, Dr. Parkes's scheme of education must be wrong; there were points in both he was not prepared to endorse, he hoped after due consideration they would be able to reconcile the two seemingly opposite schemes, and draw therefrom one which would be generally acceptable. He would suggest that they should have all the medical teachers in the kingdom before them, and endeavour to arrive at the right and wrong sides of the question; with such evidence before them, he thought such a system might be adopted, as would redound to the credit of the proposer and the Council also.

Sir **Dominic Corrigan** begged to propose the following amendment, seconded by Dr. **Storrar**:—

"That a Committee be appointed to consider and report in what order the various subjects of Medical Education which have been deemed requisite by the Council may be taught with most advantage, and how the examinations on them ought to be arranged."

Sir Dominic argued against the concentration of schools proposed by Professor Syme, and said he considered the competition by the many was productive of great good, both as regarded the status of the teachers, and the anxiety of students to be at the top of the tree. Competition was the order of the day, if we did away with it, the standard of education would be lowered, and emulation, which was the basis of all knowledge, would soon cease to exist. Students under the present code, went where it was most convenient, and where they could get best value for their money, but if the proposed concentration took effect they would be compelled to go to these one or two schools, because they could not obtain the necessary instruction elsewhere. He also disagreed with Professor Syme that large classes were easier to teach than small ones. He had never found it possible to teach, clinical medicine and surgery, properly to large numbers; he thought teaching would be more successful if each subject were brought under the individual attention of students—take them to the bedside, and let them see facts for themselves; a mere knowledge of words, from ever so good a teacher, when a large number were arranged round a class-room, added to all the cramming a professional grinder could impart, would not be nearly so satisfactory. He would make the examination what it ought to be—thoroughly practicable. He was also opposed to the suggestion thrown out by Dr. Andrew Wood—"That all the medical teachers in the kingdom should be summoned before the Council;" he did not think that possible, in fact, with such a multitude of councillors and their evidence to deal with, the members of that board would soon be *non est*."

Thursday, June 24.

The debate on Professor Syme's resolution was resumed by Dr. **Parkes**, who regretted that some portions of his recent pamphlet on Education had been misinterpreted. He was, however, pleased to find that the scheme as propounded by Professor Syme, and that contained in his pamphlet, though at first sight they appeared to clash, on close examination the difference was very slight. He said the term of "wet nurse" had been applied to his proposition, and he would accept the definition as a compliment, because he held that when students came from school they were, as far as science was concerned, but children, and what better mental food could be given them than that which should minister to the growth and vigour of the mind. Even Professor Syme, like every other practical teacher, must of necessity proceed from particulars to generalities. He entirely disagreed with the amendment of, and the doctrine as put forth by Sir Dominic Corrigan on the previous day; it appeared to him that if the amendment were adopted the pith and marrow of all that was good in the original proposition would be left out, and he would rather do away with the whole question than vote for the amendment. He entirely coincided with Professor Syme, that a committee should be appointed to take the whole matter into consideration; let them at least try what could be done, let them court the opinions of those teachers most competent to give them, let objections come whence they might, and he did not despair that the committee would be able to bring up a report, upon which the council could base all future legislation.

Dr. **Allen Thomson** thought the time was come when a revision of the existing clauses was absolutely necessary; it was a fact that the profession and the public at large looked anxiously to the Council for deliverance from the existing anomalies. Several branches could be improved, others could be entirely remodelled, whilst those which had proved useless could be left out altogether. He instanced chemistry in the preparatory branch, in the form now taught it was very undesirable; in fact, in its application to medicine, was perfectly valueless.

Dr. **Sharpey** feared it was scarcely possible that the Council could arrive at a very congruous conclusion on the subject before them, still he hoped they might, by careful deliberation, improve the existing educational code, so as to make it more generally acceptable.

Dr. **Aquilla Smith** would support the resolution of Professor Syme, as it was less restrictive than the amendment; he considered it impossible that any fixed rules could be laid down for teachers, because what would be applicable in one case would not be in another.

CASE OF DR. MACDONALD.

It being three o'clock, the time appointed to consider the case of Dr. William Macdonald, who was summoned to appear before the Council at this hour, the debate on Mr. Syme's resolution was adjourned.

The **President** then rose to suggest that, as the case before them was of a very serious nature, and the character of one of their professional brethren was at stake; and as, moreover, matters of private import would necessarily be introduced into the discussion, he deemed it advisable that the reporters be requested to withdraw.

Whereupon a long discussion arose, in which almost every member took part, the majority contending that, as that was essentially a court of justice, and as, in such courts, there was no precedent of the press being excluded, exception should not be taken in this instance, unless their legal adviser, who was present, should show them that there was any illegality in discussing the subject in public.

Mr. **Ouvry** then read the sections bearing on the point, and considered that it was within the province of the Council to deliberate on any one point of the evidence either in public or private.

A motion was then put by Mr. **Hargrave**, seconded by Dr. **Rumsey**—

"That the reporters be requested to withdraw."

This motion was lost by a very large majority.

A letter from the Registrar to Dr. William Macdonald, was then read, to the effect that a statement had been made that he had been guilty of infamous conduct in a professional respect:—

"First.—In offering to procure for fee or reward, the Degree of Doctor of Medicine from Pennsylvania College.

"Second.—In offering to procure for fee or reward the Degree of Doctor of Medicine from the University of Giessen.

"Third.—In falsely pretending to hold a Commission from the said University of Giessen, for inviting young persons, aspirants for the Degree of Doctor of Medicine, to Giessen."

Dr. Macdonald not being in attendance, and having declined to appear before the Council, Mr. Ouvry then read at full length the evidence in support of the charges, and also the answers to them which Dr. Macdonald had addressed to the Council as his defence.

Upon this case opinion seemed to be equally divided, for when the motion of his expulsion from the profession was put to the vote, nine voted for and the same number against; the President giving the casting vote for his expulsion, whilst a few cautious members abstained from speaking or voting upon the question altogether, it being suggested by one or two speakers, that the Council might find itself embroiled in some very serious legal difficulties, if they attempted to deal summarily with the accused. Some very plain speaking followed as a necessary consequence, and for two hours the changes were very merrily rung on both sides. As, however, we have not space for the whole, and had we, some members who, as we have said, spoke in no very guarded language, might possibly object to their remarks appearing in print, we purposely omit further reference to the subject.

It was ultimately moved by Mr. **Syme**, seconded by Dr. **Fleming**—

"That William Macdonald, of Ewing-place, 359, Argyle-street, Glasgow, M.D. Univ. Edin., 1830; Fel. Fac. Phys. Surg. Glasgow, 1832, is judged by this Council, after due inquiry, to have been guilty of infamous conduct in a professional respect."

Amendment moved by Sir **Dominic Corrigan**, and seconded by Dr. **Apjohn**:

"That the General Medical Council, however disapproving of Dr. Macdonald's conduct, is of opinion that the case before them is one in which it is the province of the Universities which deny that Dr. Macdonald was authorized to act for them, to proceed against him, should they see fit, and not for the judgment or intervention of this Council."

The amendment was negatived.

The original motion was then put to the vote and carried.

Sir **Dominic Corrigan** required that the names and numbers of those who voted for and against the motion, and of those who declined to vote, should be taken down.

Majority, 10—The President, Dr Bennett; Mr Hawkins, Mr Cooper, Dr Paget, Dr Alexander Wood, Dr Andrew Wood, Dr Fleming, Mr Syme, Dr Parkes.

Minority, 9—Dr Embleton, Dr Storrar, Dr Thomson, Dr A. Smith, Mr Hargrave, Dr Leet, Dr Apjohn, Sir D. Corrigan, Dr Sharpey.

Declined to vote—Dr Acland, Dr Quain, Dr Rumsey, Dr Stokes.

Moved by Mr **Syme**, seconded by Dr **Fleming**, and agreed to:

"That William Macdonald, M.D., having been judged by this General Council, after due inquiry, to have been guilty of infamous conduct in a professional respect, the General Council do hereby adjudge that the name of the said William Macdonald be erased from the register; and do by this order direct the registrar to erase his name from the register accordingly."

Dr. **Andrew Wood** required that the names and numbers of those who voted for and against the motion, and of those who declined to vote, should be taken down.

Majority, 12—The President, Dr Bennett, Mr Cooper, Dr Acland, Dr Paget, Dr Alexander Wood, Dr Andrew Wood, Dr Fleming, Mr Syme, Dr Parkes, Dr Quain, Dr Stokes.

Minority, 7—Dr Embleton, Dr Storrar, Dr A. Smith, Mr Hargrave, Dr Leet, Sir D. Corrigan, Dr Sharpey.

Declined to vote—Dr Thomson, Dr Apjohn, Dr Rumsey.

Moved by Mr **Syme**, seconded by Dr **Fleming**, and agreed to:

"That a copy of these orders, signed by the President in the chair, and countersigned by the registrar, be transmitted to the said William Macdonald, M.D."

MR. SYME'S MOTION.

The adjourned debate upon Mr. Syme's motion was then resumed by Dr. **Storrar**, who wished to state briefly why he had seconded the amendment of Sir Dominic Corrigan. In the first place he doubted if it was within the province of the Council to issue any prescribed rules, and to say to teachers that such and such should be the order, and that certain causes must be taught, whether their discretion told them it was right or wrong. That he considered to be a complete system of tyranny, and the sooner abolished the better. He would take his stand on the ground of liberty of teaching and liberty of learning. He conceived it to be monstrous that a student should be required to attend a certain number of lectures in the course of each term, and as it often happened, on subjects that were perfectly useless in the department of practice they intended to shape their course, and, as was frequently the case, the lecturer was thoroughly incompetent to the task, and indulged his class with readings—sometimes inaudible—from books that were useless in the present age. And he could not help saying that students could spend this hour—the torture of which they compelled them to undergo—much more profitably by study at their own firesides. The course proposed to the Council would in effect tie up the whole system of medical education. He would get rid of the intolerable system of lectures, and adopt one of drill, and of text-books—so that the raw student going in at one end of the machine should come out an educated one at the other. A very eminent authority—Mr. Simon—recommended that they should get rid of regulations altogether, so that if a man who presented himself was found fit, he should be passed whether he had gone through the prescribed formula or not. He considered the scheme before them of the wildest conception; if they chose to give a young man just a skeleton outline of the order of study well and good; but to fix a precise mode for every teacher to impart to his class the knowledge he possessed was simply absurd. He would recommend that the question be dealt with by the Examining Boards, or still better, by the Schools—the governing bodies of which would, if a certain amount of elasticity were allowed them for existing differences, turn out men much better prepared to enter upon the career they had chosen, than if the council adopted the restrictive policy of the proposed resolution. In the cause of freedom of education, therefore, he would support the amendment.

Dr. **Acland** said although he would support the motion of Professor Syme, confessed his entire concurrence in some of the remarks that had fallen from Dr. Storrar; although he did not believe with that gentleman, that the existing educational fabric was likely to tumble, he nevertheless maintained that much might be done to improve it; one of the first steps towards which would be, that they should dictate only such a course as was absolutely necessary; that students should not be compelled to attend certain lectures, or have their brains crammed with subjects that would never be of use to them in practice. He was therefore pleased that the subject which he had brought before the Council some four years since, and which then seemed distasteful to the majority, was now likely to go before a committee, from whom he anticipated a solution of the difficulty which, in the present condition of opinion on the matter of education, cried for reform. It being six o'clock the debate was again adjourned.

Friday, June 26.

After the minutes of the previous day had been read, Dr. **Risdon Bennett** proceeded in a lengthy speech to criticise the arguments adduced on both sides during the two previous days' debate, on the motion brought forward by Professor Syme. Although it was desirable to get through the business of the session as speedily as possible, still on so important a question as that before them, every member should have the opportunity of speaking, before giving a silent vote. Nothing in his mind was more important than they should give out what was necessary for the student to learn, and should see that the licensing bodies taught the various subjects in accordance with their recommendation. Opinions had been expressed that the Council were either incompetent to deal with the subject, or were reluctant to interfere with existing arrangements, or that the difficulties surrounding it were insuperable, and that therefore it was left without an attempt being made to alter it. There might be some truth in the remarks that were constantly made use of out of doors; for undoubtedly a grave responsibility hung around the subject, but the time had now arrived that they should face the difficulties; so that no grounds of complaint should be left as to their inability, or incompetence to interfere. He agreed with several speakers that there were great differences of opinion, but if it were grappled with, he doubted not that the committee, if appointed, would receive ready assistance from all quarters, from those teachers most competent to give it. He regretted so much time and attention had been given to the pamphlet by Dr. Parkes—not because he did not consider it a very valuable production, on the contrary, but because the minds of the Council were thereby more or less prejudiced by a book, which after all, was but the opinion of one man, although he would readily admit from the eminent position occupied by Dr. Parkes, no one was probably better able to give it than he. If he understood the proposition aright, the question was simply how the various subjects deemed necessary for the acquirement of professional skill and knowledge, could best be taught. The proposition was of great value, one which he hoped the Council would consider of paramount importance, and while admitting it to be impossible that one particular mode of teaching could be adopted by every teacher under all circumstances, yet if a distinct understanding were not at once come to, he feared they would merit the blame that had been constantly heaped upon them out of doors.

Dr. **Paget** was of the same opinion, and thought that the expressions of the Council should not go forth as regulations to be devoutly observed, but in the form of recommendations, or suggestions, or if they chose, merely as expressions of opinion to serve as a guide to those engaged in medical tuition.

Mr. **Cæsar Hawkins** would support the amendment of Sir Dominic Corrigan, and suggested that a certain amount of levity should be allowed to teachers, as they had to consider not only the abilities of these, but the minds of the pupils also. He agreed with one or two speakers that if they attempted to enforce tuition by certain rules, they would certainly be unsuccessful.

Dr. **Embleton** opined that if a committee were appointed, it would at once become a nucleus round which to gather some very valuable information; he hoped the scheme would be at once broad and comprehensive, that it should be neither too much English, Irish, or Scotch, but thoroughly British in all its bearings. He would further suggest that a time be specified when the report of this committee should be ready, and that every member of the Council should be furnishe with ad-copy thereof, before their next meeting, so as to be fully prepared to deal with the whole subject.

Dr. **Stokes** considered that the speeches at the present juncture, might be taken as an evidence of what was passing in the minds of the Council generally. He agreed with Dr. Storrar that a line should be indicated but not enforced. Coercion might be necessary in subjects that could only be taught by demonstration, because the student could not possibly have the various apparatus—such as the dead body, &c., in his own rooms; but coercion should be entirely limited to such subjects which must of necessity be demonstrative. He thought Mr. Syme had spoken very severely of the tutorial system. The tutorial system and the system of grinding or craming was essentially different. The former sought to instil into the pupil's mind, that it was not so necessary to learn a prescribed number of subjects for a particular end; but it endeavoured to impress upon his mind how he could teach himself; whereas the latter endeavoured to fill his mind with a smattering of facts, which although upon the surface only, would enable him to answer the questions put in the regular examination.

Dr. **Quain** feared there was no probability of the Council being able to come to any definite resolution, or to agree to any particular course, if even they sought for information from the various licensing bodies; with so many diverse opinions he thought there was little chance of agreement, and could not therefore support the resolution before them. He was in favour of examination being the test of merit. If a student should acquit himself creditably of an examination which should be eminently practical, he would pass that man, no matter how or where he obtained the necessary knowledge, without requiring that he should produce a certificate of having attended this or that course of instruction or lectures.

Dr. **Fleming** argued that if they could find a committee in the Council who were willing to undertake so arduous a task as that proposed in Professor Syme's resolution, they were bound to accept it. It could at least do no harm, and might be productive of great good.

Mr. **Syme** replied to the criticisms his motion had provoked.

The amendment of Sir Dominic Corrigan was put to the vote, and lost by a majority of 13 to 7. Mr. Syme's original motion was then agreed to, and a committee appointed of the following members:—

The President, Dr. Parkes, Dr. Stokes, Mr. Hawkins, Dr. Sharpey, Dr Acland, Dr. Andrew Wood, Dr. Thomson, Dr. Smith, Dr. Christison, Dr. Apjohn, Mr. Syme, Mr. Hargrave.

The consideration of the communications to the Council from the Colonial Office, Home Office, and Chancellor of the University of Melbourne, were next taken into consideration.

Sir **Dominic Corrigan**, in rising to move "That the General Medical Council see no objection to the introduction of a clause in any amended Medical Act that may be introduced, providing that graduates in medicine of the University of Melbourne shall be entitled to register as medical practitioners in the United Kingdom on the production of the necessary proof of their having graduated in medicine in the University of Melbourne, and paying the fees payable on registration in the United Kingdom," saw no difficulty in granting so simple and so just a request. They all knew that the University of Melbourne stood very high in the estimation of men who were most competent to judge. Some of the most creditable graduates he had seen had taken their diplomas from this University, and he thought as the requirement that a graduate from the colonies should first reside in Great Britain for one year before he could be placed on the register emanated from the Home Office and not from the Council, the time had now passed when this should be a condition of his being allowed to practise his profession here, provided he could produce a certificate authoritatively signed and sealed by the governing body of the University in question. He was not afraid if the Council adopted this course, that any laxity would be shown in the granting of these certificates.

Dr. **Andrew Wood** would second this motion because he considered a great injustice had hitherto been done to the colonies, the graduates from many of the universities of which had proved themselves in every way worthy the privileges enjoyed by British subjects at home. He hoped the council would take advantage of the present application, to show the colonies that it was not only desirous of removing the injustice which had so long existed, but also of dealing liberally with them. Their was a great distinction between foreign and colonial universities, he would certainly not grant the same privileges to the former, and it was on these grounds he hoped the motion would be passed, as they were bound in justice to all the subjects of the British empire to remove any line of demarcation that might exist.

Dr. Alexander Wood, Dr. Paget, Mr. Hawkins, Dr. Acland, and other speakers, agreed that the graduates from the University of Melbourne reflected great credit upon its licensing body, but feared that if the condition of a year's residence in this country were removed in one case, a precedent would thereby be established, and the council would be immediately deluged with similar applications from every university in existence; and as there were some whose method of granting diplomas was so objectional that they could not possibly concede this privilege, complaints of injustice would be freely indulged in. Whilst, therefore, fully admitting the claims of the University of Melbourne worthy the most serious attention of the Council, they conceived it would be advisable to postpone immediate action to some more favourable occasion.

The following amendments were then put to the vote:—

Moved by Dr. **Sharpey**, and seconded by Mr. **Syme**:

"That in any provision which may be introduced into an amended Medical Act, for admitting to Registration persons holding Degrees or Licenses from the University of Melbourne, previous residence in England be not required as a condition of admission to such registration."

The amendment was carried, and then put as a Substantive Motion.

Moved by Mr. **Cæsar Hawkins**, and seconded by Mr. **Hargrave**:

"That in any provision which may be introduced into an Amended Medical Act, by which power would be given to Register Graduates of the University of Melbourne in the British Register, previous residence be not required as a condition of admission to such registration."

The amendment was then put as a Substantive Motion, and carried.

Moved by Dr. **Sharpey**; seconded by Mr. **Hawkins**; and agreed to:

"That the above resolution be communicated to the Secretary of State for the Home Department in reply to the letter of the Chancellor of the University of Melbourne."

Moved by Dr. **Alexander Wood**:

"That a Committee be appointed to consider the List of Bodies whose *Testamurs* are considered sufficient evidence of the student having received a competent Preliminary Education. That the Committee do also consider and report whether any plan could be devised, by which the Council could better supervise the Preliminary Examinations, or dispense with the necessity for frequent supervision, or in any other way promote the improvement of the General (preliminary) Education of the Medical Student."

This motion having been agreed to *nem con*, the Committee was appointed by the mover as follows:—Dr. Alexander Wood, Chairman; Dr. Fleming, Dr. Acland, Dr. Embleton, Dr. Rumsey, Dr. Leet, Dr. Storrar, Dr. Sharpey, and the meeting adjourned.

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THE MEETING OF LONDON AND PROVINCIAL POOR-LAW MEDICAL OFFICERS.

The aggregate meeting of London and Provincial Poor-law Medical Officers took place on the 24th inst., under the presidency of Mr. Clements, F.R.C.S., and M.P. for Shrewsbury. The following resolutions were adopted:—

"That this meeting is of opinion that it would be conducive to the best interests of the State that the Poor-law Board should consist of a definite number of responsible members; and, as the present arrangements for the treatment of the sick poor are unsatisfactory, that the control of all medical arrangements, including the fixing of the salaries of the medical officers, should be immediately subject to a special medical department."

"That this meeting is of opinion it is desirable that in the second article of the general order of the Poor-law Board, dated May 25th, 1857, the words referring to residence within the district be omitted; and that since the words 'or be removed by the said board' give unlimited, or at least too large a measure of arbitrary power to the said board, these words either be expunged or be altered to 'or be removed by the said board after a public inquiry, of which due notice shall be given.' And that some means be adopted to ensure the uniform carrying out of the general order so altered throughout the whole country."

"That it is desirable to insert clauses in the Poor Relief Bill now before Parliament—

"*(a)* To give effect to the opinion of the Poor-law Board that the providing of medicines by guardians is an expedient course.

"*(b)* To make Clause 38 of the Metropolitan Poor Act, 1867, compulsory on the Poor-law Board.

"*(c)* To enable the Poor-law Board to direct the formation of dispensary districts in the larger provincial towns, &c., as and when they shall think fit."

In the present crowded state of our columns, it is impossible to give a lengthy report of the proceedings, and postponement would be of little avail, as the General Medical Council is sitting, and its meetings must occupy much of our space. We, therefore, content ourselves with an abstract of the speeches of Mr. Clement, M.P., who, as chairman, lent valuable aid to the movement, and of Dr. Rogers, who laboured to get up the meeting, and himself took the first resolution.

The Chairman said that although the opposition of guardians and the indifference of the Central Board might be as great as ever, yet there was growing up a healthy public opinion which in time would work out good results both for themselves and the sick poor. Regarding a better treatment of the sick poor as a question above party, men of all shades of political opinion had united in pressing upon the legislature the necessity for extensive reforms. They would soon be solicited by candidates for votes and influence. Before pledging themselves he strongly advised medical men to ask candidates that in the event of their being returned they would promise to remember the onerous obligations of the profession, their miserably insufficient payment, the total absence of any approach to uniformity even in the same unions, the risks they ran of contracting mortal disease, and the various forms of illness that might affect them and their families, and to support any measure that might be brought forward with the view of doing them justice. It was very desirable that there should be a central board consisting of responsible members, not dummies —men well-known to the public, and who should consult upon all important questions as they arose, and establish uniformity in all suitable matters. No public department was in such continued bad odour with the public as the Poor-law Board, and this, he believed, was due to its unsatisfactory and unrepresentative character. One thing was very certain, it was absolutely essential that a larger medical element should be introduced into the discussions of the central body. Up to a very recent period there was no medical staff at all, and this arose because the new poor law of 1834 started with the assumption that there were no sick at all; and he remembered that at the time the bill was passed it was prophesied that at no distant date there would be no poor at all. As regarded the supply of medicine as part of the contract of the medical officers, it was derogatory to the character of an educated and liberal profession that the medical officers should be called upon to supply the medicines. In all large towns, and in all possible places, drugs and appliances should be found by the guardians. There might be difficulties in certain localities where the population was thin and widely scattered, but this should prove the exception to the rule. Permanence of appointment he considered to be absolutely requisite if Poor-law medical officers were faithfully and honestly to perform their duty. Without it the medical officer's position was unbearable, and there was no security for the proper treatment of the sick poor. No Poor-law medical officer should be removed without grave reasons for it, and after open public inquiry into his alleged shortcomings. In conclusion, he trusted that they would be united. and that they would show to their opponents that the supposed bane of the profession—intestinal division—would not operate to their disadvantage on this occasion.

Dr. Rogers said that the question was, how could the 1,250,000 persons who annually became the patients of Poor-law medical officers be best dealt with? Should their attendants be provided with proper means to secure a more ready restoration to health, or was the present faulty system to be perpetuated, which perpetrated grievous wrong-doing, not alone on the poor, who were the first sufferers, but also on the good and conscientious of their own class, who faithfully fulfilled their obligations. There was now a very wide-spread opinion that what was popularly known as the "Poor-law Board" was not a distinctive corporate entity, but a mythical body. There was certainly a president and a parliamentary secretary who were known, but generally it was for a very brief period only. Now it was currently believed that because there was a president, a parliamentary secretary, and a "board," that, therefore, there was a deliberative body that met and consulted upon the various questions that constantly came up from the provinces for settlement; but, having had leisure for investigating this subject, he was in a position to assert positively that no such board existed. He would ask who was the board when Lord Devon was away for weeks in the south of France during the terrible distress in the East of London last winter? He very much wished that some independent member would move for the production of the minutes of the "board" meetings—who attended and how often, and generally that they might learn something as to the mode in which the business of an office costing some £60,000 a-year was conducted. If his information was correct, the contradictory policy of the board could be understood, and it could be explained why decisions arrived at at one time should be reversed at another. With regard to the inspectoral system, many of the inspectors were by previous education and pursuits, utterly unfit to carry out the duties for which they were appointed. That was now officially admitted, for the Poor-law Board had recently, by a general order, directed that the workhouse surgeons should do these gentlemen's duty for them. He would ask that there should be a distinct medical department of the Poor-law Board, to which all matters relating to the sick and medical and hygienic arrangements should be referred. Seeing that sickness amongst the poor was so enormous, and their attendants were between 3000 and 4000, this was not an unreasonable request. As an illustration of the glaring inequality of salaries, he instanced the workhouse of St. Marylebone, with its 1700 inmates, where the medical service cost £780 annually, and the workhouse of St. Pancras, with its 2300 inmates, where the salaries amounted to £400 only; and yet both these arrangements had been sanctioned by the Poor-law Board, though they knew that the money was paid from a common fund equally levied on the whole metropolis.

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Correspondence.

THE DISTINCTION OF GENERAL PRACTITIONERS, SURGEONS, AND PHYSICIANS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In the course of my medical career I have often had discussions with my fraternity regarding the above questions, and how the public can distinguish which is which when required on an emergency. It is acknowledged there is a difficulty about it, and, though I do not consider one man a wit less respectable than another, I think the subject ought to be made clear, and many medical men agree with my suggestions, as follows:—

A professional man in general practice should have engraven on his plate, below his name, whatever diploma he may hold, the words "general practitioner;" a pure surgeon, that of surgeon; and a pure physician, that of physician. The public would easily discern the particular class of practice in each case, and the fees customary to be paid, according to ancient custom. Another suggestion I would make is, the professional dress. All black should be adopted, similar to the clergy, who have no further claim to it, solely except habit; but that the general practitioner should wear a black neck-tie; the *operating*-surgeon all red, and the physician all white, with cambric edge; the neck-cloth to be made either of cambric or satin. Lastly, what is the correct court dress, I am asked? as I see several of the profession at court occasionally, but no two alike. The *correct* one for a physician is black velvet; for a surgeon I leave you to define that question, I know not.—I am, sir, yours obediently,

A Member of the Profession.

London, June 18, 1868.

TREATMENT OF THE APPARENTLY DROWNED.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I beg to transmit to you a paper of queries just issued by the National Life-boat Institution regarding the treatment adopted in cases of apparently drowned persons.

We are of opinion that the cause of science would be much benefited if answers to these queries were accurately and promptly reported to this Institution by medical men and others; and, in order to elicit this valuable information, we calculate on your kind co-operation by conceding to this Institution the favour of publishing the queries in the columns of

The Medical Press and Circular.—I am, sir, yours faithfully,
Richard Lewis, Secretary.

Royal National Life-boat Institution,
John-street, Adelphi, June 24, 1868.

"As the cause of science would be greatly benefited if the result of the treatment in cases of apparently drowned persons, were reported, it is requested that answers to the following questions on the subject may be immediately forwarded to the Royal National Life-boat Institution :—

"*Queries.*—1. Date and place of occurrence? 2. Sex, name, and age of person? 3. Length of time immersed? 4. Time from rescue to first sign of life? 5. Time from rescue to recovery? 6. State of the weather, if warm or cold? 7. State of the water? 8. What mode of treatment adopted, whether the rules of the National Life-boat Institution or those of others—if the former, whether the "Marshall Hall" system or the "Silvester" was adopted, or a combination of both? 9. If treatment successful or not? 10. Length of time persevered with? 11. How long were the efforts to restore respiration continued? 12. Was much fluid discharged from the mouth, and at what intervals? 13. Was a medical man in attendance? 14. Remarks, if any?"

LIEBIG'S FOOD FOR INFANTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Allow me to thank you for the article in your valuable journal of June 10, and your correspondent "M. A. B.," for drawing the attention of your readers in the following week, to the necessity of an inquiry into the respective value of infants food in general, by one of the Medical Societies. As manufacturer of the food in question, and having such perfect confidence in the result of the most rigid tests it can be subjected to, nothing will give me greater pleasure than the proposal of your correspondent. At the same time, I hope that similar tests may be applied not alone to Liebig's preparation, but to all other kinds of farinaceous food, with or without Liebig's name. This, indeed, would be a great boon to the profession and to society, for at present there exists much confusion and doubt upon this important subject.

I agree with "M. A. B." that it would be well for the medical profession to suspend judgment upon food which is not compatible with physiology, and in that respect I venture to assert that those kinds which, freed from husks, show the most complete reduction of starch into dextrine and grape sugar are comparatively the best. In the meantime, that the children may not starve, I can supply sceptics with an "authoritative verdict" respecting Liebig's Food as follows :—

"We have been requested to express our opinion on a project for supplying to the infants of poor persons, either gratuitously or at a reduced charge, the preparation of milk introduced by Baron Von Liebig. We have to state that every facility that is given for the purchase and distribution of so good a food as this, will, in our judgment, be instrumental in reducing the intolerable amount of sickness and mortality among infants that we know to exist at present; and we are satisfied that hospital and dispensary work will become more hopeful from the time that we are enabled to assist poor infants with appropriate food :—

(signed)

Edwin Lankester, M.D.
Thomas Hillier, M.D.
C. H. F. Routh, M.D.
George Buchanan, M.D.
John Charles Steele, M.D.
R. Druitt, M.D.
J. Braxton Hicks, M.D.
J. Cooper Foster.
Henry Gervis, M.D.
Herman Weber, M.D.
W. R. Rogers, M.D.
E. Symes Thompson, M.D.
John Westmacott, M.D.
F. Barozzi de Vignole, M.D.
Graily Hewitt, M.D.
F. Edmund Anstie, M.D.
Henry Smith, Asst.-Surg.
B. Curgenven, M.R.C.S."

A verdict pronounced by a society of such talented men, surely ought to be an "authoritative one" in the eyes of the profession, as it is in that of your obedient servant,

16, Tichborne-street, London, W. G. Mellin.

MEDICAL WITNESSES' FEES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—An answer to under-mentioned case in your next publication will greatly oblige,—Yours, &c.,
R. Brown M'Clelland.

Banbridge, June 26, 1868.

A station-master on the Dublin and Belfast Junction Railway was found dead with a pistol wound in the middle of the frontal bone. To see the exact character of the wound it was necessary to make an incision and dissect back the occipito frontalis muscle, and prove that the bullet entered the brain, at an inquest held on the body by two Magistrates.

Query.—Does this constitute a post-mortem under the Coroner's Act, and entitle the medical witness to a fee of £2, 2s. or not.

P.S.—I ask this, as one of the Magistrates has refused giving his name for any amount beyond one guinea.
R. B. M'C.

[Our correspondent is clearly entitled to £2, 2s., the fee for post-mortem examination, without which it would have been impossible to swear to the fact that the bullet had entered the brain and caused death.]

THE TURKISH BATH IN ACUTE BRONCHITIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—As the following cases may interest your readers, I beg the favour of their insertion in your valuable journal:—

I was sent for the other night at about 12 o'clock to see the child of a poor woman, said to be dying of suffocation of the chest. On reaching the house, or rather cabin, I found a fine little boy, aged three and a-half years, almost suffocating from an attack of acute bronchitis. The face was nearly livid and much congested; skin hot and dry; pulse rapid; and the wheezing so hard and loud that I could hear it distinctly before I had entered the house. I at once ordered it a full warm bath for 15 minutes, to be followed by a linseed meal poultice over the chest and back, the limbs to be wrapped up in flannel wrung out of hot water, and covered with a dry blanket. In the morning the child was certainly better, and had perspired very freely in the night, but still the symptoms were very severe and urgent. I at once ordered it to be taken to the Turkish Bath, on its return from which the mother reported to me that it was wonderfully better, that the bath had acted like a charm, and after it had been ten minutes in it perspiration set in freely, and the wheezing seemed to have nearly entirely disappeared. I ordered another Turkish bath to be administered in the evening, and the following morning the mother reported to me the child was all but well, and keeping it quiet in bed was utterly impossible; two baths were again administered the following day, and the next the child was perfectly well, and breathing quite natural.

The second case I would mention, is that of an infant of my own which, in December last, at the age of eighteen days, contracted an acute attack of bronchitis through carelessness of the nurse. I found it almost moribund. I had it well wrapped up and carried at once into the Turkish Bath, where its symptoms in a few minutes became greatly mitigated, and at the end of a quarter of an hour a papular eruption made its appearance over the chest and back, greatly relieving the distress of breathing. After the bath, I had a compress of cotton-wadding covered with oil-silk applied over the chest and back, ordered a Turkish bath to be given the next and following day, when the child became quite convalescent, and rapidly recovering. The paroxysms of dyspnœa in this case were very severe, and several times the nurse sent for me to say the child was dying, and that nothing but squills and tartar emetic could save it.

Case 3.—W. G., aged 52, was attacked with pleurisy and inflammation of the lungs. I found him in great pain with great difficulty of breathing, rapid pulse, hot skin, foul tongue, hacking cough, and the characteristic "prunejuice" expectoration. There was much pain in breathing on the left side, and the stethescope gave unmistakable signs of attrition between the pleural surfaces. As it was inconvenient to have the patient wet packed, I ordered a hot stupe to be applied over the chest for twenty minutes, followed by a linseed meal poultice for four hours, after which a wet chest compress was to be applied, refreshing it every two or three hours when very hot or dry. A wet stomach compress was also ordered, and a tepid wash-down at 92° morning and evening. Diet to consist of oranges or stewed apples, and cold water. Suffice it to say that the case made steady and rapid progress to recovery, and in seven or eight days he was up and about his business.

I need not say that in none of the above cases was a particle of medicine or stimulants administered in any shape or form, nor was any drink allowed but milk or cold water, alone or mixed. In the last case, when the appetite improved, gruel or stirabout, with potatoes and cabbage, or other vegetables for dinner, alone were allowed.—Yours faithfully,
R. Griffith, Ch. M.

DR. PROSSER JAMES' PLAN OF REFORMING THE MEDICAL COUNCIL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It gives me great pleasure to see that Dr. Prosser James, in his admirable address to the enlightened constituents of the Edinburgh and St. Andrews Universities, expresses himself as in favour of the granting of one State degree in medicine in various parts of the kingdom, by means of *ambulatory examiners*. I am glad to say that in a recent conversation with Dr. Sharpey, that illustrious gentleman also expressed to the writer an opinion favourable to such a change being made. As to the machinery of examination, there seems to me to be but little necessity in looking about for a fresh staff of examiners when we have such an admirable body of men already in combination in our Medical Council.

It appears to me that these gentlemen might easily obtain a charter from Government enabling them to grant a degree for a small sum—say £10—obligatory, as Dr. Prosser James says, on all before any other degrees were taken, but after which any other fancy degree might be added, and which degree (which, I hold, ought to be called Doctor of Medicine) should alone admit to all public appointments, whether in the army, navy, or poor-law services.—I remain, sir, yours obediently,

CHARLES R. DRYSDALE, M.D.

99, Southampton-row, W.C., London,
July, 1868.

GENERAL MEDICAL COUNCIL.

THE Council, while these pages are being printed, are engaged on the discussion of the representation of the Medical Practitioner. The programme for yesterday (Tuesday) contained a notice of a motion by Dr. Andrew Wood:—

"That the Medical Council take into consideration its present constitution, with the view of determining whether it be not advisable that it should be placed on a more popular basis, by the addition of a certain proportion of members to be chosen directly by the suffrages of Registered Practitioners."

This proposition will probably lead to a prolonged debate, and it is therefore unlikely that Mr. Paget's motion—

"That in future every person whose name shall be entered for the first time on the *Medical Register* shall be entitled to receive, on application, a copy of the *Register* for the year in which his name has been entered"—

will come on.

The following communications are also before the Council for consideration:—

6. Communication from the Royal College of Surgeons of England, relative to some of the educational recommendations of the Medical Council.

7. Resolution passed by the King and Queen's College of Physicians in Ireland, relative to the age at which candidates for its licence may be admitted to examination.

9. Application from Dr. Frederick Milford to be registered as M.D. (by examination) Heidelberg, 27th June, 1856.

10. Communications from the Medical Teachers' Association respecting the registration of students.

11. Letter from Dr. James Mason, relative to the Medical Acts Amendment Bill.

12. Letter from Dr. Edwards Crisp, relative to the adjudication of the Carmichael Prize.

13. Memorial from the North of Scotland Medical Association, relative to the position of Parochial Medical Officers.

Medical News.

UNIVERSITY OF CAMBRIDGE.—Scholarships at Sydney Sussex College. There will be an Examination at this College, on Wednesday, October 7, 1868, open to all students who have not begun to reside in the University, when (provided fit Candidates present themselves) the following Scholarships will be filled up:—two for Classics only, £40; two for Mathematics only, £40; two for Natural Science, Heat, Electricity, Chemistry, Geology, Anatomy, or Mathematics, £40; one or more Johnson Exhibitions, £32, per annum each; Two Scholarships may be held by the same person, and each will be tenable for three years at least, or until promotion to another of greater value. *N.B.*—All Candidates will be expected to show a fair knowledge of the *set* subjects in Classics, and also of Arithmetic, the early part of Algebra, and first three Books of Euclid. Books recommended by the Examiners for the Natural Science Scholarships:—Heat and Electricity, Ganot's Physics; Chemistry, Fownes, Church and Northcote's Chemical Analysis; Geology, Lyell's Principles and Manual; Anatomy (Human Osteology and General Anatomy), Gray's Anatomy, and Holden on the Bones. The names of Candidates must be entered on the College boards on or before October 1st. Any further information may be obtained of the Tutor (the Rev. J. C. Williams Ellis). Candidates must present themselves in the College Hall, on Wednesday morning, October 7th, 1868, at nine o'clock.

LONDON MEDICAL BENEVOLENT FUND.—Election of Annuitants.—At a special meeting of Committee two vacant annuities of £20 were filled up as follows:—No. 66. A widow, aged 67, Edinburgh, maintained herself for many years; now suffers from rheumatism and dropsy; on the list of candidates since 1862. No. 67. A widow, aged 70, Sussex, has passed through many misfortunes, suffers greatly from rheumatism, recommended by several eminent members of the Profession; on the list since 1866. The fund has already distributed in the course of the year, in addition to the annuities, £420 among fifty cases of extreme distress.

THE HEALTH OF LONDON.—It appears from the return issued by authority of the Registrar-General, that in the week ending on Saturday, 4546 births and 2754 deaths were registered in London and in thirteen other large towns of the United Kingdom. The annual rate of mortality was 22 per 1000 persons living. The annual rate of mortality last week was 20 per 1000 in London, 21 in Edinburgh, and 17 in Dublin; 26 in Bristol, 21 in Birmingham, 26 in Liverpool, 80 in Manchester, 23 in Salford, 27 in Sheffield, 20 in Bradford, 22 in Leeds, 16 in Hull, 24 in Newcastle-upon-Tyne, and 28 in Glasgow. In London the births of 1024 boys and 1001 girls, in all 2025 children, were registered in the week. In the corresponding weeks of ten years (1858-67) the average number, corrected for increase of population, is 2054. The deaths registered in London during the week were 1228. It was the twenty-fifth week of the year; and the average number of deaths for that week is, with a correction for increase of population, 1250. The deaths in the present return are less by 22 than the estimated number. The annual rate of mortality was 21 per 1000 in West Londen, 20 in North London, 21 in Central London, 21 in East London, and 20 in South London. The deaths from zymotic diseases were 328, the corrected average number being 335. Five deaths from small-pox, 59 from measles, 32 from scarlatina, 2 from diphtheria, 58 from whooping-cough, 35 from fever, 66 from diarrhœa, and 8 from choleraic diarrhœa were registered. The prevailing high temperature has caused an increase in the mortality from diarrhœa, and has also occasioned some deaths from choleraic diarrhœa. It is of great importance that the utmost vigilance should be exercised by inspectors of nuisances at the present time. The application of disinfectants to drains, and an abundant supply of pure water to every house, are essential. It would be false economy to imitate the Whitechapel board, which has recently reduced its staff of inspectors of nuisances. The deaths from fever were at the annual rate on 10,000 living of 4 in West London, 4 in North London, 6 in Central London, 13 in East London, and 3 in South London. In calculating these results the deaths in the London Fever Hospital have been referred to the districts from which the patients were brought. The deaths of 7 infants and 1 adult from syphilis, of 6 persons from drowning, of 9 infants from suffocation, of 4 persons who committed suicide, and of 6 persons who were killed by horses or vehicles in the streets, were registered. A builder aged 65 years died on 14th June, at 82, Howland-street, St. Pancras, from "coup de soleil, 8 days, effusion, 2 days."

MORTALITY BY ENTHETIC DISEASE.—In the ten years 1857-66 no less than 12,786 lives have been destroyed in England and Wales by enthetic disease (syphilis) alone. The number of deaths registered in each of the ten years was 957, 1006, 1089, 1067, 1177, 1245, 1386, 1550, 1647, and 1662. Allowing for increase of population the results show that the mortality by this disease is steadily increasing; thus, to 1,000,000 persons living in each of the years 1857-66 the proportional number of deaths was 50, 52, 56, 54, 59, 62, 68, 75, 79, and 79 respectively. The results published by the Registrar-General show the lamentable amount of suffering and death which this disease entails upon infant life. Out of 13,914 deaths from enthetic disease registered in England and Wales in the 12 years 1854-65, no less than 9512, or 69 per cent., were those of infants under one year of age; in 1854, out of 964 deaths, 577, or 60 per cent., were those of infants under one year of age; and in 1865, out of 1647 deaths, 1155, or 70 per cent., were those of infants who had not completed their first year of life. In London, in the 12 years 1854-65 3370 deaths were registered from enthetic disease; in 1854 the deaths numbered 206; in 1865 they were 392. Of the 3370 deaths the large number of 2587, or 77 per cent., were those of infants under one year of age. In 1854, the proportion of deaths of infants to total deaths was 43 per cent., in 1865 it was 76 per cent. The deaths registered from enthetic disease represent only a small proportion of the cases, and the syphiline sets up actions which affect various organs, and gives rise to diseases referred to other causes of death.

Association for Promoting the Extension of the Contagious Diseases Act.—A general meeting of the members of this association was held on Friday, at St. James's Hall; Sir Thomas Watson, Bart., in the chair. A report going at length into the objects of the association, and giving statistical evidence of the great prevalence of the disease which the association sought to grapple with, was presented to the members. The Chairman, in the course of his remarks, stated that such were the ravages of this disease that in one of the largest hospitals of the metropolis, amongst the surgical out-patients half were found to be suffering from it, and in the children's hospital there were 174 children treated for this alone. The Act of 1866 was already in operation amongst soldiers and sailors, and it was the object of the society to extend its benefits to the civil population, but denied that any member of the society, in pressing this matter, had any idea of licensing prostitution. The meeting was further addressed by several members of the profession and others, and resolutions were passed adopting the report, authorizing the carrying out of the objects of the association, expressing an opinion that the "Contagious Diseases Act" should be extended to the civil population of the country, and that petitions upon the subject should be presented to both Houses of Parliament.

At a meeting of the Metropolitan Board of Works on Friday last, some magnificent samples of wheat, oats, &c., were shown, as results of the utilization of London sewage, on land hitherto comparatively barren.

It has been determined to proceed with the new Fever and Small-pox Hospital in the neighbourhood of Brixton, notwithstanding the strenuous opposition of the inhabitants; the Poor-law Board holding out no hopes that they can interfere.

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NOTICES TO CORRESPONDENTS.

Proofs reaching authors in England on or before Friday morning are expected to be returned to the Editor, at the office, 20, King William-street, Strand, W.C., before five P.M., on Friday afternoon. Proofs reaching authors on Friday evening or Saturday morning *must* be returned to the office by two P.M. on Saturday, which is an early closing day. Duplicate proofs are sent to authors, in order that they may correct and return one copy, and keep the other for private use. Contributions should be LEGIBLY written, on one side of the paper only.

Sanitas.—Owing to unusual pressure on our space, your communication is unavoidably postponed.

Dr. C. Drysdale.—The One Portal System—see previous reply.

"FLUID EXTRACT BELLADONNA."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In reply to your correspondent Mr. Johnston, there is no accredited preparation called *fluid extract of belladonna*. Other fluid extracts in the Pharmacopœia are made simply by stopping the process whilst in a state of fluidity, such as sarsaparilla. I therefore apprehend that extract of belladonna, which itself is a *soft solid*, if made semi-fluid by water, would answer the purpose.—Yours, &c.,

A Member of the Pharmaceutical Society.

MOLLER'S COD-LIVER OIL.

The Norwegian Medical Society having received an application relative to the medicinal use of pale cod-liver oil prepared by Peter Möller's process, the subject was duly discussed at the meeting of the society held on 15th January last. Professors Chr. Boeck, Heiberg, Voss, Zochmann, the President of the Society, and several other members, took part in the discussion. From the information supplied and authenticated on that occasion, it may be laid down as a fully-substantiated fact that the physicians to the hospital and the profession generally in this city rarely, if ever, prescribe the brown oils, and when they do so, from economical reasons alone, having a decided preference for the pale oil obtained by Mr. Peter Möller's mode of preparation, the latter having been proved by experience to be equally powerful in its therapeutic action, far less nauseous, and much easier of digestion. Several officially appointed practitioners who attended the meeting gave evidence to the effect that this variety of pale oil, though more expensive, is administered even to pauper patients, on account of its singularly beneficial and salutary properties.

Otto Zund, President.
A. Holst, Secretary.

Christiania, January 30th, 1868.

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COMMUNICATIONS RECEIVED.

Notes on some peculiar cases of Syphilis. By A. M. Porter, M.D.

On some points connected with the Operation Hare-lip and Excision of the Lip for Cancer. By R. Kinkead, A.B., &c.

Urea and Uric—Their relation to Health and Disease. By B. Kelly, M.D.

Lecture.—The Use and Abuse of Stimulants. By W. J. Cummins, M.D.

The Progress of Sanitary Improvements in existing Hospitals. By F. Oppert, M.D.

Letter from E. Crisp, M.D.

◆

BOOKS, PAMPHLETS, &c., RECEIVED.

Diseases of Children. By Thomas Hillier, M.D. London: James Walton, Gower-street.

On the Action, Uses and Value of Oxygen. By S. B. Birch, M.D., M.R.C.P., &c. London: John Churchill and Sons.

Testimonials in favour of Dr. A. R. Simpson, Candidate for the Chair of Midwifery. Glasgow University. 1st, 2nd, and 3rd series.

The Causes and Treatment of Lateral Curvature of the Spine. By R. Barwell, F.R.C.S. London: Robert Hardwicke.

Hoarseness, Loss of Voice and Stridulous Breathing. By Morell Mackenzie, M.D., M.R.C.P. London: John Churchill and Sons.

Principles of Forensic Medicine. By W. A. Guy, M.B.Cantab. London: Henry Renshaw.

Dr. Addison's Works, published by the New Sydenham Society. 1868.

Schlangenbad, its Medical Importance. By Rudolph Wolf, M.D. London: Asher and Co.

The Pathology and Treatment of Ulcers, and Cutaneous Diseases of the Lower Limbs. By J. Kent Spender, M.B. London: John Churchill and Sons.

The Journal de Medecine.—The Pacific Medical Journal, &c.

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APPOINTMENT.

Hayward, Sidney, M.D., has been appointed a Physician for out-patients to the Samaritan Free Hospital for Women and Children.

DEATH.

Burke—At Scariff, June 20, Thomas Burke, M.D., of Killaloe.

Advertisements.

NOTICE TO ADVERTISERS.

The Medical Press and Circular

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FOR the Insertion of announcements from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales, and Transfers of Practices, Surgical Instruments, Chemicals, and Trades generally.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 8, 1868.

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THE PROGRESS OF SANITARY IMPROVEMENTS IN EXISTING HOSPITALS.

By F. OPPERT, M.D.

(Read before the Medical Society of London.)

Every subject connected with public hygiene finds a deserved attention in this country, and great care is at present bestowed on all measures for the prevention and treatment of diseases.

Hospitals are capable of being improved in many ways, and it is useful to take notice of every recent improvement introduced with advantage, and to direct public attention constantly to these important matters.

HOSPITALS NOT CAPABLE OF IMPROVEMENT.

There are of course some hospitals in existence which cannot be improved at all, their construction being radically faulty, and they are better pulled down to give place to others, than wasting money on their improvement. The old Hôtel Dieu in Paris belongs to this order, and though still in use, will shortly come down. The new building, which I saw in course of construction at a recent visit, stands close to the old one, and is being built on the pavilion plan. The Circular Asylum in Vienna, the Lying-in Hospital in St. Petersburg, some military hospitals in Prussia, the old Fever Hospital in Glasgow, and other institutions, have been found utterly unfit for improvement, and are now replaced by others. In many establishments the process of improvement goes on without remittance. Many hospitals in London, Paris, Munich, Berlin, and Vienna are already materially improved, others will be gradually ameliorated.

PREVENTION OF OVERCROWDING.

There is one mode of improving the healthiness of even a very defective building, viz.: by diminishing the number of inmates, and by occasionally emptying the wards. It is a pity that, in many instances, this is not done before hospital diseases, such as erysipelas, pyæmia, fever, etc., make their appearance. As regards London hospitals, the new workhouse infirmaries and the foundation of new convalescent hospitals are likely to diminish the press for admission and overcrowding. It has been found in Vienna, that the healthiness of the General Hospital was improved by the foundation of the new hospitals, Wieden and Rudolphstiftung, which receive a portion of the sick population.

A hospital should never be too full. But I actually found last year, additional beds placed in the wards in excess of the number originally intended, and I also saw two patients placed in one bed in an infirmary. I should consider it far more expedient to construct temporary sheds or tents in the garden or yard than to overcrowd the wards.

CLASSIFICATION OF PATIENTS.

Another means of improving the arrangements and furthering the cure of disease is by proper classification and distribution of the patients in the building. It is well-known that the pavilion plan offers great facilities in this respect, but also in corridor hospitals much more can be done than is done at present.

First, as to separation of sexes, we find sometimes men's and women's wards adjoining on the same floor as in the Manchester Infirmary, the proposed cottage hospitals offer the same objection; at other times both sexes use the same yard or garden for exercise, or they sit together in the convalescent or waiting-rooms. This might easily be better arranged. In many Paris hospitals there are separate gardens for men and women, for instance in the Charité; in many German hospitals the men occupy one side of the building and court-yard, which by-the-bye may be tastefully laid out with shrubs, and females the opposite ones.

Next, as to age, children are often found in the wards of adults (St. Bartholomew's Hospital). But this is undesirable, as children ought to have specially trained nurses, and they require special utensils. It is also for the sake of decency necessary that they should be separated. Therefore special wards or blocks and special play-grounds should be given to them, if they must be admitted into the establishment.

Thirdly, medical and surgical cases should not be in the same wards as in the Royal Free Hospital, though no evil consequences, I was told, are observed there. It has, however, been noticed in military hospitals that where fever and surgical cases were close together, the wounds often became sloughing. In some cities surgical cases are exclusively admitted into surgical hospitals: in Rome two buildings of this description exist. It is well-known that the London general, hospitals admit surgical cases in excess to medical ones, and place more beds at their disposal, and that they contain special accident wards.

It has scarcely to be mentioned that women in their confinement must be kept as separate as possible from fever as well as surgical cases.

Again, certain medical cases should be separate from others. In hospitals which serve for clinical instruction, we generally find the more important cases removed to special wards, which are arranged with special care, and the lighter cases are in other rooms. This is better than a clinical teacher having his cases distributed through the wards. We often find a female department, especially one for cancer (Middlesex Hospital, Berlin Charitê, and some Paris hospitals), and this seems a satisfactory arrangement. It is rare that patients with lung diseases are congregated in the same wards (as in Traube's wards in Berlin), but this is convenient for clinical instruction in auscultation. Contagious diseases, such as small-pox, measles, scarlatina, &c., should always be treated in separate rooms. Also, noisy patients should have separate accommodation. A more doubtful question is whether patients attacked with typhoid, or typhus, fever should be excluded from the medical wards of a general hospital or not. To discuss this point alone might occupy a whole evening. State hospitals are conducted on different principles, in this respect, to private ones, the former being liberal in their admission, the others act on restricted principles. We find, however, in this country hospitals supported by voluntary contributions, which admit fever patients into the general wards, for instance Leicester, and this without detriment to the others. In Germany, where typhoid fever, the less contagious form of fever, is more common than typhus, fever patients are constantly with the others. It seems to me that the contagiosity of the fever varies in different countries and places, and at certain times, and that the question how to accommodate fever patients must often be decided on local grounds.

As for surgical cases, they should be on the lower floors, accidents especially; eye cases should be separate, as nothing is more dangerous to the results of eye-operations than a traumatic atmosphere. Special eye wards are generally found in Continental hospitals—Berlin, Vienna, &c., but it is only lately that attention has been paid to this arrangement in this country. So I read lately that certain London hospitals have adopted this plan, and it can easily be instituted in many country hospitals. A dark room, for ophthalmoscopic researches, has to be added where needed.

Special departments for other patients—viz., ear, laryngoscopic, female cases, may, in many instances, be advisable, not only for the purposes of medical education, but to prevent the starting of too many special hospitals.

Lock wards may be added the more easily to general hospitals, as the syphilitic patients can very well be accommodated in the attics, and new attics can be built for them if necessary.

ACCOMMODATION OF THE OFFICIALS.

The officials should be properly accommodated. It is very rare that any one takes the trouble to visit the servants' rooms. I believe that Continental hospitals are more defective in this respect than those of Great Britain, as it is not rare to find these people living underground in the former establishments. If I remember rightly, something of this sort may be found in Hamburg and Berlin. In some French hospitals I found too many beds for night nurses (vieilleuses) placed in one room, and so it is in some English hospitals. Recently the servants of St. Mary's Hospital have received better accommodation, and the nurses of University College Hospital are about to enjoy more spacious sleeping-rooms.

VENTILATION.

I come now to a most important question which never should be lost sight of by hospital authorities, this is how to improve the ventilation. The cubic space is easily increased by diminishing the number of bedsteads, but to improve the circulation of air in the wards is more difficult. You have often to remove partition-walls, form apertures in the walls and ceilings, place louvres over the doors, put in hopper-mouthed window panes, or institute ventilating fires, &c. There are some managers of hospitals on the Continent, and I had the honour to confer with them on the subject, who make light of such improvements as I just mentioned; they aver that it is quite sufficient to open the windows occasionally, and pay the greatest attention to cleanliness by removing everything immediately which might cause bad smells, keeping the bed-linen in the best state, &c. But in this country we think different, and much has been done in this direction. The Royal Manchester Infirmary, a corridor hospital for about 250 patients, which is cut up into a great number of small wards, may serve as an example. Fine end wards have been formed with windows on more than one side by taking down partition-walls, and other wards have had square apertures placed opposite the windows, and louvres have been formed over the doors. The old infirmary of Leeds has been improved similarly, even some ceilings which were too low have been raised.

The new (Hunt's) block in Guy's Hospital has been improved by cutting apertures in the wall for the admission of air. The Charité Hospital in Paris has been greatly changed. New wings built on improved principles are added, some of the old wards are much improved. For instance, the ward St. Charles, which contains twenty-five beds, had a low arched ceiling, as usual in hospitals which were formerly convents. This ceiling is now pierced in four places, and skylights placed there to admit light and air. This ward is warmed by calorifères, but a convalescent-room, which has been cut off from it by a glass partition, contains a chimney-place with marble slab.

Ventilation can be much improved by paying attention to the construction of windows. They are generally sash-windows in this country. I may mention that the Lock Hospital in Harrow-road has some French croisées, and in the Kensington Workhouse Infirmary I found the same. I have not seen sash-windows in Germany and Italy, I observed a few in the Incurables Femmes in Paris, an old building which is to be vacated. Windows inclining inwards, revolving on their lower border, have been introduced with advantage in many English, French, and German hospitals. They are sometimes fixed by small boards against which they incline when open, at other times by ropes and pulleys. They are found in the hospital Rudolphstiftung in Vienna, and will be in the new Hôtel Dieu. The windows of the New Leeds Infirmary are partly on the French croisée principle. In some hospitals (Whitworth, Arbroath, Manchester), perforated zinc plates are placed before the upper sash. When this is lowered the air percolates through the perforations. I wonder why we do not more often find similar arrangements, as in railway carriages, for instance. I would place double zinc plates the whole width of the upper part of a window, say five inches high, sliding on each other to regulate the draught. I mention in another place that in the justly praised Chorlton Union Hospital, the draught from the ventilating apertures is too strong, this leads to plastering up the apertures as in Leicester.

Much more difficult than to admit fresh air it is to institute the means for extracting vitiated air in an old building. There are, however, instances where chimney shafts have been formed with this object.

WARMING.

The means for warming can be improved in different ways. The Paris administration has lately introduced open fire-grates in some hospitals, the Charité, les Cliniques, Hospital Cochin, St. Louis. In the latter hospitals the chimneys have gone through singular transformations. In the middle age the large chimney-places of the square wards were heated with wood-blocks, later they were replaced by calorifères and blocked up, but I was surprised at my last visit to Paris to find them again prepared for use. If the warmth is deficient we can place Gurney's stoves into the wards (German hospital), but I should not think it so difficult to form water-pipes into coils to be heated from the basement. Quite recently objections have been raised against cast-iron stoves by Dr. Carret. The artificial means for warming and ventilation have not always answered, and open fire-grates had to be built in their stead. Smoky chimneys or stoves must not, of course, be tolerated.

FLOORS.

I have not much to say about the floors, walls, and ceilings of hospitals. In Paris, where some hospitals had stone-floors, these have been replaced by parquet ones, les Cliniques, Charité, St. Louis. In English hospitals, some deal floors are now oiled and lacquered—King's College Hospital, Newcastle. In bath-rooms tiled floors are in their right place (Cambridge, Lock Hospital, Harrow-road). In France, every grocer sells the material which is used to lacquer the floors; walls, and ceilings, which are not coated with cement, want repairing or whitewashing about once a-year.

FURNITURE.

The furniture, which the wards contain, can easily be improved where necessary. The Paris Administration has nearly all other bedsteads replaced by such as are provided with spring-mattresses. They are more easily kept clean and free from vermin, the quantity of horse-hair contained in the mattress is only 18 kilogrammes, or 40 lbs. I saw some very useful hospital furniture in the Paris Exhibition —night-tables, contrivances to raise the patient, &c. All the London hospitals should gradually replace their beds by better ones.

WATER-CLOSETS AND LAVATORIES.

That the salubrity of a hospital is endangered by badly placed water-closets or latrines and drains is well-known, and it is therefore desirable where they are faulty to remove the nuisance. These things are better arranged in England than elsewhere. I have, however, pointed out in another place that we are not altogether free from blame. At the Oxford Ratcliffe Infirmary a nurse's-room is, or was till recently, squeezed between two water-closets. The Paris Administration is gradually replacing the latrines by water-closets. The new ones of Lariboisière are quite on a level with English ones. La Charité, les Cliniques, the new part of Cochin, Beaujon, la Salpêtrière, are provided with new water-closets. It will not be long before we will have to search diligently for the ancient latrines which everyone who sees them for the first time contemplates with amazement. Low seats of stone with a small round opening, not fit to sit but to stand upon, as constructed more than 100 years ago, are still visible at the Charité and Salpêtrière. Earth closets I did not see in hospitals, but I noticed them in the Exhibition. They seem to me the next best thing to water-closets, especially in hot climates. Lavabos are not difficult to place where they do not exist. In France, they have generally marble-slabs, whereas the English are content with slate.

Water-closets and the place where the lavatories are, are rarely warmed, it should become in future the object of architects not to overlook this. In Guildford Hospital, Herbert, New Leeds Infirmary, and the Brompton Hospital, the means for warming are found. In consumption hospitals especially they should not be overlooked. The best means are small chimneys or warm air, which has passed over hot pipes.

OPERATING-ROOMS AND LECTURE-ROOMS.

They are not always what they should be. Where they are not light enough, windows may be formed at the proper place. Some hospitals have had new ones added lately at a considerable outlay—viz., Guy's Hospital. The most ancient amphitheatre I saw recently is that of Bouillaud in the Charité Hospital. It is of a round form, the chair in the centre, the seats rising steeply, the light sparingly falling through a round skylight above the chair. 300 students may be seated.

THE POST-MORTEM ROOMS

are badly arranged in many of the old buildings, and might be replaced by separate detached deadhouses, care being taken that the patients cannot see the funerals.

THE BATHS

are capable of much improvement in English hospitals. The more recent establishments are somewhat more satisfactorily arranged, but the older ones contain neither a sufficient number, nor are the baths of the proper material.

Enamelled earthenware I consider the best material for the fixed baths. In Paris, a great many newly instituted baths are of enamelled cast-iron, and they look beautiful, but they are less durable than the former. Zinc-baths are not rare with us or on the Continent; copper-baths are much valued in Germany (Berlin). The finest baths are those of one piece of marble, as exhibited last year in the Italian gallery of the Exhibition, but they are very expensive.

Hot air or Roman or Russian baths are rarely met with in British hospitals. I may mention they are to be found in Cambridge, Colney-hatch, and Herbert Hospitals; they will of course not be missing in the New St. Thomas's Hospital, French physicians are much struck with the deficiency in this respect, great value is attached to them in France. In Germany, the larger establishments (Charité, Rudolphstiftung, and others) usually contain these baths; and so they do in St. Petersburg. Occasionally a voice has been lifted in their favour in England, but as yet with little success. The same must be said of sulphur baths. Almost all hospitals in Paris, where skin diseases are common, have plenty of these. The famous baths of Barèges in the Pyrenées are much valued, and produced artificially in French hospitals. In the same manner the "Mother of Lye" baths are used in Germany. Soda and sea-salt baths find some favour with English Hospital Physicians. A number of other artificial baths used in Paris, as seen from the report of the administration, are almost unknown in London. The atomized baths of Mathieu de la Drôme seem not to find much favour with our French colleagues, as they are only instituted in St. Louis and another hospital.

Appliances for fumigations for the cure of syphilis and skin diseases should be added to the baths in English hospitals. The hydro-therapeutic apparatus are brought to great perfection and used in Paris, but there is some caution necessary regarding their use, especially as respects the Douche. A plan of treating habitual constipation by shower-baths is not much known in England. There is some danger of falling into the error of treating too many diseases hydro-therapeutically where the apparatuses exist.

Portable hot air and vapour-baths may, of course, be easily acquired for an hospital, and I have reason to recommend them. There is some caution necessary to prevent accidents with them. A new appliance, the bidet, which I found in several French Hospitals, may be introduced in English ones. I was pleased to see it in the female lock-hospital.

The warming of bath-rooms is often considered superfluous. As an instance, I refer to the new Alexandra wing of the London Hospital, opened only two years ago. Some of the bath-rooms are partitioned off the ward by an opaque glass partition, and are rather dark, but there is a gas-burner. No means of warming nor for the escape of steam are provided for, so the steam enters the ward. Such arrangements should be ameliorated. An apparatus for warming the linen must not be over-looked

As it seems very difficult, and in some cases not possible, to provide London hospitals with the desirable Russian baths, appliances for fumigation, sulphur baths, &c., I suggest that a central establishment for medicated and other baths be founded; hospitals, infirmaries, and dispensaries to support the institution by becoming subscribers for tickets, the tickets to be distributed on an order from a medical man connected with the hospital. I know cases where patients with skin diseases have not been admitted into the public baths. An institution of the kind supported by the profession and well managed, would be an undertaking which might be taken in hand by a public company with the greatest success, and be an inestimable boon to the poorer classes of the metropolis.

DINING-ROOMS OR HALLS

have found much favour with hospital authorities in this country, and there is no doubt that they often prove a desirable addition to many buildings. They are more necessary where the number of light cases is large, and may therefore not be out of place in many country hospitals where the privileged light cases are often largely admitted to the detriment of the real sufferers from disease. Those patients who cannot leave their bed enjoy a larger cubic space by the others vacating the ward; the attendants are saved a great deal of trouble by serving a greater number at one time; the patients do not get their dishes cold, and dine comfortably together. Therefore, notwithstanding some disadvantages which I know quite well, I consider the addition of dining-rooms an improvement.

PATIENTS' LIBRARIES

can be easily connected with the recreation rooms, and when libraries do not exist, the chaplain of the hospital should make it his business to form them. Such a library, recently founded, I noticed with pleasure at my last visit to the Sheffield Infirmary.

LIFTS

have been lately added to some establishments, for instance, University College Hospital. They serve to carry the dishes from the kitchen to the upper stories, and are very useful. Also,

LINENSHOOTS

can be formed where they do not exist, and it is well-known that earthenware tubes deserve the preference. I need scarcely add that many other improvements are of more importance, and should therefore first be attended to.

DISPENSARY.

The place where the medicines are made up is often too dark, and in that event should be made lighter, or the dispensary removed to another part; for instance the dispensary of the Herbert Hospital is defective in this respect. A small gas-apparatus is very convenient for preparing infusions and decoctions, and might be added, a defective sink and lavatory might be replaced by an improved one. Medicine vessels should be provided with stoppers. The preservation of cod liver oil, especially in large establishments and consumption hospitals, makes some precautions necessary. The principal store is in a cool place in the cellar. A stone barrel with a tap should be kept for it in the dispensary. The objection is raised that such a barrel might be difficult to cleanse, their being only a small opening for filling it, but I think this is not the case. The next best things to be recommended are the glass vessels with double margin. For larger stores a slate tank, under which a current of air passes, is desirable. Poisonous drugs have to be kept always separately; distilled water kept in stone jars.

KITCHEN.

This is a much neglected department in English hospitals. Many kitchens are in the basement, and too low, badly lighted, etc. The ceiling may be carried higher (Sheffield), or the floors lower (Windsor), but it is preferable, where possible, to build a new kitchen. The Berlin Charité Hospital is an instance of this improvement. A large kitchen was built attached to one of the wings of the old hospital a few years ago. Almost all the kitchens of the Paris hospitals are lofty, airy, and have opposite windows with vasistas for ventilation, the smoke flues are carried under the floors which are of stone. For fuel they use coke, formerly coals were used. A central range usually has four fires. Coke wants a little more time before it gets thoroughly heated, but is cheaper than coals. Steam I found employed for cooking, but in one establishment—viz., St. Anne; in Germany they generally cook by steam. Gridirons for chops or steaks with side or down-draught can be instituted where not found. For storing the provisions which are to be consumed, I noticed in Paris, and recommend for imitation, airy meat rooms like the new one in the Salpêtrière, stone floors, marble slabs, or slate, tiled walls, opposite windows, etc., ice in summer. Milk to be kept in enamelled slate tanks with air draught underneath (Brompton). Meat-safes, hot plates, tin boxes for the lifts, and many modern improvements of minor importance may be added.

THE WASH-HOUSE.

The plan of having the washing of several hospitals done at one of them is a good one, and, of course, easily acted upon, where a central administration exists as in Paris. I have found the washing attended to at the smallest institution I visited—viz., at Windsor, an infirmary for twenty patients—and, on the other hand, large hospitals do not undertake it—for instance, the Brompton Hospital. It may not be feasible to act upon the principle of co-operation in London, but there may be country towns more favourable for it.

Only very small institutions should be without a steam-engine, and no large amount of washing should be done without steam-power. It is true that the linen wears longer if only subjected to hand-work, but this is so much more expensive that it cannot be thought of. I am convinced that a great amount of labour and money might be saved in this country by better managing these matters, and adopting some of the continental principles. These matters are too much left to the ingenuity of the female mind, and time and labour is often wasted. I found washing by hand done before the things were put in the machines; in fact most things were washed twice over, which I should think only necessary in a fever hospital. The French way is far more expeditious, as hardly anything is washed twice. It is very singular how the different countries adhere to their own ways, and that, for instance, the *modus operandi* in France should be different from that of Germany, and both differ from the English one.

In all the large French wash-houses—say, of Lariboisière, of the Salpêtrière, or the Incurables Femmes—I was told that the dirty linen, after being wrinsed in cold water, was not washed by hand, but at once thrust into the steam-tubs, where the water was gradually raised to a high temperature. The water, mixed with hot ley, percolates the linen for four hours, after which time it is ready for the washerwoman.

The German procedure, as in the Berlin Charité, and many other establishments, is a little more tedious. The linen is wrinsed in cold water, subjected to the action of hot ley—the temperature being moderate—for twelve hours, removed into the steam-tubs, where it is steamed for three or four hours, washed in hot water, wrinsed, &c.

This system was partly adopted from a French model, and the precepts of Bourgnon de Layre, but replaced in France by that of M. Bouillon. The tubs à arrosage are not exactly a new invention, but they are an improvement on previous apparatuses.

I cannot describe all the washing-wheels and machines, the wringing ones and hydraulic presses; suffice it to say that the French plan deserves a trial in this country, and a good opportunity exists in the new St. Thomas's Hospital.

THE OUT-PATIENTS' DEPARTMENT.

It requires improvement in many English hospitals. Many of them were built without architects paying much attention to the subject, and we find the defects the more striking the more the number of out-patients has increased. The possibility of this department being used for purposes of medical education did not, of course, occur to the builders. The waiting-rooms are almost as a rule defective in the country and in London dispensaries. How often have I seen the patients, male and female, sitting together in the hall, blocking the way to the stairs or consulting-rooms, exposed to draughts, &c.

The consulting-rooms have often insufficient light. The patients should have a separate entrance and exit, in order not to be in each other's way. The rooms should be quiet, and therefore separated by double doors or lobbies, from the waiting-room.

Where the department is used for medical instruction, several consulting and private examination-rooms should be found near the principal entrance. The lecturer must be enabled to detach some of his pupils for examining the patients, and go on lecturing to the others. The names of the patients must, of course, be inscribed in a book kept for the purpose, and case-books for interesting cases be found besides; assistants and famuli, elected according to seniority and merit, should be trained to attend to these matters. The dispensing department should be placed in such a manner that the out-patients pass by it when they leave.

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NOTES ON SOME PECULIAR CASES OF SYPHILIS.

By ANGUS M. PORTER, M.D.

(Read before the Ulster Medical Society).

Case 1.—Mr. L., a young, unmarried Scotchman, of fair complexion, and free living habits, contracted the disease in Dublin about ten days before coming for advice. Had never suffered from syphilis previously. Five days after connexion he noticed an inflamed spot on the upper part of his foreskin.

On September 22, 1867 (the date of his first visit), the appearance of the sore was so indefinite, that it was impossible to determine whether it was specific or not; a dry elliptic chafe being the form it assumed. Recommended rest, a mild purgative, and, locally, cold water dressing.

24th.—The dorsal part of the foreskin was considerably inflamed. The sore, on being exposed, presented a suppurating surface. There was no constitutional disturbance nor any enlargement of the neighbouring glands.

26th.—The ulcer was covered by dark sanguineous matter, the edges raised and hard. The prepuce was much swollen, but the system remained perfectly tranquil. The strong nitric acid was carefully applied, and then water dressing.

He did not come back till October 2, when, on examination, the surface of the sore was found clean, the margin, however, remaining high and indurated—there was complete absence of pain or irritation. The healing process did not seem to have commenced as yet. For the first time he appeared depressed, and had a bilious look. The various glands still remained unaffected.

Prescribed one 5 grs. Plummer's pill, to be taken each night for a week, and large doses of decoction of sarsaparilla daily, the topical remedy being altered to blackwash.

Next day he returned much better, the ulcer looking healthy.

He continued to improve till October 9, when he complained of soreness and stiffness in his right groin, for which a spica bandage was employed, and rest recommended. The chancre had begun to heal rapidly, but considerable hardness remained around the edges. Some red oxyde of mercury was dusted freely over it.

16th.—The chancre had disappeared, leaving a fine purplish skin behind it, surrounded by slight induration. The patient still complained of tenderness in the groin. He was continuing to take large quantities of the sarsaparilla decoction.

He now left, promising to return as soon as convenient, which he did on November 5, when he reported himself as completely cured. There was no hardness remaining to indicate the situation of the chancre, and the abortive bubo had quite disappeared. Up to the present he has enjoyed excellent health.

In this gentleman's case, which, from its persistency and difficulty of cure, was undoubtedly one of a specific nature, at least one feature of interest occurred, and that was the presence of induration unsupplemented by any form of secondaries. This hardness, as has been noticed, was not the result of a cicatrix, nor incidental, but evidently characteristic of the form of ulcer which it accompanied, inasmuch as it occurred a considerable time before the healing process commenced, and subsided on the disappearance of the sore.

Case 2.—Mr. A. G., of Belfast, occupied as a clerk, of dark complexion, bilious temperament, regular habits, young, and unmarried.

On October 2, 1867, he first sought advice for three non-indurated, flat, round, ulcers, two of which were situated on the mucous surface of the right side of his foreskin, and one on the left side. A large bubo had formed in the left groin; considerable constitutional disturbance was also present. He stated that he had not had connexion for six weeks, and that it was two since he first noticed the sores.

He had never been the subject of venereal disease prior to this attack. On drawing back the foreskin he experienced intense pain; a good deal of smegma had consequently been allowed to collect, and keep the chancres in a foul condition. After the removal of all the secretions by warm bathing, the strong nitric acid was freely applied, followed by cold water dressing. Pressure, by means of a pad and spica bandage, was put upon the bubo, and perfect rest inculcated.

The following day (Oct. 3) the chancres were looking clean and not so sore, the bubo, however, was causing him considerable inconvenience. He was now recommended to use blackwash as the local remedy, and the following internal medicines :—

℞ Hyd. bichloridi, gr. ii.
Infus gentianæ co., ℥viii. M.
Ft. mist.

Sg. A teaspoonful at each meal, and 20 drops of the tincture of perchloride of iron three times daily. His diet to be plain and nourishing, and his mode of living regular. His bowels being confined, two teaspoonfuls of the liquid extract of senna was prescribed to be taken at bed time.

October 5th.—The aperient had acted freely, which gave him some relief. The chancres were looking better, and not causing much annoyance. The bubo, however, was intensely painful, and the system considerably disturbed.

His next visit was on October 11th, when the chancres did not seem to be doing so well, this it appeared was owing to his own dread of drawing back the foreskin to dress them. Some red precipitate was now applied to each of them.

14th.—The change, which had taken place in the sores was most satisfactory, and the patient now felt less difficulty in applying the dressings himself. The bubo, which had pointed, was freely opened, and a large quantity of thin pus allowed to escape. The general disturbance of the system had greatly abated.

16th.—The chancres were almost healed, but the bubo continued to discharge watery matter, and was still very painful, especially when walking.

19th.—The chancres had quite disappeared, but the affected groin continued to resist all attempts to bring about a healthy condition. The diseased gland was re-opened, and covered with a linseed poultice. A considerable quantity of thin serous matter subsequently drained away.

25th.—The oozing had nearly ceased, so pressure was substituted for the poultice, by means of a sponge pad and close fitting truss. At this time his general health was unimpaired.

November 3rd.—Mr. A. G. left to fill a situation in England, and had apparently quite recovered from the disease for which he was treated. He felt in excellent health, and had ceased to take the prescribed medicines. Scarcely any trace of the bubo remained.

26th.—A letter came from him, stating that the glands of his neck were swollen, and his throat sore. The general tone of his letter indicated despondency.

In reply, the following treatment was recommended—

℞ Pil Plummeri ʒi
Div in pil duodecem

Sg. One 3 times daily, with a wineglassful of decoction of sarsaparilla. Ten grains of chlorate of potass (in water) night and morning; and twelve grains of Dover's powder every second night, also a gargle containing astringents.

December 4th.—There was another communication from Mr. A. G., to say that he was no better. In answer, I advised him to take two teaspoonfuls of cod-liver oil three times daily, and to persevere with the remedies already prescribed.

Subsequently, finding no improvement in his state of health, he went under medical treatment in England.

January 20th, 1868.—He returned to Belfast, having become impatient and discouraged by the obstinacy of his maladies. His face was now covered with pustulæ, while over his trunk and limbs a squamous eruption had become thickly developed; some of the spots were bright red, others purple, and the remainder copper-coloured. His tonsils and the back of his throat were extensively ulcerated. He was greatly dejected in spirits, and suffering from a severe cough which, on examination of the chest, proved bronchitic. His bowels were pretty regular, his tongue clean, skin moist, and pulse normal. Whilst in England, his medicines had been altered, with the exception of the Plummer's pills. He objected to take any more mercury although he had never been salivated, nor otherwise felt the unpleasant effects of this drug. Owing to his pertinacity on this point, I thought I would give the terchloride of gold and sodium a fair trial. Accordingly, he was recommended to take one of Grötzner's pills,* with two teaspoonfuls of cod-liver oil three times daily; and, for the cough, an anodyne pectoral mixture containing the dilute mineral acids and muriate of morphia, together with expectorants. His throat was thoroughly cauterized with nitrate of silver, and a strong astringent gargle prescribed for frequent use.

Feb. 3rd.—He seemed in a somewhat better condition, as regarded his general health. The cough had become easier and less frequent. His appetite had improved, and he rested more comfortably at night.

The pustular rash on his face had increased, especially on the chin and forehead; where any spots had died away, a deep purple stain remained.

8th.—He was almost free of the bronchitis, and in better spirits, though he was somewhat alarmed at seeing a new form of rash present itself—viz., roseola of a very bright colour, principally situated on the chest and arms. The appearance of his face was very disagreeable on account of the confluent nature of the pustules, which in some places were discharging a yellowish matter. He had now taken 57 of the pills, or better than 2 grs. of the terchloride of gold and sodium (which quantity of corrosive sublimate I have seen remove equally severe cutaneous eruptions, and in a shorter time). Not having noticed any marked beneficial effects from this preparation, I deemed it judicious to adopt the following (without consulting my patient on the subject):—

℞ Liq. hydriod hyd. et arsenici, ʒss.
Syr. Simplicis, ℥iss. M.

Sg. A teaspoonful in water with each principal meal. The cod-liver oil being continued.

His hair had commenced to fall out in large quantities, for which symptom Erasmus Wilson's prescriptions were adopted—viz.,

℞ Ung. hydr. nit. ox., ʒi.
Adipis odoratæ, ℥iii.

Sg. To be rubbed well into the roots of the hair at bedtime:—

℞ Ol amygdalæ dulcis, ℥i.
Liq. Ammon. fort., ʒi.
Spts. rosmarinæ, ʒii.
Aq. Mellis, ℥ii. M.

Sg. To be sponged about the roots of the hair each morning.

16th.—A slight improvement was observable in the general condition of the patient, yet the cutaneous eruptions were very perceptible. With the hope of aiding their removal, one part of citrine ointment, in two of simple cerate, was directed to be rubbed on them each night.

March 14th.—The patient's general health had become very good. The skin affections were quickly disappearing, leaving the surface of the body covered with scales and crusts of various shades and sizes. The hair had ceased to fall out.

29th.—A vast improvement had taken place in every feature of the case. No ulceration of the throat remained, though on rising in the mornings a peculiar dryness was felt which a drink of cold water immediately relieved. The medicines were still continued.

April 16th.—No trace of cutaneous disease remained save some slight red marks on the face. The patient's appetite and general health were good, and he appeared in excellent spirits. All medicines were now omitted.

Mr. A. G. paid his last visit on April 20th, on which date every symptom of the disease had vanished.

In this case the plurality of the chancres, the absence of induration, and the late development of the roseolar rash, are points of some interest, as well as the absence of ptyalism during a lengthened course of mercurial treatment. It may be well to remember that cod-liver oil was administered throughout.

(To be continued.)

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Hospital Reports.

RICHMOND SURGICAL HOSPITAL.

ENORMOUS INCARCERATED AND SUBSEQUENTLY STRANGULATED INGUINO-SCROTAL HERNIA, PROBABLY CONGENITAL: DIFFICULTY OF DIAGNOSIS: OPERATION: VIOLENT PERITONITIS: RECOVERY.

UNDER THE CARE OF MR. WILLIAM STOKES.

(Reported by Mr. JAMES ROSS.)

FROM the very unusual and extraordinary symptoms and physical signs in the following case of hernia, it must be admitted that an accurate record of it is of considerable value in a practical point of view.

Thomas F., æt. 30, by occupation a cooper, was admitted into Mr. Stokes' wards in the Richmond Hospital on the 8th of last June. He stated that he had a hernia on the right side as long as he remembers, and that he was always able to reduce it until two weeks previous to his admission into hospital. He stated that when it was reduced, there was a great thickness of the scrotal coverings remaining which was not so on the left side, and that the testicle was always much smaller on the affected side. The symptoms of strangulation, however, did not appear to supervene until the day before his admission. There was frequent vomiting and hiccough, constipation, great pain and tenderness over the lower part of the abdomen, which were especially acute in the situation of the external ring.

On examination a large scrotal tumour was found, of great weight, the upper half of which was tympanitic on percussion, the lower half absolutely dull. There was great tension of the skin over the tumour, which was somewhat lobulated and irregular on the surface. There was *little or no impulse on coughing*, and on moving the tumour suddenly from side to side, or from before backwards *a loud splashing sound could be distinctly heard*, like that of hydro-thorax, indicating the admixture of air and water within the tumour. On examining it with reference to transparency, none whatever could be found.

Shortly after his admission, he was put under the influence of chloroform, and the taxis carefully tried, and though Mr. Stokes failed to reduce the hernia, he thought he succeeded in diminishing the size of it somewhat. At all events, some of the symptoms of strangulation—viz., the vomiting and retching, and the violence of the abdominal pain, *subsided after the taxis*. In the evening, 8 P.M., the scrotum became again very much distended, causing much pain from the tension. There was also retching and hiccough. These symptoms, however, under the influence of anodynes, enemata, hot fomentations, and the warm bath, towards morning completely subsided. The same state of things recurred next day.

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* ℞. Sodii auro terchl. gr. iv. ex. Dulcamar ʒi.
Solve in aq. dist. q.s. Altheæ rad q.s.
Ext. aconit. gr. x. M.
Div. in pill 80. Vt. dict.

June 12.—The bowels were moved slightly on the 11th. Pulse quiet. Patient able to take light food, and very little tenderness about the abdomen or scrotum.

13th.—The symptoms of strangulation recurred with great violence. Mr. Stokes got the following message from Mr. Ross, his resident clinical assistant:—"The patient with hernia in No. 7 ward has been very ill during the night, vomiting set in at two A.M., and has continued at frequent intervals since then. He is perspiring profusely." On Mr. Stokes' arrival, he found that the alarming symptoms the patient had during the night and early morning, had greatly subsided. He was in a state of great prostration, perspiring profusely, but the vomiting had stopped, the constipation which had now lasted since the morning of the 11th continuing. The tenderness and pain over the abdomen and scrotum had also to a great extent subsided. The pulse was 76, and very weak. At this juncture, Mr. Adams kindly saw the case with Mr. Stokes, and was of opinion that although the patient's symptoms were decidedly alarming, and the prognosis unfavourable, yet, that under existing circumstances, the symptoms of strangulation having to a great extent subsided, immediate operation was not called for. It was then determined that a consultation should be held at 5.30 P.M., the patient to have in the meantime a full enema, and morphia and hydrocyanic acid internally. At 5.30 P.M., the patient was found considerably better. He had only had during the day two slight attacks of retching. The tumour was not nearly so tense, and the tenderness in the abdomen greatly better. He was still in a very weak and exhausted condition. The enema had come away, but there was no feculent motion from the bowels. Mr. Stokes then agreeing with his colleagues, considered it would be better again to defer any operative interference until he saw what course things were going to take, and accordingly it was agreed to meet again to see the patient at 10.30 P.M. In consequence of this unusual, and extremely interesting case, many other eminent surgeons in addition to Mr. Stokes' colleagues, came to see this case. Among them may be mentioned Mr. Porter, President of the Royal College of Surgeons; Mr. Fleming, Mr. Collis, Dr. Wharton, Mr. Croly, Mr. O'Grady, &c.

The difficulty of diagnosis in this case as to whether namely, it was one of simple strangulated congenital hernia, or whether the case was one of a small hernia into a large previously existing hydrocele of a hernial sac, arose from the existence of the following symptoms and appearances:—

1. The absence of all impulse in the tumour on coughing.
2. The intermittent symptoms of strangulation.
3. The great weight of the tumour.
4. The loud succussion sounds.
5. The absence of translucency in any part of the tumour.
6. The comparative freedom from pain in the vicinity of the ring.
7. Absence of all abdominal fulness.

Many of these symptoms and signs were characteristic of the rare form of hernial complication, known as "Hydrocele of the hernial sac," which, as Dr. Fleming has remarked, occurs generally in adults in early life, with large not fully reducible scrotal herniæ, or the rarer variety named "Congenital inguinal hernia."

The chief difficulty, however, in determining the exact nature of the case, and, consequently, the line of treatment to adopt, arose from the intermittency in the symptoms of strangulation, and the loud succussion sounds.

At 10·30 P.M. the symptoms of strangulation having again supervened, and with greater intensity than at any time previously, Mr. Stokes decided upon performing the ordinary operation for strangulated hernia. On making the usual incision over the external abdominal ring, and dividing layer after layer of fascia down to the sac of the hernia, the opinion which was given, in the first instance, by Professor R. Smith, was found to be absolutely correct. There was no hydrocele of the hernial sac, and the great mass of fluid and air which gave the succussion sounds, so unusual in hernial tumours, were *within*, not *external* to, the intestine, and the enormous scrotal tumour was composed entirely of a mass of intestines.

On arriving at the peritoneal sac, Mr. Stokes passed his finger up to feel for the constriction which caused the strangulation, and found that it occurred at the external abdominal ring, and that it was caused, not by a narrow cord-like constriction, but, which is also unusual, by a broad, flat, riband-like constriction.

Mr. Stokes was very anxious in this operation to reduce the hernial tumour without opening the peritoneal sac, in consequence of the large size of the tumour, and the recent and intermittent strangulation of the intestine. However, in passing his finger up to the constriction he must have pushed a portion of the sac before it, for a quantity of fluid came welling up from the bottom of the wound, the very moment the stricture was divided. After this a good view was obtained of the intestines. They were found considerably congested at the seat of the stricture, but everywhere else they appeared quite normal and healthy. Fully three feet, or perhaps more, of small intestines were in the scrotal tumour, and the reduction of this vast coil of intestines was not accomplished without very great difficulty.

After the operation the patient got a powerful anodyne draught, and one grain of opium every third hour during the night. Also, strong beef-tea iced.

14th.—He slept very well during the night, and at 8 P.M., this morning, his bowels were moved. He took some milk and egg this morning. Pulse 112. As the day advanced the pulse became full and bounding, and rose to 120 in the evening. Very violent spasms in the abdomen set in. When each spasm subsided, Mr. Ross could hear a loud gurgling noise, after which the patient expressed himself much relieved. There was great tenderness and pain in abdomen, especially above the right groin. The patient was put on calomel and opium, and twelve leeches were applied to the right side of abdomen. After the application of the leeches, the bleeding was encouraged for some hours by hot fomentations.

15th.—Pulse 112, compressible. There is persistent vomiting, but scarcely so much tenderness over the right side of abdomen. The right testicle is highly inflamed. The patient's countenance wears an anxious expression. He is in a state of great prostration, and lies with his legs stretched at full length. The abdomen is tympanitic and very tender. He passes urine freely, it is high coloured; bowels not moved since yesterday. Mr. Stokes ordered the calomel to be stopped, but a grain of opium to be given every third hour, and strong mercurial ointment to be rubbed into the axillæ and smeared on a large linseed meal poultice to be applied to the abdomen. Twelve more leeches to be applied to the abdomen.

16th.—The spasms have diminished in frequency and intensity, and the patient slept pretty well during the night. The tenderness in the abdomen is somewhat diminished, but it is distended to a great extent. He frequently passes flatus, but bowels not moved since the 14th. There is great thirst, the tongue is now red, but moist. Pulse 100. The gums are slightly touched by the mercury. Although he has taken a grain of opium every third hour since the operation, it has not had any effect, except making him drowsy and taking away his appetite. The pupils are not contracted.

17th.—Pulse 90. Patient had a slight attack of syncope at 7 o'clock this morning. The distension of the abdomen is considerably less than it was yesterday, but there is a good deal of tenderness still. There is less vomiting now, and his appetite is returning. He took a little calve's-foot jelly and iced brandy this morning. Last night prussic acid was given to allay the vomiting, and it proved very efficacious. The mercurial inunction was ordered to be stopped. Opium reduced to half a grain every third hour. Six leeches to be applied to the abdomen, close to the wound.

18th.—The anxious expression of the face is almost gone, and he has had very few spasms during the night. He is able to take light food to-day. His bowels still not moved, but a great deal of flatus came away. There is very little thirst. The testicle is not so painful, but is still enlarged. Pulse 90.

19th.—Expression of face greatly improved. He has lost all his anxious look. The abdomen is now very flat, and there is very little tenderness about it. In the evening the bowels were moved four times, the evacuations being partly solid. Pulse 86. Opium to be stopped.

20th.—Still progressing very favourably, but the enlargement of the right testicle is undiminished. Bowels moved twice.

21st.—Improving rapidly. All medicine to be discontinued.

July 2nd.—Wound very nearly healed. Bowels perfectly regular. Appetite excellent. No trace of any abdominal pain or tenderness.

CITY OF DUBLIN HOSPITAL.

CASES OF ONYCHIA, WITH OPERATION FOR REMOVAL OF THE DISEASED NAIL.

UNDER THE CARE OF MR. CROLY.

CASE 1.—E. R., a healthy-looking boy, aged 12 years, was admitted into the City of Dublin Hospital, suffering from Onychia of the great toe of the right foot.

The disease commenced six months previously, and was caused by an injury, a person having stood on her bare foot.

Appearance of toe.—The ungual phalanx is clubbed; the nail is black and shrivelled; there is much fœtor, and an ichorous discharge from the region of the matrix, where a foul ulcer is observed. The part is exquisitely painful. Various remedies were adopted before the patient sought for hospital relief.

Operation.—A freezing mixture consisting of ice and salt was applied to the toe by means of a bladder, and when the part was sufficiently frozen Mr. Croly seized the nail in a dissecting forceps, and with a scalpel rapidly dissected out the entire nail, taking care to remove every portion of it, to prevent a return of the disease. The freezing mixture caused considerable pain, but none was felt during the operation.

An iced lotion was applied to the part, and the subsequent treatment consisted in touching the raw surface with nitrate of silver, and circular strapping with soap plaster.

The ulcer healed, and the patient was discharged cured.

Case 2.—A. B., a boy, aged 6 years, had Onychia of the index-finger of the right hand. The disease commenced a month previously, and was attributed to an injury—a window-sash having fallen on the finger. The ungual phalanx presented the characteristic clubbed appearance indicative of Onychia. The nail was curved, black, and shrivelled; the discharge was ichorous and fœtid.

The patient having been placed under the influence of chloroform, the nail was dissected out, and the ulcer was treated as in the preceding case.

Recovery soon followed.

Case 3.—P. C., a boy, aged ten years, had well-marked Onychia in the great toe, of six months' duration. The disease originated from a cut of a piece of glass.

The toe was clubbed, and there was a foul ulcer at the matrix. Discharge fœtid and thin; patient suffers much pain. On measurement the diseased toe was found to be four inches in circumference at the clubbed extremity—the sound toe measuring two and a-half inches at the corresponding part. The diseased toe was two inches in length—the sound toe one and a-half inch. The patient was fully chloroformed, and the nail dissected out. Carbolic acid lotion was used as dressing, and the parts soon assumed a healthy appearance.

Case 4.—A man, aged 40 years, suffering from Onychia of more than four months' duration, in the second finger of the right hand; the patient had been treated by lotions and other local applications without relief. The part having been frozen with ether, by means of the spray-producer, the nail was dissected out; the ulcerated part was subsequently dressed with "Condy's fluid," and the disease was cured.

Mr. Croly, in making clinical remarks on these cases, observed on the characteristic appearances of this very painful and tedious disease, and on the successful result of the removal of the *entire* nail from the matrix, as even the smallest portion, if allowed to remain, is surely followed by a return of the disease. Having tried in these several cases, respectively, the freezing mixture—ether spray, and anæsthesia by the inhalation of chloroform, Mr. Croly gave a decided preference to the latter, as the local application of intense cold on a highly inflamed part produces excruciating pain. He, however, recommends iced lotions, subsequently to operation, with a view of reducing the inflammation.

In connection with this subject, Mr. Croly also referred to Onychia maligna (described by Wardrop, Abraham Colles, and other surgical authorities) and the appropriate treatment for that special form of the disease.

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Foreign Medical Literature.

TRANSACTIONS OF THE SWEDISH SOCIETY OF PHYSICIANS.

Translated from the *Hygiea* for October, 1867, by

W. D. MOORE, M.D.Dub. et Cant., L.K.Q.C.P.I., M.R.I.A.,

HONORARY FELLOW OF THE SWEDISH SOCIETY OF PHYSICIANS; OF THE NORWEGIAN MEDICAL SOCIETY; AND OF THE ROYAL MEDICAL SOCIETY OF COPENHAGEN; SECRETARY FOR SWEDEN, NORWAY AND DENMARK, TO THE EPIDEMIOLOGICAL SOCIETY OF LONDON.

AT a meeting held on the 10th September, 1867, Hr Blix communicated the following case of ulcerative endocarditis of the tricuspid valve:—

Mrs. E. Q., aged 31, was admitted into the Seraphim Hospital on the 20th June, 1867, and died on the 1st of August following.

The patient had been delivered in the General Lying-in Hospital on the 13th April. During pregnancy she had been tolerably well until the 6th January, when hæmorrhage took place at night from the uterus, subsequently returned several times, and increased in frequency towards the end of her term. On admission she was extremely pale and anæmic. Delivery was completed by operation, in consequence of placenta prævia and cross-presentation of the child. For the first few following days her state was particularly unsatisfactory, but she afterwards improved, and her confinement proceeded quite normally. She was dismissed on the 26th of April "at her own desire, being then in a very anæmic state." The report of her case will be found in the July number of the *Hygiea*, communicated by Dr. Netzel in a paper "On the origin and development of placenta prævia totalis." During her subsequent stay at home the patient was very languid and weak, though not incapable of lighter kinds of work. In the early part of May she observed that her feet and the lower part of her legs began to swell; the swelling, however, continued only six days, was not considerable, and totally disappeared on rest in the recumbent posture. In the course of a month her state was, with the exception of the languor and weakness, which continued almost unaltered, tolerably good; but on the 6th June she was quite suddenly attacked with violent rigors, which, during the fourteen days she afterwards remained at home, were repeated regularly four times daily, and were usually followed by copious perspirations. Her state of weakness meanwhile increased extremely, on which account she sought admission into the Seraphim Hospital. On her admission, her strength was much depressed; she could scarcely raise herself in bed; her countenance presented a death-like paleness. The body was much emaciated. There was no swelling of the extremities or other parts. Her skin felt dry: its temperature varied so that between the attacks it was usually [illegible]·8°, while during and immediately after them it was 10[illegible]. In the lungs there was nothing to remark upon except [illegible] in the right clavicular region, [illegible] expiratory murmur [illegible] mixed with moist râles. There was [illegible] cough, with catarrhal expectoration, mixed with some yellow lumps. The sound on percussion in the cardiac region was normal. On auscultation there was heard both over the apex and base of the heart, and also over the intervening parts, a strong and particularly protracted systolic bellows-murmur almost drowning the diastolic sound, which was heard pure but weak. Loud *bruits de diable* were audible over the cervical vessels. The pulse was extremely small and rapid. The liver was considerably enlarged, projected a couple of inches below the margin of the ribs, where it could be distinctly felt. The spleen was not enlarged. The appetite was tolerably good; the bowels were regular; the urine was free from abnormal constituents. In the uterus and its appendices there was nothing to remark. With respect to the intermittent attacks, it was observed that they occurred regularly four times a-day; only two days were they wholly absent, and during three days they were only two or three in number. They occurred always during the day-time; at night the patient for the most part slept well; they did not occur at definite times, but varied—two sometimes taking place in the forenoon, and two in the afternoon; while at other times one or none was observed in the forenoon, and three or all four in the afternoon. Their duration and intensity also varied from fifteen minutes to two hours; they exhibited themselves at times as slight chills, at others as severe rigors. During the attacks the respiration was always very much hurried, while the pulse was extremely small and quick. Between the attacks —which were invariably followed by profuse perspiration—the patient felt perfectly free from suffering, but was languid and weak. Fourteen days after her admission she coughed up, during a violent intermittent attack, some tablespoonfuls of light-coloured frothy blood, after which the expectoration had for some days a sanguineous admixture, which subsequently, however, quite disappeared. Quinia seemed to have not the slightest effect on the attacks; it was given repeatedly both in full and in divided doses. She was at the same time treated with tonics and stimulants. Upon this plan her condition somewhat improved, her strength having increased so far that she could occasionally remain up dressed between the attacks. Without any further change having taken place on the preceding days in her state, she was quite suddenly attacked on the morning of the 1st of August with severe dyspnœa and palpitation of the heart; cold perspiration broke out over her face, which soon assumed a livid hue; tracheal râle began to be audible, and she died after an hour's agony.

Post-mortem appearances.—Body much emaciated. On opening the thorax both lungs were found perfectly free in their cavities; the left exhibited no changes except œdema in its upper lobe, hypostatic sanguineous congestion in its inferior, and slight bronchial catarrh; the right was somewhat swollen and doughy to the touch. On dividing its parenchyma the latter grated slightly under the knife, and the cut surfaces, which presented an uniformly reddish-grey appearance, rapidly covered themselves with a thin fluid containing but little air, which could be abundantly pressed out from the parenchyma. In the apex of the upper lobe were found some encysted and calcified foci, around which the pulmonary parenchyma was sclerotic. At the same time more or less solid fibrinous plugs, partly white or whitish-grey, partly reddish-grey, were visible everywhere on the cut surfaces in the divided branches of the pulmonary artery, generally completely filling the calibres of the vessels. On slitting up the pulmonary artery it was seen that both in its principal trunk and also in the majority of its branches, so far as these could be traced—nearly, in fact, as far as the surface of the lung—the vessel was completely filled with thrombi, which in one part, and chiefly in the branches [illegible] to the upper lobe, consisted of a whitish mass, in some [illegible] breaking up, in others more solid, and attached to the [illegible] thickened vascular wall; in others, were composed of [illegible]-red, laminated, fibrinous masses, completely filling the [illegible] of the vessels and loosely adherent to their walls. The [illegible] in the principal trunk was of a bluish-red colour and [illegible] consistence, did not completely fill the vessel, and [illegible] in a tapering manner immediately at the opening of [illegible] into the auricle. The few branches of the pulmonary [illegible] which were not obstructed were pretty considerably [illegible] but did not exhibit any change in their walls. In the [illegible] were no thrombi. The pulmonary pleuræ of both [illegible] studded with some greyish-white tubercles [illegible] heads of pins. The heart was of the usual size, [illegible] the touch. The muscular substance, espe-[illegible] ventricle, was rather more brittle than is nor-[illegible] presented a yellowish discolouration. The [illegible] and pulmonary valves were of healthy appearance; but the tricuspid exhibited the following changes:—The right anterior lobe (Luschka) was in parts thickened, somewhat rugged and uneven on its outer surface; on its inner it was loaded with an irregularly-shaped fibrinous lump, nearly the size of a Spanish nut, adhering intimately to the thickened part of the lobe of the valve from its free margin to one and a half lines from its attachment to the muscular wall; the fibrinous mass was of a greyish-white colour, tolerably solid and hard, but in spots, as it were, excavated, and there in a breaking-up condition. Some of the chordæ tendineæ going to this lobe were cut off and lay retracted and thickened towards their papillary muscles; the infero-posterior lobe was in one half perfectly normal, but the other half, lying against the right anterior lobe, exhibited a considerable loss of substance, as there remained of it only a patchy ridge from one to one and a-half lines in breadth, springing from the ventricular wall with thick, uneven margins in a state of disintegration. The chordæ tendineæ which are inserted on this part of the valve were also cut off and lay retracted, with small swellings on their free extremities. The left posterior lobe was normal.

The liver was considerably enlarged; its capsule was smooth and shining. The surface of section was even, of a bluish-red colour, quickly becoming covered with fluid blood, which, especially when the parenchyma was pressed, ran out in great quantity, both from the larger and smaller blood-vessels. The acini were small, with bluish-red centres and greyish-yellow peripheries. The spleen, kidneys, and intestinal canal presented nothing remarkable. The uterus and its ligaments were quite normal both in situation and size. In the uterine veins were found thrombi, which could be traced into the hypogastric, and further into the iliac and crural veins, and into the vena cava inferior, though in all these vessels they exhibited very different appearances. In the uterine veins, of which only two or three at each side of the uterus contained thrombi, the latter were of a greyish-red colour, tolerably solid and loosely adherent to the vascular walls, which in general presented no change. The hypogastric and iliac veins were considerably thickened as to their walls, and were strongly contracted; the iliac veins were as thick as a small lead pencil, and on being slit up were found to be filled with greyish-white fibrinous cords, which on microscopic examination appeared to be composed of ordinary young connective tissue. At the junction of the iliac veins with the vena cava inferior, which did not exhibit any alteration in its walls, the thrombous mass assumed a reddish-grey colour, was of rather loose consistence, though it nowhere seemed to be in a state of disintegration, and filled the vessel only incompletely, being closely adherent to the posterior wall. It extended for ten centimètres (nearly four inches) up into the vena cava, and terminated quite abruptly, sending off a fusiform lateral offshoot. In the crural vein, and in several of the larger veins opening into it, were greyish-white and greyish-red fibrinous masses, in general in a state of disintegration, and loosely attached to the thickened vascular walls.

This was therefore a case of ulcerative endocarditis of the tricuspid valve, and it was the second instance of the kind which, within a comparatively short time, had occurred in the hospital. The first is detailed in the September number of the *Hygiea*—a circumstance of great interest when it relates to a disease which is so extremely rarely met with.

In this, as in the former case, the diagnosis of cardiac disease had not been made, the change in the valve being discovered first at the post-mortem examination. As appears from the history of the case, the patient presented symptoms of well-marked anæmia, and under such circumstances one was naturally quite satisfied to explain the systolic accessory murmur perceived over the heart as accidental, the attention not having been specially directed to the tricuspid valve, so as to induce a closer investigation of the cardiac sound derived from it. That, however, the great fibrinous mass on one lobe of the valve must have produced an accessory sound is quite natural, and that the considerable loss of substance found in another lobe, must have given rise to insufficiency, is also a matter of course. In addition to anæmia, pulmonary tuberculosis was diagnosed for reasons which the physical investigation, the course of the disease, and other circumstances suggested, and which were exceedingly strengthened by the expectoration of blood. Tubercles were, in fact, discovered in the lungs, but, as the post-mortem examination showed, only some miliary eruptions on the pleura pulmonalis. The case was, however, in many respects obscure, and not the least so from the frequent intermittent attacks which could not be accounted for either by the anæmia or the tuberculosis; the examination of the uterus did not furnish any standing points. It was only the post-mortem investigation which yielded the necessary explanation of all. The formation of thrombi in the vessels of the pelvis, as well as in the vena cava and the crural veins, is of course connected with the accouchement, was a puerperal process; the appearance of the thrombi is by no means opposed to this view, but it is very curious that this extensive thrombosis should take place without other symptoms than a slight swelling of the feet and legs, which, after six days, completely disappeared.

The intermittent attacks coincide with the occurrence of the ulcerative endocarditis and the formation of thrombus in the pulmonary artery; nor is the fibrinous mass, nor the appearance of the valves, nor are the thrombi themselves opposed to this view. The very sudden death of the patient was undoubtedly connected with the fresh coagulation in the principal trunk of the pulmonary artery, which, if it did not completely cut off, yet considerably limited the supply of blood to the few non-embolised and dilated branches of the artery.

In connection with this case, Hr Bruzelius spoke briefly of the different diagnostic value of accessory sounds, accompanying the first and the second sound of the heart.

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GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

Royal College of Physicians, London.

Saturday, June 27, 1868.

Dr. Burrows, President, in the chair.

DEPARTMENTAL BUSINESS.

The President read a memorial from the clerks in the office of Medical Council, Messrs. Bell and Roope, asking for an increase of salary in consequence of their long years of service, and the great increase of work now devolving upon them. The President handed the memorial to the Chairman of the Finance Committee to report thereon.

Dr. A. Wood, as Chairman of the Business Committee, begged to suggest that, in order to give the fullest attention to the subjects appointed for consideration by Committees, and to facilitate the business of the session, there should be no meeting of the Council on Monday, but that the members should meet on that day from twelve till six o'clock for sittings of the following Committees:—The Visitations of Examinations, Vaccination, Medical Education, Finance, Lunacy, Primary Education, and the Pharmacopœia.

Sir Dominic Corrigan seconded the resolution, agreeing that it would greatly expedite the business before them if the whole of that day were devoted to committees as suggested. With this the Council entirely concurred.

DIPLOMAS IN STATE MEDICINE.

Dr. Acland, pursuant to notice, then rose to move—

"That a Committee be appointed to report on the steps proper to be taken (if any) for granting Diplomas or Certificates of Proficiency in State Medicine, and for recording the same in the 'Medical Register,' due regard being had to the interests of existing Health Officers in the several parts of the kingdom."

He said the subject had been introduced by him last year, but he was induced to withdraw its consideration from press of business, and for other reasons well-known to the Council. Now that it was stripped of some of the objections by which it was then surrounded, and the essence of the whole matter left, in his mind it was one of the most important subjects that could occupy the attention of the Council. It was unnecessary for him to enter into details; State medicine, or as it was otherwise called, preventive medicine, some few years since had no existence whatever; but now, thanks to Dr. Rumsey, whose labour to make it recognised had been remarkably successful, and also to the more extended study of the subject, it had now become a most important and useful branch of knowledge. It was generally supposed that if a person's name was on the register, he was conversant with this subject, still he doubted if it were so, and although he did not think the study of it should be added to those already on the curriculum; he, nevertheless, held that it might be advantageously placed as one of the optional subjects, so that medical practitioners should have the opportunity afforded them of studying it, if they so desired. He knew of cases where members of the profession had set about it manfully, and had even diminished their income in consequence, because the public imagined they were incapable of mastering the difficulties attendant on the direct line of their professional sphere, and had stooped to an indirect and an inferior course in their estimation. But was this an inferior branch of knowledge, he argued that it was far otherwise; sanitary measures, medical jurisprudence, &c., were of the highest importance, and instead of being *second* to the ordinary subjects of education, he looked upon them as even superior, as everyone must admit that "prevention is better than cure." He should be glad to see medical men as health officers in all parts of the United Kingdom, and that a special certificate should be granted them as to their capabilities to advise on all matters connected with this department. During the meeting of the British Medical Association in Dublin last year, which was a great success, owing to the kindness and urbanity of the President, Dr. Stokes, and the genuine and hearty welcome with which their Irish brethren received them—a successful attempt was made to give to the meeting a national scientific air. Amongst others, the paper on "State Medicine" by Dr. Rumsey, was read, which eventually led to a committee being appointed in conjunction with the Social Science Association, to wait upon the Government in reference to this important subject. He therefore hoped that a committee would be appointed to consider the claims of this special branch of education, and that they should report thereon to the Council.

Dr. Stokes, in seconding the motion, held that it behoved the Council to watch narrowly the interests of the profession. Strict supervision was necessary, as the subject of state or preventive medicine in a medico-legal view was of the utmost importance. Nothing was more common than the sneers and uncharitable remarks indulged in by clever lawyers and the public, when a medical man was called upon to give evidence in a case in court, because he was unable exactly to determine the cause of death; he was snubbed and had to retire, conscious of his inability to give any satisfactory answer to the cross-questionings to which he was subjected. And why was this? simply because this portion of his education had not been attended to. The time had however now arrived, when this branch must receive special legislation, and he hoped the time was not far distant when—instead of the practitioner's ignorance of this subject being a cause of concealing crime—he would be able at once to determine, when called upon, the point under investigation.

After further remarks from one or two speakers, the motion was carried *nem con*, the committee consisting of Dr. Smith, Dr. Stokes, Dr. Christison, Dr. Rumsey, Dr. Parkes, Dr. Acland, Dr. Thomson, and Dr. Paget. An instruction to the committee by Mr. Hargrave, seconded by Dr. Alexander Wood, was ultimately withdrawn by consent.

SECONDARY SCHOOL EDUCATION.

The following was then moved by Dr. Storrar:

"That, having regard to the importance of improving the general education of persons entering on the study of Medicine, it is incumbent on the General Council to petition both Houses of Parliament, praying for early legislation on the subject of secondary education in schools; that it be referred to the Executive Committee to prepare petitions to the Houses of Lords and Commons; and that the President be authorized to sign and affix the seal of the Council to them, and take measures for their presentation."

Dr. Storrar commenced by saying that if he were asked what he meant by secondary education, he should define it thus: primary education he understood to mean reading, writing, arithmetic, and the English language; secondary education when a youth was taught the classics, mathematics, languages, &c. It was a conventional term, but he believed one generally accepted. The principles of general education had been so often discussed, that it was only necessary for him to take a retrospective glance at what had been done, and what could be devised to improve it. He would have the present standard raised, and see that it was honestly maintained. He would rather youths were kept at their preliminary studies a year longer than was generally the case, so that their intellects might be better formed for the transition to the higher attainments. He would shut out those men who were incapable, from whatever cause, to come up to this standard, telling them honestly the profession they were better fitted for than that of medicine; but, on the other hand, they would do well to secure all young men who had received a good general education, with a capacity to enter on their professional studies, and having attained this object, to steer them through the higher branches required by the examining bodies. He had the honour to be engaged on the recent Royal Commission, appointed to inquire into the conduct of public schools, and the impression upon his mind was, that endowed schools were often, by their mismanagement, great obstructions to the well-being of the pupils. There were no less than 800 endowed schools in the kingdom, with endowments varying from £5 to £40,000 per annum, the aggregate being considerably over £200,000. He might state that a grammar school was generally understood to mean a classical school, where the system of secondary education on which he was speaking was taught. Some of these schools he had found to be very good, others indifferent, others downright bad, and a few, though it might seem an anomaly, were not schools at all. On the subject of general or secondary education in England, Ireland, and Scotland, they all agreed that it was not in the satisfactory state they could desire; he, therefore, proposed that the Council by their actions, should endeavour to strengthen the hands of the Legislature who were endeavouring, and were willing, to do all that was possible in this respect.

Dr. Alexander Wood had great pleasure in seconding this motion. From his own experience as an examiner in the Edinburgh schools, he must confess that to improve the education of youths in the present constitution of schools was simply impossible. It was deplorable to see so much seed wasted because of the unprepared state of the ground on which it was sown. He hoped the Council would raise their voice towards dragging the present unsatisfactory condition of general education into a new existence. There was one school which he might mention as an exception in Scotland to the general rule—that was the University of Aberdeen. It was so admirably managed, and the most essential portions of their education were so thoroughly impressed on the minds of the students, that he had no hesitation in saying he could distinguish an Aberdeen graduate from any other by the superior way his mind had been prepared. He would extend this system throughout the country, and men would be able to take their stand in life on a much higher platform.

Dr. Bennett considered the subject of great importance, but suggested that it should be referred to the committee sitting on Dr. Andrew Wood's motion, to which the question belonged.

Sir Dominic Corrigan could not give his adhesion to the project of a petition to Parliament. If the subject was worthy their attention, and action was to be taken on it, they should legislate for themselves; because, from past experience of the Council on Parliamentary petitions, little could be expected from that quarter. He agreed that the present state of our young men demanded their most serious attention, and for that reason he objected to wait the result of a petition. His opinion was that a committee be immediately appointed to inquire in what way the standard of general education could be raised; and he would extend the inquiry not to public schools alone, but to private ones also. He begged to propose an amendment to that effect.

Dr. Andrew Wood remarked that something must be unquestionably wrong in the system which produced such results as came under his observation, instancing some very extraordinary answers that had been given to the simplest questions by pupils when under examination.

Dr. Apjohn would also vote against the motion, as he considered that the Council had already done what they could for education, and this was a step out of their province.

Mr. Hawkins was of the same opinion, and suggested that as Government was taking the entire subject of education up, it would be unwise at present to interfere.

After a few remarks from Dr. Storrar,

The motion was put from the chair and agreed to by a majority of one.

The Council then adjourned.

Monday, June 29.

The Council were engaged the whole day in committees on the subjects mentioned in Friday's proceedings.

Tuesday, June 30.

REGISTRATION OF STUDENTS.

Dr. Embleton moved—"That a committee be appointed to consider the returns of examinations from the licensing bodies, and the registration of students."

Sir Dominic Corrigan objected to the motion, because the registration was found to be utterly useless in practice, and in [illegible] such regulations would be laughed at.

Dr. Andrew Wood hoped the Council would express themselves in favour of the appointment of a committee, and not be deterred therefrom because they were told they might be laughed at.

After a few remarks from Dr. Paget, Dr. Alex. Wood, and Professor Syme, the motion was carried *nem. con.*

PRESENTATION OF THE "REGISTER."

The following motion by Dr. Paget—"That in future every person whose name shall be entered for the first time in the 'Medical Register' shall be entitled to receive on application the published copy of the 'Register' for the year in which his name has been entered," was also agreed to with but little discussion.

DEPUTATION FROM THE BRITISH MEDICAL ASSOCIATION.

The deputation from the British Medical Association—which consisted of Dr. Sibson, president; Dr. Waters, Mr. Nunneley, Mr. Southam, Dr. Hy. Simpson, and Mr. Watkin Williams, secretary to the association—was then formally introduced to the Council, the president stating that he should reserve to himself the right, on behalf of the whole Council, to use what interrogatories he deemed necessary, or should be suggested to him in writing by any member of the Council, so as to elicit anything that might be necessary for them to know, and what importance they should attach to the memorial which was brought for presentation.

The President then inquired whether it was the memorial of the whole body of the Medical Association, or simply emanated from the council.

Dr. Sibson replied that in spirit it emanated from the whole body of the Association; and in answer to some other questions of the president, gave a brief account of the manner in which the British Medical Association had come to the resolution to present this memorial to the Medical Council. The resolution was carried almost unanimously at a very large meeting in Dublin, presided over by Dr. Stokes. Addressing the president, Dr. Sibson said—Let me now call your attention to the spirit which animates the Association towards this Council. It was, so to speak, in taking steps to give aid to this Council in its work, and in token of our great approval of the work done here by the Medical Council, that this proposal originated. Let us look for one moment at the constitution of the Council as it now stands. I may say there is no single member of it that represents what may be termed the body of the profession. There are most important members sent up from the various universities, who represent truly the education of the profession; there are most important members sent up from the various bodies who confer power to practise medicine; and although some have said that it is possible those gentlemen may be influenced by the bodies they represent, to the disadvantage of the true interest of the medical education, the Association that I have the honour to represent do not entertain such views, but are satisfied that every gentleman composing this Council always has done his utmost to promote the welfare of the profession, quite irrespective of the individual body that he represents. We therefore take no exception whatever to the elements that compose the existing Council. On the contrary, they are the very elements we were the first to recommend; and if we had the work to do over again, where could we go to find a body of men so capable of supporting that which is best worthy of support in the profession as those who form this Council? I do not allude to individual members, but I allude to those bodies who are certain almost to send here their very best men. But may I suggest to you that if taxation and representation ought to go together, the body of the profession has an inherent right to be largely represented on this Board. Observe, sir, that every pound that comes into the coffers of this Council comes not from the corporations or from the universities, or from the Government, but from the general practitioners and the physicians and surgeons of the kingdom. And as I have named the Government, it is only due to the Government to say that it has always sent to this Council an admirable body of men; but it cannot be said that, admirable as they are—high in education, well-known as promoters of the public health—that they represent the profession. But although we have a large claim to be represented, the Association has no desire whatever to obtain a preponderating weight of votes in this Council, but only in a minority of one-fourth; and why we have asked for eight in the existing state of things, if the Board should be, in consequence of the addition—supposing it to be made—considered too numerous, we should consider if the numbers were reduced that that reduction should apply equally to those representatives of the profession as to the representatives of the public bodies. Dr. Sibson then pointed out a few of the advantages he thought would accrue by the proposed change.

After a few remarks from Dr. **Waters** and Mr. **Nunneley**, the deputation thanked the President and Council for their attention, and withdrew.

REPRESENTATION OF THE PROFESSION.

Dr. **Andrew Wood** then moved the following resolution :—'That the Medical Council take into consideration its present constitution with a view of determining whether it be not advisable that it should be placed on a more popular basis, by the addition of a certain proportion of members to be chosen directly by the suffrages of registered practitioners." He then said he was afraid he should be obliged to occupy the time of the Council longer than he had previously done during the session, as he thought upon so fundamental a question, the Council should not decide *pro or con*, without most careful deliberation. He regretted that circumstances should have devolved upon him the duty of bringing forward the question. It had been proposed that the interests of the profession, and of the corporations and universites connected with the education of the profession, should be handed over to a Crown Council to be composed of about twelve members to regulate the profession. That was the purport of Lord Elcho's Bill which he was happy to say the profession had succeeded in defeating. The constitution of the Council afterwards agreed upon was improved in the Bill brought in by Mr. Cowper, and Mr. Walpole, and remains to this day as then laid down. They had heard from the deputation that the British Medical Association were the first to engage in medical reform, but while admitting that they had contributed to the passing of the Medical Act, he absolutely denied that they were mainly the cause of it. He then drew attention to the present constitution of the Council. England was represented by eleven members, of whom four sit for universities, three for medical corporations, and four for the Crown; Scotland was represented by six members—two for universities, three for medical corporations, and one for the Crown; Ireland was represented by the same number and in the same proportion, so that there were eight university members, nine of medical corporations, and six crown members, which with the President was the total number of the Council. The Council when founded had the almost universal approbation of the profession. It was not objected to by the British Medical Association, they only suggested that the Crown nominees should constitute one-third part of the Council. One great object why the British Medical Association were so anxious the Crown nominees should be numerous was this—that they might be representatives of the general practitioners. He believed in the very first appointment made by the Crown there were two representatives of the general practice of the country in the persons of Sir Charles Hastings, who he believed at that time was President of the British Medical Association, and their esteemed and lamented friend Mr. Teale. Since that time the only representative of the general practice sent by the Crown was his friend Mr. Rumsey—so that if there were expectations excited at that time, that the Crown nominees were to be the means of representing general practice, those expectations have not been fulfilled. He did not think they had any reason to find fault with the nominees sent by the Crown, and they had no reason to wish that we should get rid of them. He had seen in some of the medical journals the proposition made, that as the crown paid nothing for the expense of the Medical Act, they should get rid of the Crown nominees, and convert them into popular representatives of the general body of the profession; but that would be no part of the scheme which he was about to propound, that the crown nominees should be diminished. It was right, especially after what they heard to day, that they should look at the *personel* of the Medical Council as it at the present moment exists. There are many misrepresentations abroad in regard to this, and the cuckoo-cryatile being continually sounded, that general practice finds no representative in the Council. It was quite true that general practice did not find any direct representation such as had been proposed to them and such as he was about to propose; but there were general practitioners upon that Council, and how the interests of general practitioners were looked after would appear from the enumeration that he was about to give them. He found, taking the 24 gentlemen who were sitting round that table, that 8 of them were pure physicians, 3 were pure surgeons, and 8 were general practitioners—men engaged at ordinary practice of their profession, who were neither consulting physicians nor consulting surgeons. They had had three scientific teachers who were not in actual practice, and, he needed scarcely add, their presence amongst them was a most valuable element; and that they possessed one gentleman experienced in everything—in teaching, in examining, and in practice, he alluded to Dr. Parkes. It was right that that should go forth, in order that it might be proved what general practice was represented to a certain extent upon that Council. As a member of the deputation rightly stated, there was a reason why that representation should not be direct when the Medical Act was brought in, that is to say, that their being no Medical Register in existence at that date, it was therefore impossible to arrive at the opinion of the profession. Consequently, they must not imagine that if there had been in existence the means of making the votes of general practitioners available, direct representation would never have been brought forward and introduced into the Bill at all, constituting that Council. If he were asked whether he would choose to select a council, composed in its entirety of popular representatives sent by the general practitioners of the country and by the universities, by means of the general councils of those universities which have been recently enfranchised, more especially in Scotland, he would say no; because, however desirous he might be of popular representation, he was anxious that it should be limited in quantity, and that they should not be reduced, as was said in regard to the Reform Bill, to the dead level of Salisbury Plain. Neither would he elect to have a council wholly nominated by the Crown, nor to have an irresponsible council; he would select something between. The council he should prefer, if he had the means of carrying it out, would be the present council, which contains the University element, and the choice of members by the primates of the universities; secondly, the medical corporations and their election either by fellows, as in the case with his own corporation, and that of his friend Dr. Fleming, and others, or by the Council, as in the case of his friend Mr. Hawkins; and, thirdly, the Crown element; but, in addition to that, he would prefer members elected directly by the registered practitioners, in order to add to those other three elements, the popular element which he thought would tend—heterogeneous as those others certainly were—if joined together in a chemical union, to make a homogeneous and salutary compound. He advocated such a council on account of its variety. He thought it was of very great importance indeed, that they should get a variety of constituents, because he felt satisfied that by that principle of selection the different interests would balance one another, the Conservative proclivity of the one operating as a drag, perhaps, upon the radical tendencies of the other, and *vice versa*. He might be permitted, he said, by some of his numerous friends, with the inconsistency of holding very radical doctrines upon that matter, but at the same time a Tory in general politics.

The **President** trusted that his friend Dr. Andrew Wood, would not introduce general politics there.

Dr. **Andrew Wood** observed he used it as an illustration of his subject, and he would show them the analogy. It was that he thought that propounding so-called radical doctrine, he was advocating the most conservative course it was possible to adopt.

The **President** asked to be forgiven for reminding the learned doctor that that assembly did not argue questions there as to whether they were conservative or radical, but as to whether they would be for the good of the profession or not.

Dr. **Andrew Wood** said he could show them how it was he applied the illustration; he said it would be conservative of the Council to adopt that reform, and for that reason, and that alone, if the Council would not head the agitation which had been going on outside, he would stand by its present constitution, notwithstanding what they had heard that day in regard to agitation, which was sure to occur if they go to Parliament for a bill; in all probability in the reformed Parliament we might have, he said, the old constitution of Council *bouloersé*, and they might have perhaps those conservative elements which exist in it destroyed. He thought he was quite justified in using the argument to induce them to take such steps as would show that they are determined, having considered the subject most carefully, not to be prevented by obstacles in the way of introducing that popular element into their constitution, which might perhaps be the preservation of the Council. He thought it would tend to strengthen the hands of the Council, a thing they greatly needed; he was one of those who desired more than once to go to Parliament for the purpose of having additional powers conferred on them for enabling them to enforce their regulations; but he had no hope of success in that, unless they put the Council on a more popular footing. Another thing is that it would make the Council more popular out of door. For whatever the deputation might have said to them that day, that all they have done has been excellent, yet true it was, and a verity, that for the ten years that Council had been sitting, they had in some way or other—explain it how they might—not been so popular a body as hitherto. He also thought the infusion of the popular element, and the admission of members from different parts of the country, would rouse an interest in their deliberations, which was not at present felt by them; he had often been astonished on making allusions to the Medical Council, and to what it was doing, to see how little gentlemen in the provinces cared about it, and how little they knew about it. But if they were ever vested with the franchise, they would watch carefully to see how their representatives acted for that Council, and they would take an interest in their deliberations, which would give a force and influence to all which they hitherto had never enjoyed. He thought also it would have the effect of giving more certainty to the decisions of their Council, and driving away that debility—he did not mean it offensively—but he might almost say a vacillation which had generally characterised the decisions of their Council. It would also, he said, have the effect of producing among the professional gentlemen an *esprit de corps* which they had not then. That had been his experience in the case of the Scottish Universities. Before the passing of the recent act, the graduates attended their lectures, took their degrees, and there was an end of their connection with the universities, but he found at that moment that they were in the midst of elections which were exciting the greatest interest, both the election of our chancellor and in the election of members of Parliament, and the result was that there is amongst all the members of the universities an *esprit de corps* raised, which had attached them to the universities, and which he believed would greatly benefit those bodies.

At this point the President having to withdraw, Dr. SHARPEY took the chair.

Dr. ANDREW WOOD continued—Another reason why this reform should be carried out was, that the provincial element was not sufficiently represented at present. His scheme would be this, that the country should be divided into electoral districts. Taking the Medical Directory, he found there were 16,360 members of the profession: in England, 12,500 (comprising 2838 in London, and 9691 in the provinces), in Scotland, 1717, and in Ireland, 2139. He therefore suggested the advisability of increasing the numbers of the Council by six. He would add one member more to London, and by separating the districts, or rather the provinces, into three districts, Northern, Midland, and Southern, he would obtain manageable electoral bodies of about 3000 voters, and then England would be well represented. In regard to Scotland, with all his national love and desire to do what he could for her, he thought, in justice, she could not by any possibility claim more than one member, and the same with regard to Ireland. There were reasons for dividing England into districts, otherwise all the members might be chosen from London, and the provinces would yet go unrepresented, and he would not hesitate to say that the gentleman who would get returned for the provinces—able men, high in their profession, who were now practising there—would be cordially welcomed by the Council. Moreover, other advantages suggest themselves of dividing the districts, which would enable one to obtain manageable members for the position of scrutineers, &c., and the plan he thought of adopting, was that the registrar of the Branch Council of England should issue and receive the voting papers for London, and appoint a special registrar for each three of the English districts, one for Scotland and one for Ireland—to whom the voting papers would be returnable. Then the numbers would be summoned up by those registrars respectively, the presence of the mover and seconders of the candidates, and the result being ascertained, would be sent up to the President, whose duty it would be to notify the election in the *Gazette* to the country. He had given these particulars to show that the scheme he proposed was a practicable one; but, of course, he was anxious that the matter should be referred to a committee to consider the details. He was opposed to any curtailment of the members of the Council, in order to admit the popular representatives; because, who was to be disfranchised? He questioned if there were any Marcus Curtius ready to leap into the gulf for the sake of pure patriotism, and he believed, any attempt to modify the existing constitution in that way, would bring the whole house about their ears. It had been often said, and especially by the medical press, that there was a great deal too much talk in the Council and very little work. In fact, some of the journals had gone so far as to select the inveterate talkers, at the head of whom he believed Sir Dominic Corrigan enjoyed a proud pre-eminence; he (Dr. Andrew Wood) came second, and his friend, Dr. Alexander Wood, third. He did not care for that, for if they expected members to come here as simply delegates to carry measures without discussion, they had very much misapprehended their men. There was no deliberate assembly in the world where there was not a very great deal of superfluous chatter. Go to Parliament, and ask the reporters if it was all wheat and no chaff there, and they would soon tell you their knowledge of the affair. The truth was that just in proportion as views got ventilated in free discussion the consequences were good. He therefore maintained that a great many accusations had been brought against the Council with regard to talk, which were unfair, and if it were hinted that the admission of popular representatives would increase the talk, he answered that provincial members were, as a rule, common-sense men, whose opinions it would be most advantageous to the Council to hear, because they were constantly in direct contact with large numbers of their brethren in the profession and with the public, and therefore knew by experience what were the wants of the profession on the one hand, and the wants of the public on the other. Again, it was said that the Council was already too numerous. He did not think so; and if anyone had come into the Council-hall yesterday, and seen five or six committees, they would arrive at a very different conclusion. He was pleased to see a tendency, day by day, to increase working committees; and he believed that six more members upon the Council would be a great assistance in this respect, and that the deliberation of the Council would be shortened by having the work done to a great extent by committees. But the great master grievance was the expense, and he found that so distinguished a man as the Right Hon. Robert Lowe had taken occasion the other day to allude to this. He (Dr. Andrew Wood) had for some time past deplored this expense. Being subject to the reproach, whether justly or unjustly—he did not think justly—worked in a very baneful way against the influence of the Council, and therefore he would be the last to propose any addition to the numbers of the Council; he was ready to advocate a measure which would not increase but decrease the expense. By reducing the fees from five guineas a day to £4, and, still better, to £3 10s., there would be a diminution. But better than that, he was thoroughly convinced that it was the bounden duty of the Council, by a self-denying ordinance, to reduce their fees from five guineas down to two guineas. Was it an object of money to any of them? He did not believe that the men who composed the Council should be men who could be swayed by pecuniary motives; and if the remuneration were levelled to two Guardians, they would not only add to the expense of the Council, by the addition of the six members, but would save nearly £600 a-year. He was satisfied that just in proportion as they decreased the expenses, and took away that cause of opprobrium, the cause of the Council and its welfare out of doors would increase. It must be but an honorarium at the best—for he was satisfied that the majority of the gentlemen sitting round, were attending even now at a large pecuniary sacrifice; and he felt, therefore, that they ought not to be treated in the manner they had been in the medical journals, in reference to this matter. However, he would say, take away even the chances of such a reproach by adopting such a scheme as no one could cavil at. As a member of the executive committee, he had to come to London from time to time, and two guineas a-day were considered a sufficient remuneration for his services. Why should they make fish of the executive committee, and flesh of the General Council; let them embrace the low tariff and save £600 a-year, and he would be bound to say they would not feel the same difficulty that was felt with regard to the disestablishment of the Irish Church, for they understood well enough how to dispose of the money. It was said by this measure they would introduce the element of discord and agitation. He did not fear that—he never found when men were enfranchised that they were one iota deteriorated—he had been educated up to that point. He was certain a little wholesome movement in the profession would, upon the principle of *agitation purgate*, be of vast service. He tendered to the Council his best thanks for their patience in listening to his proposed plan of action. By voting for the present resolutions they would not pledge themselves to any one course, except a resolution containing the words—"with a view to determine whether it be advisable that it should be based on a more popular footing," could be said to pledge them. He was pleased to say Sir Dominic Corrigan agreed largely in the great features of the proposal, and had paid him the compliment to second the motion.

Sir D. J. **Corrigan**, in seconding the resolution, said he would reserve any observations he might make to a future period of the discussion.

(For continuation see page 37.)

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 8, 1868.

THE CONSTITUTION OF THE MEDICAL COUNCIL.

The great question of the week has been the Reform of the Medical Council. Whatever else may remain doubtful in the conflict of opinions, it is now clear to all who do not refuse to see the signs of the times, that the constitution of this body is unsatisfactory to the bulk of the profession, and that its reform must be the one great object for which all true medical reformers must strive. The cry first efficiently put forward by men who had devoted much time and attention to medical politics, and taken up by the Medico-Political Association, and then by the British Medical Association, has found an echo within the Council itself. The result is that several plans are before the profession, and each of these deserves earnest consideration. They may all be arranged under one head—proposals for the registered practitioners of the kingdom to be represented in the Council which is supported by their contributions. These proposals take two forms—first, that of direct representation by increasing the number of the Councillors by men chosen by the profession; second, that of indirect representation, by allowing those who hold the diplomas of the Corporations to elect the representatives of those bodies. The British Medical Association adopts the first plan, and is supported in the Council to some extent by Dr. **Andrew Wood**. The champion of indirect representation is Dr. **Prosser James**, who has staked the support of his professional brethren in his contest for a seat in Parliament upon the plan of Medical Reform which he has sketched in his address to the electors of the Universities of Edinburgh and St. Andrews, already published in our columns—(**Medical Press and Circular**, June 24).

The Medico-Political Association in its programme only demands the representation of the profession in the Council, and we, therefore, presume that either plan may calculate on its support; though whether it would be satisfied with either alone, and if not, which it would desire first, does not appear.

Our readers will naturally anticipate some remarks upon the subject, and we are aware that the profession is so interested in the question, that we give a much fuller account of this debate than of the others which have occupied the Council.

We have more than once felt constrained to give expression to the fears that have been expressed in so many quarters about increasing the number of the Council. Not that we feel that increase of numbers must necessarily multiply bad speeches—it might even rather increase the proportion of good ones—but there are certain practical difficulties not easily overcome. For example, the question of expense, although magnanimously neutralised by Dr. **Andrew Wood**'s proposal, will remain so long as his proposition receives a cold reception. But there is a much greater difficulty than this, and one which was most aptly put by the President in his business-like, sensible, and straightforward reply to the deputation of the British Medical Association. He pointed out, most properly as we think, that the Council is not self-constituted, and can neither increase nor diminish its numbers without an Act of Parliament, and he stated, what is well-known to all acquainted with public affairs, that there is no hope of obtaining such an Act within any reasonable period. That is an objection to the proposal for direct representation which has never yet been answered. It applies equally to the proposal of the Association, and to that of Dr. **Andrew Wood**, and in fact, to every proposal to reform the Council that has been made, *except to that of* Dr. **Prosser James**, which, therefore, we may now consider.

This gentleman appears to have long-cherished the idea that the profession may be adequately represented without any legislative interference. In point of fact, the scheme he has just published was proposed some twelve years ago, before the Council came into being, and was at that date submitted to Lord Palmerston's Government. We think it is to be regretted that a scheme so long before the public, and which it would be so easy to carry out, should not have received further consideration by the Council, especially as parts of it were over and over again alluded to by various speakers, who seemed to lack the courage to explain it in all its details, or to advocate something proceeding from an outsider.

A few words would have given it in its simplicity. Dr. **Prosser James** proposes that the representative of each Corporation at the Council should no longer be appointed by the governing committee of the Corporation, but elected by those who hold its medical diploma. That, we believe, is the pith of his scheme, and that would unquestionably give representation to the profession. It would very possibly give a greater voice to the profession than the addition of the largest number that has been asked for by the advocates of direct representation.

Then, that this scheme is by far the most practicable, and most easily attainable, appears from even a cursory examination. For example, it does not require the intervention of Parliament. The Corporations themselves are capable of carrying it out, and if the Council should express its approval of the plan, we do not doubt that they would be willing to do so. Besides, we heard with great pleasure from Dr. **Paget**, that his constituents in full numbered 4500—that is, as he explained, every one of those graduates of the University could exercise the franchise *if they wished*, and although, practically, the matter is left in the hands of a small committee, the right still exists. Here is a brilliant example of liberal treatment set by the University of Cambridge, which other bodies would do well to imitate. If all thus freely accepted the plan of Dr. PROSSER JAMES, it is not improbable that there would be no further demand for a reform of the Medical Council. Will the Corporations take the hint, or will they stop the way until the profession outside is compelled to appeal to Parliament for itself?

Again, the scheme of Dr. PROSSER JAMES is more feasible than the other, inasmuch as it is not complicated with other subjects, on which differences of opinion are rife. It does not affect the numbers of the Council. It would not increase the numbers, and so would not play upon the fears of those numbers which have been so freely expressed. On the other hand it disfranchises none, and so excites no opposition on the part of condemned members.

Further, it does not touch the question of expense, concerning which there seems no chance of any two people coming to the same conclusion.

For these and other reasons we think this plan has the merit of being eminently practical. A resolution that such a procedure is just or desirable would, we anticipate, suffice to bring it into general operation, and this much can be effected without any preliminary difficulty, or any need to wait the pleasure of a minister or the decree of Parliament. The Council then might do well to consider the propriety of making itself the *bonâ fide* representative of the profession, in a manner thus simple and effective. The profession generally will think that such a resolution as this would have been worth more than all the talk that has been indulged in this session.

NOTES ON THE GREAT DEBATE IN THE MEDICAL COUNCIL.

THE constitution of the Medical Council has long been a subject of interest, and it is capable of being looked at from so many points of view that a few stray but disconnected notes on the late debate may not be uninteresting.

GENERAL PRACTITIONERS.

Dr. Andrew Wood, in the course of his speech, said eight members were already general practitioners. He was, however, corrected as to this, more than one explaining that he could lay no claim to the term. It is certainly of little consequence what department a man practises, and if the popular element, as it was more than once called, be introduced, there will not necessarily be more general practitioners. If any new persons send new representatives, it will be *registered* practitioners, and the terms are not synonomous.

DR. ANDREW WOOD'S PLAN.

The scheme submitted by this gentleman will be seen from our report, possesses many points of superiority to that of the association. It is more definite, more complete, more practical. He would add six members (four for England, one for Ireland, and one for Scotland) to be elected by *registered* practitioners. Ireland, he calculated, contained 2139 registered practitioners, Scotland 1717, England 12,500. He would divide England into districts, and give London one member, Northern, Midland, and Southern districts one each. No constituency would exceed 3000, which is about the number for London.

How great a dread is entertained by many of popular elections is shown by a remark of Sir B. Brodie's, quoted in the debate, to the effect that "popular representation was the very worst calamity that could happen to the profession." We presume few people will endorse the opinion of the late baronet on this point.

TORIES AND RADICALS.

The introduction of the terms common in general politics excited both amusement and surprise. The President said that the Council did not argue questions as to whether they were Conservative or Liberal, but good for the profession, and asked speakers not to introduce general politics. He did this firmly and well, and indeed throughout the session performed his duty in a manner that gave general satisfaction.

TRADING IN DIPLOMAS.

In repartee, when interrupted, Sir D. Corrigan again called attention to the monstrous fact that one body had in one year taken £10,000 for diplomas given without examination.

This was hard on the Northern College, which only erred in amount, for did not the college in whose hall he spoke do the same in a smaller way—nay, did it not set the example of a year of (dis)-grace?

TAXES OR FEES.

Dr. Paget very ably argued that the registration fee was not a tax, and that to call it so was a misapplication of terms. Moreover, he thought the Council did not govern the registered practitioner. No one pointed out to him that whatever may be the correct term, the money which supports the Council comes from the profession, and they who pay at present get nothing for their money but the right to have their names on the official directory. Dr. Paget admitted that if representation were, as he thought not, a right by virtue of the tax or fee, it may be expedient to grant it. His speech was one of the best we have heard in the Council.

INDIRECT REPRESENTATION.

Several speakers alluded to the possibility of granting *indirect* representation, by popularizing the mode of election of the representatives of the corporations. This is the plan originated by Dr. Prosser James, and so fully explained lately by him. It evidently commended itself to many who could not tolerate the notion of direct representation. Dr. Paget said the whole Cambridge University constituency had a right to vote for him, and he recommended Sir D. Corrigan and Dr. Andrew Wood, who so ably advocated popular representation, to try and carry out their views in the bodies that sent them. He thought about twenty men elected Sir D. Corrigan, and that the graduates of the Queen's University might fairly ask for a vote. The Fellows of the College who sent Dr. Andrew Wood, should be persuaded by that gentleman to give a vote to their licentiates. Dr. Paget's speech made a sensation in the Council, which will be produced out of doors. The facts and arguments will go far to establish the justice of all that Dr. Prosser James has brought before the profession. Several other members incidentally alluded to the plan, but none spoke out so clearly and with such manifest approval.

THE UNKNOWN FUTURE.

Dr. Stokes pleaded that all the machinery of legislation takes up much time, and that the Council was a new body; and more could not be expected of it. He dreaded the introduction of questions they could not decide if popular measures were adopted. Such questions as remuneration of medical men, or of witnesses, coroners' fees, and above all, private professional differences, might be dragged in by members elected by the profession. Why not? The Council is *paid*, and might very well direct its highly developed talking capacity to subjects that would interest those who pay.

GREEK.

A considerable portion of Saturday afternoon was occupied with a lively discussion as to whether Greek should be transferred to the compulsory subjects of preliminary education. Each speaker seemed satisfied that he alone comprehended the Alpha and Omega of the question, so that the debate was more amusing than might have been expected.

We the less regret that we have not space for a full report of this vivacious discussion, as our readers, like the few listeners present, would probably pronounce it "all Greek" to them.

As the language is so familiar to the Councillors, and some confessed to reading it for pleasure, we beg to suggest that in future the proceedings should be conducted in Greek, when it is probable that the Council would at least be a little less loquacious.

Notes on Current Topics.

Medical Statistics of the Abyssinian Expedition.

We are enabled to publish the following authentic information of the health of our troops, and the mortality in the recent campaign:—

Average daily sick to numerical strength, 5·8 per cent; average of deaths to numerical strength, 1·3 per cent.; mortality of officers, 11 per cent.; of men who died in the high lands, 17 per cent.; of men who died on the coast and in hospital ships, 20 per cent. Three medical officers died, one of whom was on his way to Magdala; and three officers met with violent deaths, of whom one committed suicide.

The above figures speak eloquently of the perfection of the sanitary arrangements, and of the activity and intelligence of those in charge of the department. Perhaps no expedition attended with similar difficulties was ever carried to so complete a success with such insignificant loss of life, or so few men put *hors de combat*.

The Future President of the Medical Council.

The approaching expiration of the term of office of Dr. Burrows, who has so ably and so impartially carried out the arduous duties pertaining to this important post during the last five years, has caused a good deal of speculation as to his probable successor.

We hear that, as it would cost some £300 to summon the Council for the mere purpose of electing a president before the session of 1869—as was the case on the decease of the gentleman who, prior to the appointment of Dr. Burrows, occupied the presidential chair, the Council were resolved to proceed with the election during their present sitting. To show the appreciation of the manner their retiring president has conducted the business of the Council, the members unanimously requested him to allow himself to be re-elected unconditionally. It is therefore within the province of Dr. Burrows to fill the office for one year, or for the full term of five years. This decision must be very gratifying to Dr. Burrows; but we are credibly informed that he will not fill the post after the expiration of the session 1869.

The Royal College of Physicians of London.

The nomination list of the College has at last appeared. A glance realizes our predictions, and shows us how utterly hopeless it is to look for better things under the present system. The few recent good and able men elected on the Council, who would do justice, are out-voted and unable to snap the "red tape," rotten as it is. But how could a more just selection of members for the Fellowship possibly be made from a body which, as a rule, is carefully recruited from the same unaltered source? (the system being, that the members of a clique elect their own successors, who, there is little doubt, owe their selection to unanimity of views, plans, and objects of their predecessors). *The only chance of reform in the acts of the Council, must come from a reformed election of the Council itself.* This change may not occur in this year, still, little union as there is in the medical profession, and much as the very nature of the profession itself tends to isolate its members, we cannot think so meanly of the majority of such highly educated men as to believe that when once awakened to the absurdity of such a clique, dealing out (what ought to be a well-won and honourably worn distinction), if not in a direct spirit of favouritism, at least, on no comprehensible principle, and subject to no control from the independent body of the Fellows. Since the historic days of *tyranny*, none has been so intolerable as that of an *oligarchy*, and for the plain reason that it rules through the passions, prejudices, and petty malice, not of one, but of many minds. The worst of tyrants has moods in which justice claims some share, but in the tyranny of a clique there is always some member who has either a point to carry, a spite to gratify, if not an actual injustice to commit.

The ultimate tendency of such a *rule* must be to sink all the dignity of the College, to degrade the scientific character of the Fellowship, and to alienate the respect and loyalty of all its members.

Royal College of Surgeons of England.

The contest for election into the Council, which has been more earnestly contested than usual, terminated last Thursday.

As we have previously explained, there were four vacancies, one occasioned by the decease of Sir William Lawrence, Bart., one by the resignation of Mr. Hodgson, and the other two, the retirement in the prescribed order of Professor Partridge and Sir William Fergusson, Bart.; these two gentlemen offered themselves for re-election. The other candidates were Mr. Erasmus Wilson, F.R.S.; Mr. John Gay, Surgeon to the Great Northern Hospital; Mr. G. L. Cooper; Mr. C. Brooke, F.R.S., Surgeon to the Westminster Hospital; Mr. J. Simon, F.R.S., of the Privy Council-office; Professor Humphry, F.R.S., of Cambridge; and Mr. Luther Holden, Surgeon to St. Bartholomew's Hospital. The election, which was by ballot, commenced at two o'clock, and was not brought to a close until six o'clock, when the President, Mr. Hilton, declared that the choice of the Fellows had fallen on Sir William Fergusson, Bart., Mr. Simon, Professor Humphry, and Mr. Holden. The numbers polled by each candidate were as follows: Fergusson, 206; Simon, 157; Humphry, 148; Holden, 136; Gay, 120; Wilson, 108; Partridge, 103; Cooper, 58; and Brooke, 32.

We congratulate the successful candidates on their election, and call on them to show their regard for the profession, by supporting a liberal policy.

Medical Parliamentary Representation.

An *on dit* is current in Dublin, that at the approaching general election, Sir Dominic Corrigan, Physician to Her Majesty the Queen in Ireland, will offer himself to the electors. It is almost superfluous to say that Sir Dominic Corrigan's success would be a source of the greatest satisfaction to the entire profession in Ireland. We cannot, however, think that the candidature of the learned baronet is likely to be pressed, as the electors of the Borough, County, and University of Dublin, have very decided Conservative leanings.

First-Fruits of Sanitary Reform in Liverpool.

There were registered in this town during the last six months 6952 deaths. This is 1640 less than the average of the last ten years. Of the total deaths, 48 per cent. were those of children under five years of age.

What should we Drink?

Under this title has appeared, from the pen of Mr. Denman, the author of "The Vine and its Culture," a very smart criticism on Mr. Beckwith's report, and one that will be read with great relish. We call attention to it, because we have fully appreciated its full flavoured sarcasms, and the great amount of information it contains. We are about to resume our reports on wine, as soon as the Medical Council report is complete, and shall perhaps again have occasion to refer to the opinions of both Mr. Beckwith and Mr. Denman.

Poor-law Salaries in England.

The profession, and notably the Poor-law Medical Officers of England, ought to feel shame that we should have to make public the following statement made recently at a public meeting by Dr. J. C. Reid :—

"The guardians in the north reckon their medical officer's salary as so much 'found money' to him. It is not in London only that whole streets spring up as if by magic; for in my district where there were only 100 inhabitants in North Seaton township sixteen years ago, there is now one of the largest collieries in the kingdom, containing a population of about 2000; besides the increase of streets, terraces, &c., in the sea-bathing town of Newbiggin itself, which must have doubled its inhabitants during the same period. Well then, with such an increase, I felt justified in asking the guardians to give me £20 a-year instead of £10. Save the mark! More especially as much younger men than myself, with no increase of population, had the salaries for their districts doubled, and in some places tripled; and the clerk to the board had a handsome addition made to his. But no, £20 a-year was far too much! Try £15. 'Tell it not in Gath, publish it not in Askelon.' The handsome remuneration of £15 per annum was rejected by a majority of three! Ten pounds a-year was deemed sufficient for attending the poor of eight townships, some three, four, five, and six miles from my residence, and providing medicines to boot! Mr. Chairman, I blush for the cloth when I tell you that a rev. honourable led the van of the opposition; and whilst I can count mine by thousands, he only can reckon his few sheep by hundreds. And whilst he annually receives his £1000 and odd hundreds, he thought me fully remunerated by a less sum yearly than he would purchase a dog for."

We repeat advisedly that the profession divides the ignominy of these accusations with the Guardians, for its members are responsible for having made such a state of things possible. If there existed in our profession a proper *esprit de corps*, a legitimate trade's unionism, if the public wish to call it so, such as protects the members of the legal profession from the undercutting system, it would be useless for Guardians, who now unhesitatingly avail themselves of our disunion, to offer such remuneration. Each and every member of Dr. Reid's board must of course be well aware that their salary did not even approach to paying the expenses of the office, but they also knew that if Dr. Reid objected to accept £10, or half that sum, candidates would be found good enough for paupers, if not [illegible] qualification, who would take the post at [illegible] perhaps at nothing at all but the hope [illegible] of stepping in front of a professional rival. In no other profession but ours is the underselling system allowed to exist, and we see no remedy for it but the same as is applied elsewhere, a penitential "Coventry" for every man who takes the bread from his brother's mouth, and degrades his profession by playing into the hands of unscrupulous Guardians.

We are happy to supplement our remarks on the drainage of seaside towns, by stating that the works undertaken and finished for St. Leonard's, have been in working order for several months, and continue to give the utmost satisfaction; whilst those of the neighbouring town of Hastings, necessarily on a more gigantic scale—are nearly completed, everything promising the most successful issue.

The decease of Dr. Kennion, F.R.C.P., of Harrogate, is announced.

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GENERAL MEDICAL COUNCIL PROCEEDINGS.

(Continued from page 34.)

Dr. **Rumsey** wished to correct one or two remarks in Sir Andrew Wood's speech. With regard to Crown nominees, he begged at once to say he did not think they were appointed to represent the interests of general practitioners. He had accepted his appointment on purely public grounds—for the protection and ultimate safety of the great community of this country, in matters of health and prolongation of life. He deprecated the thought of sitting on that Board as the representative of any single interest, except the interest of the nation at large. Again, Dr. Wood had said, Sir Charles Hastings, Mr. Teal, and himself (Dr. Rumsey) were general practitioners. Sir Charles Hastings was a pure physician; Mr. Teal, that great man had been called to rest since their last session, from the toils and cares of an honourable and laborious life, he was a pure surgeon; and with regard to himself, it was many years since he was a member of that body—the general practitioners of this country; and he stood there either in the capacity of surgeon or physician. Upon the general question much respect was due to representations of great associations whose deputation they had just received. He yet agreed to a great extent in their views, and with what had dropped from Dr. Andrew Wood, but still wished the Council to bear in mind that just in proportion as the representative element was strengthened in the Council, the less readily would Parliament consent to commit to them those administrative and executive powers, which many considered should be extended, so that, in fact, by increasing them in one way they would be weakened in another.

Sir **Dominic Corrigan** drew attention to an observation which had been uttered in the debate, namely, general practitioner. The memorial referred to "Registered Practitioners" of the United Kingdom, and it was obvious the distinction should be made and supported; because the representation of general practitioners, as a body, would be attended with insuperable objections. He was sorry the President was not there, because he felt compelled to question the course which had been taken in the conference with the deputation. He had challenged them to show that the Council had ever omitted to guard the interests of the profession, the conclusion being that if they had so failed, there was no necessity for any application. He recollected a time when the monetary affairs of a vast body were at issue, and a motion was proposed to have the financial matters put in better order than before. An official of the company, instead of listening to a discussion on the merits of the scheme suggested, jumped up and challenged any person round the table to declare in what respect he had been guilty of defalcation. He did not regard it as fair for the President to treat with the deputation, and but for the tact of Dr. Sibson there might have sprung up an angry wrangle on it. As regards the general question, he thought the arguments might be considerably narrowed, for he thought the Council should not enter on the consideration of any details by which the measure should be carried out. The only topic to which he referred, would be whether the principle was right or wrong, because if the principle was right then leave the details to a committee, and if wrong there would be no necessity to discuss details which would never be demanded to be put into operation; was the present constitution of Council then satisfactory to the profession in the United Kingdom, amounting to nearly 15,000 people? He considered, after the evidence they had, and after the arguments they had seen in the medical periodicals for a long time, it was nearly impossible for any one to declare the present constitution was satisfactory to a very large portion of the profession in the kingdom. It was not necessary to discuss the question raised by the president, that there was no chance of carrying a bill this session or next, for that was not the question. He had heard it said it was not necessary to add to the Council; that its duties being confined simply to registration and education, the representatives of corporations and universities, and of the Crown, were quite competent to deal with those subjects. But could they confine themselves to those two matters, or had they done so? Looking back at the journals in a cursory manner, he found that as long ago as 1860 they had considered the regulations of the Poor-law Board, and others, with regard to apothecaries' licences in England. Could any one say that was a question either of registration or education? Again, the question of inquests had been brought before them in the same year, and was it not obvious that they would have their knowledge and experience vastly increased upon such a question of state medicine by having among them men from different parts of England, Ireland, and Scotland. He (Sir D. Corrigan) confessed that he had no practical knowledge whatever of inquests, and if he had to consider the subject on a committee or elsewhere, he would be obliged to turn to these gentlemen whose absence from the Council he now regretted. Again, on the subject of vaccination—was there one member of the Council practically acquainted with it, or who had spent days and days vaccinating children and a register—not one. There, again, the importance of having popular representatives would be seen. Again, upon the question of medical witnesses—what experience had they upon the subject? He found in 1863 they had a very lengthened and able report on the Pharmacy Bill then introduced into the House of Commons. Was there any one in that Council, with the exception of Dr. Leet, who possessed any practical knowledge on that subject? The Weights and Measures Bill was another instance in which they could arrive at no satisfactory conclusion without the experience of these men; and even upon the question Mr. Syme so ably brought before them as to the best mode of education—whether young men should go for the first two years to a general practitioner, or the registered, or the surgeon of a county infirmary, and so on, or serve an apprenticeship. Upon all these matters the information which men who had acquired a knowledge of their profession by going into the world, and mixing in it, and practising, was required, and who knew what their own defects were when they went out into the world, could give, would be most available to the Council, and was not possessed by those members who at present constituted it. Within the last two or three days they had had a most important subject before them—namely, the lunacy laws. Could there be a subject upon which they must more regret the absence of those men than that? For one case of lunacy which came before men in their position, five, ten, fifty, and one hundred would probably come before the general practitioner. Dr. Sibson had also put forward as a reason for advocating the step which he proposed one of the most important principles recognised everywhere in this constitution—namely, that there should be no taxation without representation, and there was no anomaly, as far as he knew, in England, of a representative body paid for by funds derived from the taxpayers in which the taxpayers themselves had no single vote in the appointment of the representatives. He believed that any Medical Act Amendment Bill in which there was not a clause for the representation of the men who were taxed to pay the Medical Council, would never be listened to by the House of Commons. He also agreed that such a measure would popularize the Council, for disguise it as they might, they were looked upon at the present moment by the bulk of the profession as a Corporation that had done very little hitherto to protect the interests of the professsion, and one with which the profession had no sympathy. Upon the subject of education, in which they all expressed so deep an interest, he did not think there was any body of men in the United Kingdom who had so strong an interest in maintaining a high standard as the registration practitioners, while on the other hand the interests of the corporation was to get in as great a number as they could, so as to obtain as much money as they possibly could. I do not say their motive is that, but I say it is their interest. Had not they had a licensing body within their regulation which made £1000 in one year, by giving its qualifications without any examination, and was he to be "Oh, oh'd" at because he told the truth. He did not except the corporation which he himself represented. The College which had done him the honour of electing him president, was afraid to advance much upon the subject of education, because licensing bodies, with equal privileges, had not gone as far. The men who represented the profession at large, would have a strong interest in supporting nearly the whole of this Council (because the representatives had very different feelings upon the subject from those whom they represented) in raising the standard of education, because they would have very possibly a direct interest to increase their own respectability by taking care that no man entering the profession with a low *status* either as to education or character. Lastly, the Council would be able to command more respect from the Government of the country. It was no use disguising the fact that when once men obtained their degrees, every connection with the University was severed. But once let them have a representation upon this Council, and a great accession of strength would be the result.

Dr. Alexander Wood then moved the following amendment—"That the Council, as a committee of the whole Council, take into consideration its present constitution, with the view of determining whether any alteration should be made in its constitution in any future Medical Act to be proposed."

Mr. Hargrave seconded the amendment. With regard to the question which had been asked, what good had the Council done? he would give them one great fact amongst others—it had brought the profession of the three kingdoms into union, and if it had done nothing else but that and prepared the Pharmacopœia, it need not be ashamed of its labours.

Mr. Cooper supported the amendment.

Dr. A. Smith preferred the amendment of the two, as the amendment did not bind the Council to adopt any particular course.

Dr. Paget said he should not like to give a silent vote upon this occasion. He had listened with very great interest to the discussion because he had been anxious to hear what would be said in favour of the resolution, particularly as it came recommended by an association to which he felt somewhat attached, and to which he had the honour of being elected President only a few years ago: an associotion which he believed was doing a great deal of good by its gatherings and local meetings. Some reasons in favour of the course proposed had certainly been heard, but he confessed that in his mind they had not preponderated over the objections which he saw to the scheme. Before entering into them, however, he wished to join Mr. Hargrave in rejecting the view which Sir D. Corrigan took of the course taken by the President, and he did so, especially, as Dr. Burrows was not present to defend himself. He thought the questions put by the President were perfectly fair, and not only so but necessary. The very fact of a deputation coming to the Council, and requesting it to take into consideration, and actually to take part in steps towards the alteration of its constitution, implied *prima facie* dissatisfaction with the acts of the Council, and that was abundant justification for putting the question whether there was any charge to be brought against the Council. Moreover, the resolutions which were read implied the same thing in another way. One of them was—"That we are of opinion that if the Council, in consequence of the addition of the members to be elected by the profession, should deem it advisable to recommend the diminution in the number of representatives of the corporations, a corresponding reduction may then be made in the representatives of the profession. What was that but a tolerably plain indication of an opinion that the proceedings of this Council were rather adverse as it was at present constituted to the interests of the profession. Or else, why should a bargain be proposed, that in proportion as the numbers of one part of the Council were reduced, the numbers of another part should also be reduced? The question put by the President was therefore not only fair, but necessary. There was one argument which if he were to admit it, would at once convince him that what was proposed ought to be done, and that was the question of right. That was put by one of the speakers of the deputation, and repeated by Sir D. Corrigan—"no taxation without representation." No doubt there was a just and proper connection between those two things which was always recognised in the constitution of the country, and properly recognised; but they must not be misled by mere words, they must consider what the principle involved in that phrase was. It was this, that those who are liable to be taxed ought to be represented in the body that taxes them. But how did that bear upon the present question? To whom were they proposing to give a voice in this Council? To the registered medical practitioners. Well, had the Council any power to tax them? (Dr. Andrew Wood, Yes.) None whatever, except in the instance of a gentleman who, for 5s., wishes to add an additional qualification to his name. He repeated, the Council had no power whatever to tax the registered medical practitioner. It was quite true that the fee of £2 or £5, as the case might be, was paid by gentlemen when they entered upon the profession, and wished to put their names upon the register, but it was not proposed that those gentlemen should be represented in the Medical Council, they were either medical students, or those gentlemen who had hitherto abstained from registering. But the representation was proposed to be put into the hands of those who had always registered, and those the Council had no power of taxing. It was, in fact, a misuse altogether of the term to speak of this fee as a tax. Every one knew the effect of increasing or reducing a tax; they felt it when the income tax was reduced or increased so much in the pound. Apply that test to the registered practitioners. Suppose registered practitioners were reduced from £5 to £1, would the registered practitioners be a bit the better off? Or take the reverse, and suppose the fees were increased from £5 to £50 (Dr. Andrew Wood, you cannot). Suppose it were, by way of illustrating the case, would any of the registered practitioners be a bit worse off for that? On the contrary, the only effect would be to check the ingress of new members into the profession, and the registered practitioners, as far as they would be affected at all, would be better off with an increased tax than without. Therefore it was really a misuse of terms to call the fee a tax at all, it was a mere entrance fee; the same sort of thing as was paid by a man when he graduated, or took out a diploma from the universities, or from one of the medical colleges.

The hour of six having arrived, the debate was adjourned till to-morrow.

WEDNESDAY, JULY 1.

ADJOURNED DEBATE ON THE REPRESENTATION OF THE GENERAL PRACTITIONERS IN THE COUNCIL.

Dr. **PAGET**, in resuming his speech against the motion, said it was represented that, because the Council was the governing body of the profession, therefore there was a right on the part of the governed to be represented upon it. He felt he ought to apologise to the Council for taking up its time in refuting that argument. But, as it had been repeated again and again, until he had no doubt it was accepted generally by the medical profession, it was necessary to say a few words on the subject. Everyone in that room was aware that there was no truth in the statement. He would test it in this way. If anyone of the registered members of the profession were asked individually, whether since the time the Council was established it had in any way governed him since his registration, he would speedily answer in the negative. Looking at the Medical Act, and reading it through, in what way did it confer any power of governing the registered members of the Council? There was only one single instance—happily a very rare one, in which the Council had direct power of interfering with members of the profession, and that was when a registered member had been guilty of infamous conduct in a professional sense. Not only were those cases extremely rare —only happening about once a-year—but even in them the Council did not act in a governing, but in a judicial capacity. By clauses 18, 20, 21, and 22 of the Medical Act, powers were given to the Council. What were those powers, and over whom were they exercised? They were to inquire into the proceedings of the different universities and other licensing bodies what their course of studies was for medical degrees; what their modes were of medical examination, and to test those examinations by visitation. The Council had also powers through the medium of the Privy Council of depriving those universities and licensing bodies of the right of granting degrees and diplomas. Those were the parties governed by the Council. Therefore, it was according to the very principle which had been quoted by the supporters of this proposition that those were the parties who had been represented on the Council, and must be represented if the Council was expected to work as well as it had been done hitherto. The talk upon the subject as to its being a question of right, therefore must be given up. But there was another view of the subject. Without there being any right in the matter, it might be advisable that the general profession should have direct representation on the Council. But then it was incumbent on the advocates of the measure to prove that the addition of such members would increase the power of the Council for doing good, and would enable it to perform better than it had hitherto done the duties imposed upon it. The *onus* of proof is on the advocates of the measure, and he confessed he had heard nothing like a satisfactory case made out. He did not see that the mode of election of those members would provide the Council with more efficient members than it already possessed. It did so happen that the members of the Council were composed of professors and officials of the different universities and medical corporations, and there were no medical practitioners in the Council then there could be a strong argument in favour of the present scheme, but, as a matter of fact, the great majority of the Council were practitioners, and it was a matter of almost certainty that their successors would continue to be so. He could, therefore, see no reason why the present members of the Council should not be just as good judges of matters which would come before them, as if they were elected by the profession at large. Sir Dominic Corrigan had quoted instances in which the questions brought before the Council were not purely questions of education. No doubt those instances had some weight as far as they went; but how far did they go, and what a very small proportion they bore to the amount of discussions and labour bestowed upon the subject of medical education? He could state, that since he had been a member of the Council, he did not remember a single question that had been brought before it, in which there had not been an abundance of medical information afforded by the members of the Council. Dr. Andrew Wood had stated very fairly and truly, what was entitled to some weight, namely, that the election of members in the way proposed would increase the interest of the profession generally in the Council. That was true *quantum valeat*. He also said that the members so elected would be better acquainted with the feelings of the profession generally. He (Dr. Paget) did not think so—he doubted it very much. He would take this as a test, supposing the alteration to be made. In the natural course of things the very gentlemen now appeared before them yesterday as a deputation would be many of them, the majority of them probably, returned as representatives of the registered members of the profession, who, taking the recommendations of those gentlemen (and they were as fairly open to criticism as the proceedings of the Council) he did not think that they by any means indicated a very near acquaintance with the feelings of the profession. He would take one of them as an instance. He found them stating this—"The sub-committee entertain no doubt that the profession will willingly pay the additional cost of their own representatives." Now, as we must all know, amongst the 20,000 registered practitioners, there was not one in a thousand that entertained the same opinion as those gentlemen forming the sub-committee—namely, that the profession would willingly pay the additional cost of their own representatives. Therefore he thought it was at least open to doubt whether those gentlemen, eminent as they were, really represented the feelings of the profession generally, better than the members of the Council now sitting round the table. Again, it was actually said yesterday by the advocates of this matter, that it would strengthen the hands of the Council and increase its influence with the Government and the public. He cordially agreed with what Mr. Rumsey had said upon that point. He thought it was about the greatest mistake possible to think that the addition of those members would increase the influence of this Council with the Government and the public. Suppose the Council were very anxious to mend clause 40 of the Medical Act, so as to gain increased power of putting down the most notorious quacks, was it to be supposed that when deputations from the Council to the minister were to tell him their anxiety about the matter, that that deputation would be listened to more readily, or its recommendations more readily attended to, if they said we speak the voice of the profession? He (Dr. Paget) thought quite the the contrary; the influence of the Council with the Government and the public would be lessened by it being known or supposed that they represented the mass of the profession. He had read a communication which had appeared in one of the medical papers, from a gentleman who had expressed his views so admirably, that he would read his letter, as part of the observations he wished to make. The gentleman's name was Bewley, and he dated from Clara, King's County Ireland. He appeared to be favourable to the proposal now before the Coun cil, but he said—"The Council was never designed by the legislature to represent the interests of the profession. It was formed for the promotion of the interests of the public, and it is my belief the legislature never cared, or will care, one straw for the private or personal interests of the medical profession, or any other profession as such. In the eye of the legislature, the Medical Council, as well as all the other licensing medical institutions, except only for one object, namely—the good of the public." At the close of his letter, he gave the Council a little advice. He said—"If we are wise, we shall keep our individual interests in the background, and endeavour to prove, through the medium of the Council, the Medical Association, and the Press, that it is for the interests of the public, that every physician or surgeon shall be an educated gentleman." If he (Dr. Paget) could express his sentiments so well as they had been expressed in that letter he would not have borrowed it, but it seemed to him to be the shrewd, good sense of the matter. There was one objection to the proposed scheme which he thought should have been attempted to be met in some way by the advocates of the measure, namely, that the addition of members would increase the amount of talk. Dr. Andrew Wood attempted to meet it in this way, but I simply assert that the addition of six members would decrease the amount of talk. Now, with the greatest possible respect for Dr. Andrew Wood's opinion in this particular instance, he would have liked to have seen it supported by argument. It seemed to him as a matter of arithmetic that the addition of six members would add to the talk by exactly one-fourth; and, indeed, if those gentlemen were expected to advocate the interests of their electors (and that was one of the grounds upon which the proposal was based), they must make speeches in order that they might be read, and his opinion was that they would add considerably more than one-fourth to the talk. In fact, that was one of the chief objections, and it was not to be met by what was really nothing more than an expression of opinion the other way. Again, with regard to proportionate representation, the proposal of the deputation yesterday was such that the vote of one gentleman north of the Tweed would go further than that of three south of the Tweed, the practitioners in England and Wales being more than six times more numerous than in Scotland. He was quite satisfied with the constitution of the Council as it was, and he thought that Mr. Hargrave hit a good point yesterday when he said, what a good thing it was that by means of the Medical Council, the medical men of the three kingdoms had been brought together, and had come to a common understanding upon so many subjects. He quite agreed with that, and he was prepared to maintain that the Medical Act had done for medicine what legislation in the Houses of Lords and Commons had never been able to accomplish for the other learned professions. Not to refer to religious questions—look at the profession of the law. Englishmen could scarcely understand Scotch terms of law, and he supposed there would be quite an outcry in Scotland if it were proposed to adopt the term "endowment', instead of "mortification." Or if it were proposed to assimilate the law of marriage in Scotland to that of other countries, he would be quite prepared for a rebellion. (Hear, hear, from Dr. Alexander Wood.) But on the subject of medicine, the Medical Act had brought about a complete union between the countries. Again, the method of election which was proposed would not be so simple as seemed to be imagined. He (Dr. Paget) represented an university where the elections were conducted by voting-papers, and it had taken the recognised official, with the assistance of three assessors, sitting three or four days, and working hard, in order to get through the labour. The number of votes given was 3334, and he ventured to say that if all the votes had been given by voting-papers, as proposed by this scheme, it would have taken more than four days—and very hard work it was. The legitimate expenses of advertising, &c., to which the two members had been put amounted to above £2000 at the last election, and it was not by any means a strong contest, both gentlemen being of the same politics. But the proposers of this had no notion of what they were putting upon the registrar, or of the questions that would arise in cases where there was a close contest. This question was not one of sentiment, but what they had to consider was whether it was good and ought to be followed. He felt bound to give a little advice to the proposer and seconder of the resolution, and hoped they would take it in a friendly way. The body that returned Sir Dominic Corrigan was a very popular body. All the old Universities of England [illegible] bodies. The [illegible] that returned him (Dr. [illegible] larger than [illegible] body, having more [illegible] than any of the electoral districts proposed by Dr. Andrew Wood—it numbered 5400 voters. He would suggest to Sir D. Corrigan, who was elected by a most distinguished body of twenty gentlemen—the council or senate of the university—that the Queen's University in Ireland had, like the University of Cambridge, a number of graduates. At Cambridge the franchise was restricted to Doctors and Masters of Arts, and supposing the Doctors and Masters of Arts of the Queen's University of Ireland were to be privileged to elect their representatives to the council, that would be a good beginning of public representation, and might be carried out without any difficulty. Again, he would give the same advice to Dr. Andrew Wood, with regard to the body he represented, and he gave that advice the more readily, because he was sure the choice of those bodies, upon the basis of a wider constituency, would still fall upon the same gentlemen to represent them.

The debate was continued by Drs. Sharpey, Stokes, Storrar, and Risdon Bennett, who opposed the motion, and endorsed the views of Dr. Paget.

Dr. **Parkes** spoke in favour of the motion.

Dr. **Alexander Wood** expressed a wish to withdraw his amendment, stating, at the same time, his entire opposition to the motion; and

Professor **Syme** moved the following amendment:—"That under present circumstances it would not be expedient for the Council to consider the propriety of attempting to obtain a change of constitution."

Mr. **Cæsar Hawkins** seconded the amendment.

Dr. **Acland** would vote with some reluctance against the motion, for he would much have preferred moving "the previous question," if that course were open to him. He believed the proposition was most unfortunate and inopportune, and regretted extremely it should have been brought before the Council at the present juncture, when so many important practical measures were under deliberation.

The **President** said it was necessary to consider that the deputation which had been received professed to be a deputation from the committee of the Council of the British Medical Association, which title seemed to him to diminish the force of the memorial, but he wished to know whether the memorial was to carry with it the force of the great association itself, or whether it was merely a memorial coming from an active committee of that association, to ascertain which he had put those somewhat searching questions. They would see by the wording of the memorial, "The deputation from the British Medical Association beg to submit to the consideration of the General Medical Council the following propositions founded on resolutions passed at the annual meeting." So that it was not with the resolutions passed then, but propositions founded upon them, with which the Council had to deal. Resolutions, it was well known, might be passed at a general meeting, but upon being put into the hands of a committee, propositions might come out of those resolutions which were really not exactly the precise opinions of the body which had sent the resolutions to the committee, and, therefore, he wanted to know distinctly whether those propositions really had the sanction of the whole body or not. He did not suppose for a moment there was any attempt to deceive the Council, but he thought it doubtful whether the propositions had been proposed separately to the meeting at large. If they had been, they would have great force; but if not, that force would be diminished. He made that explanation, not for his own sake, but to those members of the Council who were not quite satisfied with the course he had pursued with respect to the question upon the motion of Dr. Andrew Wood, seconded by Sir Dominic Corrigan; he had before him a printed copy of the speech of Dr. Paget, and, he would say, I beg you to accept it as my speech, in the same way as Dr. Paget himself has read those admirable observations from a practitioner in Ireland. There was no doubt the Council did represent the interests of the profession in matters over which it had control, and it ought to represent the interests of the public as well; if the Council did not represent the interests of the public as well as those of the profession, he did not believe it would have anything like the influence or authority that it has. As Dr. Storrar had well pointed out, the Council was an administrative body to carry out an Act of Parliament. If it were a council to [illegible] all the interests of the profession, its material and [illegible] and those other social questions which had [illegible] forcibly and ably by Dr. Stokes, then he [illegible] the Council did not at present repesent the medica[illegible] and that some such change, as had been proposed, would [illegible] proper and right. But the Council did not attempt to represent such interests, and having in view its proper duties, if those suggestions were carried out he could not say that the Council would be improved. They must all bear in mind that the Council had limited objects in view, and they were quite aware that there were many men in the profession who did not find the routine of the profession sufficient to occupy their minds. They were fond of discussing public questions, questions of social science, and sanitary questions. Then there were many excellent men who saw and knew that there were a great many things bearing most unjustly upon the members of their profession, and who felt that the profession did not hold that social position which it ought to hold, and that some of its members got a very inadequate remuneration for their services; men of that class seize every opportunity to assert the rights of their profession. If the proposition were adopted a body of such men would be introduced into their Council, and possess the confidence of many in the profession, as they would represent its interest. But these gentlemen would not assist the Council in dealing with higher questions, and therefore he was opposed to adding to the number of members as proposed by the motion; and if the Council were not increased, some members must retire to give place to the new representation, and he did not know who could be asked to retire. If the Council was to hold control over the various interests and licensing bodies they must not be deprived of their representatives. On the other hand, no one could think of asking the Crown nominees to retire. If such men were taken from the Council, its weight and influence with all classes would be seriously diminished. He could not, therefore, meet the wishes of the memorialists by reducing the number of members. He thought the Council should do its duty as it had hitherto done, and as he believed they all desired to do, and however they might differ in their modes, the action should be carried out, and he agreed with Dr. Acland that this important matter should have been brought forward so inopportunely, when the Council had so much on its hands He must, therefore, vote against the motion.

Dr. **Andrew Wood**, having briefly replied,

Professor **Syme**'s amendment was put to the vote, and carried by 16 to 4. Upon being put as a substantive motion, the numbers were 18 to 4.

THE PHARMACY BILL.

The following motion by Dr. **Rumsey**, seconded by Dr. **Paget**—

"That a committee be appointed to consider and report on the bill for the regulation of pharmacy now before Parliament, in order that if it should appear desirable the opinion of the General Medical Council may be represented by petition to Parliament, or by memorial to Her Majesty's Ministers, before the said bill shall become law."

was ushered in by an elaborate speech, of which we give an abstract. Dr. Rumsey stated that the present bill ignored almost every recommendation of the committee of the Medical Council in 1865. In the first place, its provisions were not extended to Ireland. Moreover, there was no requirement that chemists and druggists should dispense prescriptions according to the Pharmacopœia. And further, the bill contained no prohibition against the practice of medicine or surgery by chemists and druggists. The committee of this Council recommended that pharmaceutical chemists should be subjected to some controlling body, but the bill contained no such security, and the public therefore were in danger of having a number of unqualified men let loose upon them, the consequences of which might be most dangerous to the public health and safety. Then opium, which was now so largely consumed in various ways was omitted altogether from the list of poisons in schedule A. He was in favour of extending the same legislative restrictions to the sale of this and other fatal poisons, as is done in the case of arsenic, for the purpose of identifying the purchaser. More satisfactory evidence of qualification should be required. What could be more monstrous than the present bill, which afforded protection to the lowest class of chemists and druggists, who might be mere grocers or common drapers, by permitting them to register as qualified chemists; and not only so, but extending their privileges to assistants also, even to those boys who had served two years' apprenticeship. A number of persons would thus be [illegible] should they live to become octogenarians, to poison the [illegible] under the protection of this bill, for fifty or sixty [illegible]. He, therefore, earnestly trusted the Council would not [illegible] to adopt the motion proposed by him, for, in considering the interests of the profession, they would also be defending the welfare of the public, whom they were bound in honour to protect.

Dr. **Leet**, as the representative of pharmacy in Ireland, entirely objected to the extension of the bill to that country in its present form, and to show how unwise it would be to do away with the wholesome regulation now in force, which forbade, under heavy penalties, anyone compounding or dispensing medicines without first having undergone the examination at, and received the certificate of the Apothecaries' Hall of Ireland, he would read a short extract from the report of the Queen's University, dated June 20th, 1855:—"The Senate has to observe that the practice of pharmacy is already provided for in Ireland by the Apothecaries' Act of 1791. This Act has worked well, and carried out its objects, especially in providing well educated Apothecaries for the public service; it therefore does not appear necessary to legislate for this department, neither does it seem important or desirable to alter the present state of the law." The Council would see by this why he opposed its extension to Ireland. The present regulations answered admirably, and for that reason, he hoped they would not be disturbed.

Dr. **Alexander Wood** considered that the Council and the profession at large, were deeply indebted to Dr. Rumsey for the care and labour he had bestowed upon the subject of State medicine, and for the elaborate and satisfactory arguments adduced by him on the important subject of pharmacy. He remembered some years ago there was an agitation on the pharmacy question, and a select committee was appointed for the same purposes, proposed in the present bill. Whilst admitting that much had been done since then by the Pharmaceutical Society towards the elevation of pharmacy, and it had therefore claims upon the Council that certain privileges should be extended, he was, nevertheless, opposed to the admission by law of this body to the status of the profession. They were essentially traders, and as a trading body were entitled to respect, but to incorporate them with the profession would have the effect of ruining the majority of the general practitioners in the empire. As the representatives of the whole profession therefore, he considered they should let their voices be heard before this bill—which, in some of its bearings, was very obnoxious—became law, and for this purpose he would support the proposition of Dr. Rumsey for the appointment of a committee.

Mr. **Cooper** expressed similar opinions.

Dr. **Aquilla Smith** objected to the quotation by Dr. Leet, relative to the pharmacy question in 1855. Since that time pharmacy had greatly degenerated in Ireland since the passing of the Medical Act in 1858, which was attributable to the monopoly held by the Apothecaries' Hall of Ireland, in fact, so low had it become, that a physician would have great difficulty to get a prescription made up by an apothecary in Ireland. He maintained, with Dr. Wood, that it was but a trading body, and he did not therefore see why the Society of Apothecaries in Ireland should demand an examination of the subjects which pertained to the study of medicine, which were not at all necessary for a chemist to know—on the pain of a refusal of a license to compound and dispense medicines. No chemist, however eminent—he might mention that were Mr. Squire, than whom few had done so much to elevate the science of pharmacy—would be allowed to open a shop for compounding prescriptions, under the penalty of a fine of £20. He desired to see a spirit of reciprocity between each division of the kingdom, considering it unjust that a monopoly should exist in Ireland, which gave the Apothecaries' Hall power to prohibit any person coming from England or any other part of the country, from following his business as a chemist, unless he first obtained the certificate from that body, whilst any one crossing the channel from Ireland, would be entitled to establish himself as where he chose without such a restriction.

Sir **Dominic Corrigan** stated that the extract quoted by Dr. Leet, from a report of the Senate of the Queen's University, of which he (Sir Dominic) had the honour to be a member, was given in 1855, and was, therefore, prior to the passing of the Medical Act, 1858. Circumstances and opinions had undergone a great change since then. He had recently received letters from two members of the House of Lords—asking his opinion to the working of the Medical Act in Ireland, and the Council would see what his opinions were if he read to them the clause he proposed to be introduced in the "Pharmacy Act, 1868," now passing the Houses of Parliament:—

"That from and after the passing of this act, every person duly qualified and registered under this act, and thereby entitled to open shop as 'compounding chemist' in Great Britain, shall in like be entitled to open shop as 'compounding chemist' in Ireland, without being subject to any prosecution or penalty, notwithstanding any enactment to the contrary in the Apothecaries' Act of Ireland, 1791."

He was not surprised that Dr. Leet should oppose the motion of Dr. Rumsey, because if it passed, it would virtually put an end to the extraordinary powers now possessed by the Society he represented, namely the double power of licensing in pharmacy and registering as medical practitioners, besides which a source of its income would be thereby stopped. As had been before stated, no man was allowed to compound medicines in Ireland, without having first obtained the licence of the Apothecaries' Hall. And what are the subjects enforced by this Society; they are: that a man should be examined in the principles and practice of medicine, diseases of women and children, midwifery, &c., &c. Why, should this be demanded of a compounding chemist, would the Council imagine for one moment that to be able to compound he must understand midwifery or be a good surgeon? It was simply ridiculous, and the effect it had in Ireland was this: that no man would settle down in Ireland as a compounding chemist, because if he had the money, and was compelled to pass such an examination, he preferred becoming a member of the profession of medicine or surgery on the completion of his education. He was therefore decidedly of opinion, that some of the provisions of the Pharmaceutical Society of Great Britain should be extended to Ireland, that the monopoly now possessed by the Apothecaries' Hall should henceforth cease, and that any man who could produce satisfactory evidence of his knowledge of pharmacy, with the certificates of the Pharmaceutical Society as a voucher, or from the Apothecaries' Hall of Ireland, that he should be allowed to compound medicine in any part of the United Kingdom he chose, without being subjected to the penalties now existing in Ireland.

Dr. **Acland** was of opinion that after the very lucid remarks of Sir Dominic Corrigan on the subject of pharmacy, little remained to be said. It was quite clear that a man should be either a chemist or a surgeon, and it was equally clear that no examination should be required as would fit him for both. As the powers now possessed by the Apothecaries' Hall of Ireland had not worked well, he hoped that the committee appointed by Dr. Rumsey would deal with it, and that the provisions should be the same in all parts of the United Kingdom.

The motion of Dr. Rumsey was then put to the vote and carried unanimously, the following gentlemen being appointed as the committee:—Dr. Rumsey, Dr. Acland, Mr. Cooper, Sir D. Corrigan, Dr. Alexander Wood, and Dr. Leet.

REPORT OF THE PHARMACOPŒIA COMMITTEE.

"The Pharmacopœia Committee appointed by the General Council for watching over the progress of pharmacy, and for making such additions and corrections as would facilitate hereafter the preparation of the next editions of the *British Pharmacopœia*, beg leave to report that, in accordance with the authority given them by the Council—(Minutes of June 3, 1867, vol. v., p. 136) to obtain such assistance as they might think necessary for carrying out the foregoing object, they engaged the services of Dr. Redwood, whose services had been so valuable in the preparation of the last edition of the work.

"In accordance with the request conveyed to him, Dr. Redwood has prepared and placed in the hands of the committee a report, which is well calculated to be useful in all further proceedings connected with the work. A portion of this report refers to some typographical and minor errors, which, though of no great importance, require correction in the *Pharmacopœia* of 1867. The committee recommend that this portion of the report should be published, so that those who possess the *Pharmacopœia* may themselves be enabled to make the necessary corrections; and the committee also recommend that these corrections be printed as a slip, in the copies hereafter sold.

"The committee beg leave to report that they have expended £25 of the sum of £50 placed at their disposal at the last session of the Council, and they recommend that a like sum of £50 be placed at their disposal for the next year.

"W. **Sharpey**, Ch[illegible]

"June 29, 1868."

Dr. **Quain** moved:—

"That the [illegible] authorized to pay [illegible] £50, voted by the [illegible] Committee of 1867, to be paid to Dr. Redwood for his special and extra services in the preparation of the work, but omitted in the amount submitted for payment to the Council at its last session."

Dr. **Apjohn** stated that the resolution proposed by Dr. Quain could not, in his opinion, be entertained, because it contained a statement which, in point of fact, was not correct. Dr. Apjohn went on to say that there was most certainly some misapprehension. The report of the Pharmacopœia Committee was made June 3, 1867. He had read it through more than once, and he was in a predicament to state positively that there did not exist in it any such recommendation as is assumed in the resolution of Dr. Quain. He was not, indeed, surprised to find Dr. Quain expressing himself in terms so irregular. During the existence of the committee to which the preparation of the Pharmacopœia of 1867 had been entrusted, he had found it very difficult to act in co-operation with Dr. Quain. A meeting was convened for the purpose of organizing machinery for continuing the operation of the Pharmacopœia Committee, and, in particular, for indicating a plan for watching over the progress of pharmacy, and for making such additions and corrections as would facilitate hereafter the preparation of the next edition of the Pharmacopœia. The meeting of the committee he (Dr. Apjohn) of course attended, but when the members were, as he conceived, about to consider the important subject for which they were called together, Dr. Quain announced to them that he had already a plan proposed, and that it was quite unnecessary for the time of the council to be taken up with the consideration of a matter for which he had already provided. Dr. Apjohn, therefore, thought it necessary to state that he would no longer act on the committee. After this explanatory statement, into which he said that he had entered in his own justification, Dr. Apjohn moved the following amendment on Dr. Quain's motion:—

"That there has been no recommendation from the Pharmacopœia Committee to pay to Dr. Redwood £50 for what are called special and extra services in the preparation of the Pharmacopœia, and that, under such circumstances, it is not in the power of the General Medical Council to allocate any sum, however small, to the purpose specified by Dr. Quain."

After further discussion the Council adjourned.

Thursday, July 3.

Dr. **Aquilla Smith** took exception to the manner in which Dr. Redmond's report had been brought before the Pharmacopœia committee, which met on Monday, 29th June. The report had not been seen by Dr. Christison, or by Dr. Smith, and no opportunity had been given to the members of the committee not residing in London, of making any suggestions respecting the matters mentioned in the report. Dr. Smith expressed his approbation of the tenour and matter of Dr. Redmond's report, and, at the same time, that he regretted not having had an opportunity of suggesting many particulars similar to that portion of the report which the committee recommended in their report to be printed. Dr. Smith submitted his resolution, and explained that his object was to place before the profession the suggestion for the improvement of the Pharmacopœia, in order that they might be considered.

Dr. **Sharpey** expressed it as his opinion that the objection raised by Dr. Apjohn could be satisfied by substituting the term "voted" for that of "recommended" in the motion of Dr. Quain.

This suggestion was accepted by Dr. **Apjohn**, who then withdrew his amendment.

Dr. **Quain** regretted that Dr. Aquilla Smith had not been a member of the committee *ab initio*, or he would not have complained of the mode of proceeding. Dr. Aquilla Smith's suggestions would have been most acceptable. It was his own fault, if that of any one, that they were not offered. The report could not have been submitted to the committee until the committee met, in fact, the report was in the hands of the committee within a few hours of its receipt. The report may or may not be published as the Council might think fit. It was proposed as a record for future use, and not for publication, but the committee had no objection to the publication, though they thought it neither necessary or desirable.

Dr. **Andrew Wood** was of opinion that no committee should be appointed for the ensuing year, as he saw no good from the last, thereupon

Dr. **Quain** withdrew his motion, and, at the same time, expressed a desire, owing to the great labour it entailed upon him, and the few thanks he obtained for his work, to withdraw from all connection with the committee.

The subject then dropped.

The Council then adopted a report from the committee on lunacy certificates, recommending that a letter be addressed to the Home Secretary on the subject, as follows:—

REPORT OF THE COMMITTEE ON LUNACY CERTIFICATES.

Abstract of Letter to the Home Secretary as to Medical Certificates in Lunacy.

SIR,—I am directed by the General Medical Council to a difficulty which has arisen on the construction of the Lunacy Acts for England, Ireland, and Scotland, with reference to the medical certificates which are necessary to authorise the detention of a lunatic in an asylum.

By the English Act 8 and 9 Vict., cap. 100, sec. 45, such certificates are to be signed by "two physicians, surgeons, or apothecaries," who shall not be in partnership, and a false certificate is punishable as a misdemeanour.

By the Scotch Act 20th and 21st Vict., cap. 71, sec. 34, such certificates are to be signed by "two medical persons, one of whom may be the medical superintendent or consulting physician of a public or district asylum." And the giving a false certificate is made an offence punishable by a penalty not exceeding £300, or imprisonment not exceeding twelve months.

By the Irish Act 5 and 6 Vict., cap. 123 (continued by subsequent acts), secs. 14 and 15, such certificates (sec. 14) are to be signed by two physicians, surgeons, or apothecaries, and (sec. 15) by two medical practitioners not being in partnership, and each of them being a physician, surgeon, or apothecary.

By the Medical Act (1858), 21 and 22 Vict., cap. 90, sec. 31, every person registered under that act is entitled to practise in any part of her Majesty's dominions; and by sec. 37, no certificate required by any act then in force, or that might thereafter be passed from any physician, surgeon, licentiate in medicine and surgery, or other medical practitioner, shall be valid, unless the person signing the same be registered under that act.

The question which has arisen is, whether the certificate of a practitioner resident in England is sufficient to authorise the detention of a lunatic in Scotland or Ireland, and *vice versa.*

This question in 1867 was submitted to you by the General Board of Commissioners in Lunacy for Scotland. You took the opinion of the law officers of the Crown, and the following communication was made by your direction to the Board of Commissioners:—

"I am directed by Mr. Secretary Hardy to inform you that he has laid a case before the law officers of the Crown, and that they are of opinion that upon the true construction of the statutes certificates signed by medical men in Scotland do not constitute a valid authority for the detention of lunatic patients in England and Wales, and *vice versa.* The same rule plainly applies to such certificates granted by medical men in Ireland."

It will be observed that the language of the several lunacy acts is quite general on the subject, and the grounds on which the opinion of the law officers was formed is not stated. Probably, however, the opinion was founded upon some such considerations as are stated in the 20th report of the Commissioners in Lunacy in England, page 48, as follows:—

"Connected with this subject it also became necessary that we should point out, in the course of the present year, that certificates signed by medical men in Scotland, in Ireland, or in any place out of England and Wales, do not constitute a valid authority for the detention of lunatic patients under an extract which is expressly restricted to England and Wales. It had been the practice to receive within the time specified in the statute, the certificate of registered or or other practitioners possessing the proper qualifications set forth in it, even though they might have signed in a place not situate in England or Wales; but upon the commissioners having had their attention called to a case in which the question was specially raised, it seemed to them to be among the strict requirements of the Lunacy Acts that all persons signing a certificate should not merely be duly qualified under them, but should also, by residence within the jurisdiction, be responsible for the penalties expressed in them for irregularities contravening their provisions; and that a person against whom such penalties could not be recovered in the event of illegality or irregularity being found in the certificate signed by him, is not a person whose certificate is contemplated by the act, or receivable under it. The commissioners regret to have arrived at a decision which has been complained of as closing the door of English asylums to the patients of medical men practising in Scotland and Ireland, but the law leaves no alternative; and as this rule will in future be strictly enforced, it is necessary that all alleged lunatic persons whom it may be desired to place in hospitals or licensed houses within the jurisdiction of the commissioners, should first be brought to some place within that jurisdiction, with a view to the necessary personal examination, before certificates can be signed."

Considering the importance which these certificates have as affecting the liberty of her Majesty's subjects, it must be admitted that the objections stated by the Commissioners in Lunacy are entitled to great weight, but at the same time the adoption of the rule infringes the privileges conferred on the medical profession by the Medical Act, and leads to considerable inconvenience when it is desired to place a lunatic in an asylum which is not in that part of the United Kingdom where the lunatic resides. The object can only be effected by bringing two medical gentlemen from England, Scotland, or Ireland, as the case may be, to the place of the lunatic's abode, or by taking the lunatic, without any legal authority, from his abode to that part of the United Kingdom where the asylum in which it is desired to place him may be.

I am instructed to suggest to you that an act should be passed, applicable to the United Kingdom, which, while it will give to the medical profession the full privileges contemplated by the Medical Act, will at the same time ensure that no person giving a false certificate shall escape the punishment justly due to his offence.—I have the honour to be, sir, your most obedient humble servant, &c.

The Right Hon. Gathorne Hardy,
Home Secretary, Whitehall.

The following report of the Committee on Vaccination was next received, and a proposal was made by Mr. Cæsar Hawkins for the issuing of recommendations to the licensing bodies that they should require from every candidate for their degrees or diplomas a certificate that he had studied vaccination under a competent and recognised teacher at some school or hospital providing ample means of study. This was opposed by Sir D. Corrigan, who said he considered the proposed certificates worthless, and moved an amendment recommending direct examinations in vaccination by the licensing bodies. After a full discussion the amendment was put and lost, and the motion of Mr. C. Hawkins was adopted, as was also a letter proposed by the committee to be addressed to the Medical Department of the Privy Council embodying the recommendations of the Medical Council.

Although the legal power of the Privy Council in enforcing vaccination relates only to England, yet, considering the great importance of the subject, and the general objects of the Medical Act, the committee consider that it is the duty of the Council to endeavour to further the views of the Privy Council towards improving the knowledge of this subject in all parts of the United Kingdom.

It is the object of the Privy Council "that the fact of a person's admission to the Medical Register, or at least his admission under some particular title or titles therein, would virtually guarantee his being thoroughly skilled in vaccination," and thus do away with the necessity for the special certificate which the Privy Council have hitherto required from every contractor for vaccination in England, whatever may have been the source of his medical qualification.

The Branch Council for Scotland report (vol. v. p. 305) that all registered practitioners are allowed to certify as to vaccination, that the existing Vaccination Act has been very successful, and that as far as Scotland is concerned there is no necessity for further change. The Branch Council are, however, of opinion that "it might be well that all examining boards should require every candidate for their licenses to produce a certificate from a dispensary or other public institution where vaccination is practised attesting that he has been practically instructed in the operation, and is acquainted with the appearances which follow its performance."

Responding to this expression of opinion (see minutes of Branch Council, February 21, 1868), the Universities of Edinburgh, Aberdeen, and Glasgow, the Royal College of

Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow, all agree to require a certificate from public bodies only. The Royal College of Physicians of Edinburgh think certificates from special vaccinators unnecessary, but recommend their examiners to examine every candidate as to his knowledge of the practice of vaccination and of the progress of the vaccine vesicle.

The Irish Branch Council (see minutes, vol. v., p. 347) approved the objects of the Privy Council, and requested the opinion of the qualifying bodies.

The University of Dublin recommend their students henceforward to obtain instruction in vaccination at the Cow-Pock Hospital.

The Queen's University in Ireland, and the King and Queen's College of Physicians in Ireland, place no dependence on certificates, but will draw the special attention of their examiners to the subject, with the object of their testing the knowledge of candidates in this branch of medicine. Both bodies say that they are not aware of any complaints in Ireland on the subject. The College of Surgeons in Ireland is of opinion that every effort is made by their examiners to secure proficiency in the performance of all surgical operations, vaccination included. The Apothecaries' Society in Ireland already require certificates from a public vaccine institution, or from an authorised vaccinator, and will in future require candidates to pass an examination in all that relates to the due performance of vaccination.

The English Branch Council expressed an opinion that the subject of vaccination required the early and serious attention of the General Council, and requested the president to draw the attention of the English licensing bodies to it.

The committee regret that no communication has been received from the University of Oxford or the Society of Apothecaries.

The Medical Board of the University of Cambridge think it advisable that arrangements should be made at all medical schools for efficient instruction in vaccination, and that all candidates for medical or surgical practice should produce a certificate of having seen the process of vaccination in a certain number of cases.

The University of Durham will hereafter require examination as to vaccination of all candidates for a licence in medicine or surgery.

The University of London will hereafter require a certificate from one of the authorised vaccinators appointed by the Privy Council, and that every candidate shall be practically examined in vaccination.

The Royal College of Physicians of London will hereafter require a certificate from vaccinators appointed by the Privy Council, or from recognised teachers of vaccination in medical schools, that the students themselves have performed the operation, and are thoroughly skilled in vaccination; and the college called the attention of the examiners to the importance of ascertaining the competency of all candidates in the theory and practice of vaccination.

The Royal College of Surgeons of England state that they believe that the steps taken by them in 1859-60 are such as to secure proper instruction and proficiency in vaccination; that the certificate required from all candidates was especially framed with that object; which certificate may be given by any fellow or member of the college, when ascertained by a duly authenticated certificate that he possessed the necessary opportunities for the proper instruction of the pupil in this operation in surgery.

The college observes in addition, that as these certificates have only been enforced since Oct. 1st., 1860, sufficient time has not elapsed to enable the Lords of the Privy Council to judge fully of the effects of that requirement as affecting the efficiency in that branch of surgery of fellows or members admitted subsequently to that date.

This observation appears to the committee to possess considerable weight in reference to the proportion of new vaccinators contracted with annually to the whole number of medical practitioners employed under the Poor-law Board in England.

From consideration of these documents, and the knowledge thus acquired of the sentiments of almost all the licensing bodies, and from such further information as they have been able to obtain, the committee are led to believe that imperfectly performed vaccination is only one of several causes of the prevalence of small-pox; but still, in order to obviate this deficiency as far as possible, they venture to propose that the Council should sanction, and issue to each licensing body in England, Scotland and Ireland, for their adoption, the following recommendations:—

1st. That a certificate should be required by each licensing body from every candidate for its degree, diploma, or licence to practice medicine or surgery, that he has studied vaccination under a competent and recognised teacher; that he has himself performed the operation successfully under the teacher's inspection; that he is familiar with the different stages of the vaccine vesicle, and with the methods of preserving lymph, and is thoroughly informed in every necessary part of the subject.

2nd. That such a certificate should only be received by any licensing body from recognised vaccine stations, or from recognised vaccine departments in medical schools, or hospitals, or other public institutions, where the appointed teacher of vaccination is not liable to frequent change, and where ample means for study are provided by not less than such a number of cases (perhaps 8 or 10 on an average weekly) as may be found, after due inquiry in the first instance, confirmed by authentic returns, or inspections from time to time, to be sufficient for this purpose at each place.

It is obvious that for the two-fold object of the proper study of vaccination and the preservation of a due supply of lymph for national purposes, only a small number of stations or schools for vaccination can be provided in each division of the United Kingdom, with a sufficient and continuous number of cases.

The committee are informed with regard to Ireland, that although certificates in vaccination are in practice chiefly given from the Cow-Pock Hospital in Dublin, yet they might possibly be received from any one of many hundred public dispensaries, whose opportunities for instruction will therefore require investigation in every instance before certificates from them can be considered trustworthy.

Again, with regard to England, although the very small number of vaccine-teaching stations nominated by the Privy Council, in London, and a few provincial towns may, perhaps, after the inquiry suggested by the committee, be somewhat enlarged with increased convenience to medical students, and without interfering with the views of the Privy Council for the national welfare, yet, on the other hand, the wide latitude granted at present by the Royal College of Surgeons of England to its fellows and members will henceforward cease under the limitations recommended by the committee.

In conclusion, the committee submit a draft letter to the medical department of the Privy Council Office for the consideration of the Council.

Cæsar H. Hawkins, Chairman.

The Medical Council trust that considerable improvement has taken place since that time, as to the knowledge of vaccination, by the action of some of the licensing bodies, who have required proof of competence from a large number of persons admitted in the last few years to the *Medical Register* which would every year have been more sensibly felt as the proportion of persons thus taught became larger relatively to the whole of the medical profession.

The Medical Council beg to assure the Lords of the Privy Council that they have found the greatest desire on the part of the universities and medical corporations generally to forward their lordships' views regarding vaccination, and entertain no doubt of their concurrence in such measures as may be considered necessary still further to secure this object.

The Medical Council, on mature consideration of the question in relation to the whole empire, have agreed to issue to all the licensing bodies placed by the Medical Acts under their control, recommendations to the following effect:—

1. The Medical Council entertain a confident expectation that by the general adoption of these recommendations great improvement will be produced in the method and extent of the teaching of vaccination, and that a complete and practical knowledge of the whole subject will be enforced upon every person who seeks admission to the *Medical Register*, so as to secure the proper performance of the operation, and subsequent observation of its effects.

2. The Medical Council believe that, when the proposed system is fully in operation, the Lords of the Privy Council may be led to feel that confidence in the skilfulness in vaccination of all persons hereafter admitted to the *Medical Register* which would enable their lordships, as they desire,

to dispense with the special certificate now required from contractors for vaccination in England.—I have the honour to be, sir, your obedient servant,

Francis Hawkins, Registrar.

Dr. Acland then rose to move the following motion, the discussion on which was adjourned to the following day, and the meeting separated:—

"That the treasurer be authorised to pay £100 to Dr. Richardson, F.R.S., to aid him in his researches into the class of agents which can with safety be used as Anæsthetics; that one-half be forthwith paid, and one-half on presentation of a report, which shall have special regard to the several properties of the said agents, and their fitness to be introduced into the British Pharmacopœia."

Friday, July 4.

The Council met in private conference from one till two o'clock, in order to elect a president vice Dr. Burrows, whose tenure of office would expire before the meeting of the next Council.

At two o'clock the proceedings commenced as usual, by the reading of the minutes of the preceding day, and these being confirmed, it was announced that the differences existing on the previous day, relative to the appointment of the Pharmacopœia Committee for the ensuing year, and the additional grant to Dr. Redwood, had been arranged to the satisfaction of Dr. Quain, and the appointment of the same gentlemen who acted upon it during the past year was agreed to, Dr. Aquilla Smith's name being included on the list.

The adjourned debate on the motion moved by Dr. Acland at the close of yesterday's proceedings was resumed.

After a discussion, occupying nearly two hours, on the propriety and legality of the proposed grant, it was ultimately agreed to—"That the motion be not put to a division," by permission of the Council. It was then withdrawn.

Dr. Andrew Wood, on behalf of Mr Syme, who was unavoidably absent, reported that the committee on the subjects of medical education, after taking into consideration the points referred to them, have put in train a series of arrangements by which they hope to be able to obtain valuable evidence from the principal teachers and examiners in the kingdom which may aid the committee in drawing up a complete report for the next meeting of the Council.

The report of the Finance Committee was next submitted to the Council.

Moved by Dr. Storrar, and seconded by Sir Dominic Corrigan:—

"That the report of the Finance Committee be adopted."

Amendment, moved by Mr. Hargrave, and seconded by Dr. Rumsey:—

"That instead of £35, recommended by the Finance Committee to be given to Mr. Bell and Mr. Roope, an addition of £50 be made to the salary both of Mr. Bell and Mr. Roope."

The amendment was carried.

Moved by Dr. Parkes, seconded by Dr. Apjohn, and agreed to:—

"That the best thanks of the Council be given to the Director-General of the Army Medical Department; to the Director-General of the Navy Medical Department; and to the Right Honourable the Secretary of State for India, for their kindness in furnishing to the Council the returns of the examination of candidates for the respective medical services of the army, navy, and India."

The application from Dr. Frederick Milford to be registered as M.D. (by examination) Heidelberg, 27th June, 1856, was unanimously acceded to; and the letter from Dr. James Mason, relative to the Medical Acts Amendment Bill, was ordered to be received and entered on the minutes.

A communication from the Branch Council for Ireland, relative to two applications for registration in the "Student's Register," was acknowledged, and the course taken approved.

Upon the letter from Dr. Edwards Crisp, relative to the adjudication of the Carmichael Prize, being brought before the Council,

Mr. Hargrave rose to move that it was not within the province of the Council to give its opinion thereon. The Council of the College of Surgeons of Ireland had always acted wisely, legally, and with the utmost impartiality; he therefore contended that it was not a matter in which they could or should feel desirous to interfere.

With Mr. Hargrave's remarks the Council were agreed, and the matter then dropped, Dr. Alexander Wood naively suggesting, amidst considerable merriment, that the subject be referred to the Committee on Lunacy.

The second letter from Dr. Edwards Crisp, on the increase of half-qualified practitioners, since the passing of the Medical Act (1858), &c., was ordered to be entered on the minutes, and referred to the Committee on "The Licensing Bodies and Registration of Students."

A memorial from the North of Scotland Medical Association relative to the position of parochial medical officers, was acknowledged, intimation being given that it was not within the province of the Council.

A letter from Dr. R. Barnes, relative to the use of his surname by a non-registered person, in offensive advertisements, was read by Dr. Bennett, its justice acknowledged, and the general purport ordered to be entered on the minutes.

The report of the Committee on Preliminary Education, was then gone into, and occupied the attention of the Council until six o'clock, at which hour the debate was adjourned.

Saturday, July 4.

The Council were engaged nearly the whole afternoon in a discussion on the series of proposals of Dr. Alexander Wood, the chairman of the Committee on Preliminary Education, which, owing to the extreme length of the debate on the reform of the Medical Council, we are compelled to omit this week, as also the report and the debate on the "Report of the Pharmacy Committee," including the regulations on the scale of poisons, which was proposed by Dr. Rumsey, who has bestowed much labour to bring this important matter before the Council, with a view to the presentation of a petition to Parliament before the Bill "The Pharmacy Act, 1868" becomes law, and seconded by Mr Hargrave.

Some of the suggestions contained in both reports are exceedingly valuable, and we therefore purpose giving them *in extenso* in our next number.

Monday, July 6.

The Council met to-day two hours earlier than usual, in order that the business of the session might be concluded before rising. The various questions before them were accordingly disposed of, and the session, which has lasted longer than usual, was concluded with the customary votes of thanks to the President, the Council of the College of Physicians for the use of the rooms, to the officials, &c.

The debates of Friday, Saturday and Monday will be given in our next.

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DR. CHARLES DRYSDALE ON PROSTITUTION.

At two full meetings of the Dialectical Society on the evenings of May 18 and 25, at which were present, among others, Lord Amberley, vice-president of the society, Mr. M. Conway, Mr. Acton, Dr. Prosser James, Dr. Oppert, Mr. Nasmyth, Dr. Edmunds, Dr. Chapman, Mr. Dyte, &c., a paper was read on the causes and consequences of prostitution by Dr. C. R. Drysdale, Physician to the North London Hospital for Consumption. The author observed that there might be said to be about 10,000 prostitutes in London and 5000 in Paris; but the importance of this class of unfortunate women, and the part they played in spreading contagious diseases of a most dangerous kind, made the class one of the most interesting to the philanthropist and to the medical man. The chief causes of prostitution were the sex appetite, a constant force like gravitation always impelling the sexes towards each other. Then came, as subsidiary causes of prostitution, the love of dress, idleness, want of education, the decrease of marriages in Europe, drunkenness, and, above all, the low wages of the female sex. The sex appetite, being dependent on organism, could not, and ought not, he thought, to be *lessened*, but only to be *regulated*. The love of dress was a cause of prostitution in many instances, and also the desire to get money without toil, which was, indeed, the cause of many of the vices of both sexes. *Want of education*: In Bordeaux, of 105 prostitutes, only 9 could sign their names. *Idleness* was often caused by the low remuneration of female labour. *Poverty* was the most fruitful cause of the venality of women. The wages of some workwomen was deplorably low. Thus, Dr. Edward Smith had given, in the sixth report of the Privy Council, a statement, that many needlewomen only earned 3s. 11½d. a week on an average. *Decrease of marriages* was observed in all European States, owing partly to the irrevocability of the contract, and to the difficulty of rearing offspring in the already crowded state of society of old countries. In Paris one-third of the births were illegitimate. In Munich more than half. Dr. Drysdale showed the extreme frequency of venereal diseases in London and elsewhere, by mentioning that 43 per cent of the out-patients of Guy's Hospital were said to suffer from the diseases which were kept up by prostitution. He spoke of the sterility of prostitutes, as accounting for the existence of the class: in Paris 1000 of these women do not produce one child a year among them; were it otherwise, infanticide would be far more prevalent than even at present. Prostitutes were rather healthier than the average of the female sex, with the exception of suffering from venereal diseases. Hysteria, especially, was rare among them, probably owing to the latter disease being more common among women who lived a life of celibacy. Dr. Drysdale hoped that before long society should have been sufficiently enlightened to desire to stamp out such foes to life as the venereal diseases, by admitting prostitutes, when diseased. immediately into hospitals, and also by encouraging them to attend to cleanliness and to their own health, by scrupulously avoiding contagion from their visitors. But the chief means of *preventing* prostitution was to raise the wages of women, by enlarging their industrial employments, and educating them in science and industry. As long as families were so large in overcrowded countries, so long would poverty and its attendants—degradation, filth, and vice—abound. Should mankind, however, ere long, become tired of the prevalent theological dogmas about the necessary degradation of human life, and take their own destinies in their own care, and have only that number of children which was compatible with good wages and the full employment of all, prostitution would disappear; and he, Dr. Drysdale, fully believed that, eventually, this would take place. He approved of great facility of divorce, as in Indiana, U.S., as a remedy against prostitution. In Indiana, six months and the will of either party suffices.

Mr. Conway (of Virginia) said, that in no part of the world had he seen so much domestic happiness and fidelity, as in Indiana, U.S. The reason of this was, that divorce was at the will of either party; and thus marriage became a real joining of congenial natures. Poverty was the great cause of prostitution. Wherever women had low wages there was prostitution, as in New York and London; in Indiana, &c., there was none of it.

Mr. Levy. although agreeing with the two former speakers, that a facility of divorce was desirable when women were able to gain good wages, thought that in overcrowded countries like this it would be injurious to the interests of women. Women's employments should be extended first.

Dr. Chapman thought that it was as well to do half a good if we could not do *all* that was needed. It was cruel to keep together persons not *truly* married, as this law favoured infidelity and prostitution. Prostitutes should be admitted into hospitals when diseased, which hitherto religious bigotry had opposed. Registration of prostitution and police supervision was much opposed to justice, and the matter should be openly and freely discussed, since the problem was one of the most important of all those of social science. Sexual appetites were too strong and ungovernable, in proportion to the other appetites, at the present time.

Mr. Smith also believed that the appetite of sex was capable of being much lessened as civilization advanced, and culture extended.

Mr. Fox Bourne contended that those women were not to blame, who when very ill-fed and starving, took to prostitution. On the principle of the "greatest happiness" they certainly gained more than they lost by so doing. And, as they were reported to be barren, prostitutes often were much less injurious to the working classes or receivers of wages, than those wives who were mothers of large families, and who brought low wages and starvation upon their unhappy offspring. He thought the police examination of prostitutes no more an infringement on liberty than other hygienic regulations, such as emptying dust bins, &c. Women should be more employed in industry.

Mrs. Frith (formerly matron of the British Lying-in Hospital), did not agree in the views stated as to the facility of divorce. She would have divorce more difficult, in order to protect women more. Women ought to be educated well and enabled to get their own living. Novel reading was dangerous to female virtue, and alcoholic drinks given to children tended in this direction. The overcrowding in towns was injurious. Many poor girls would gladly return to industry, could they see their way to do so, and many of them had shown charity and great kindness to their poor relations. Emigration [illegible] women should be much encouraged to countries where they were less crowded than here.

Dr. Edmunds dilated on the importance of providing occupation for women. The emigration of men had left such a disproportion between the sexes in this country that, when a paltry situation, such as that of governess, was vacant, a perfect host of applicants were always found ready to compete for it. Industrial employment for women was the grand remedy for prostitution. Women should be made to be independent.

Mr. M'Gregor Allen said that the present laws of legitimacy were a disgrace to civilization. A mother of an illegitimate child received only 2s 6d. a-week, and was thus forced into prostitution or infanticide. The grand cause of prostitution was poverty, and this, as was well-known, was due to the large families so common in this country and in many other over-peopled states. Chastity was *not* the greatest virtue in women.

Mr. Laurie said it was a farce to suppose that a poor girl, earning only 2s. 6d. a week could be expected to be chaste, when she would only starve as an alternative to becoming a prostitute.

Dr. Oppert said that England was now the great obstacle towards the stamping-out of venereal diseases.

Dr. Roberts, although opposed to large families, was also averse to industrial employment of women. It made them bad wives.

Mr. Gough thought that production would be increased if women were employed; and thus there would be more for society to consume.

Mr. Nasmyth spoke of education as the great want. The appetite of sex had hitherto been ignored as one of the imperative wants of human beings. It must not be ignored, but regulated, in future, and then prostitution might disappear.

Mr. Acton had been greatly pleased with the debate. Prostitution was an inevitable evil *at present*. How could its ill effects be palliated? Most prostitutes led this life for a year or two, and then got married. They did not die. but were usually very healthy, having good food and an easy life. Much might be done to render prostitution less dangerous to public health, and he had been deeply gratified with hearing a lady express her opinion. This led him to remark that if prostitutes could be advised to keep themselves more cleanly, and also to examine very carefully their customers, as they almost universally now did in Paris, they might themselves escape infection, and also assist in stamping out these serious contagions. How far it was advisable in this country to carry out the continental system of registration and police examination of prostitutes, he was not quite sure; but, at any rate, ample hospital accommodation for diseased women should be secured. At present it was scandalously inadequate. Persuasion and humanity would, he believed, effect as much as force in this matter.

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Correspondence.

ON DINING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—One of the most important questions, in a sanitary point of view, for the medical profession to solve, as regards their patients and themselves, is *How and When to Dine?*

Many of our social habits require reforming, and they are only tolerated and kept up because no one is courageous enough to commence the necessary innovations. The prevailing manner of dining in fashionable society, for instance, is conducive neither to health nor comfort; faint grumblings find their way into the papers occasionally on the subject, but the complaints are only heard in a whisper, so they soon die away and are forgotten.

Now, when an evil of this kind is generally felt, but feebly suffered to go on, it is well for some one to come forward and attack it in an out-spoken way. I venture to undertake that duty, and I feel sure I shall have the support of your readers in bringing forward the present suggestions. There can be no question that heated rooms, bad ventilation, and late hours, render the present style of dinners a great infliction upon all persons who possess rational ideas on the subject.

There are people, of course, and, I suppose, always will be, who take a strange delight in sacrificing health to fashion, and are content to live a life of senseless excitement, if even they [illegible] the effort to carry on such an abnormal existence.

Above all things the dinners require to be under sanitary regulation; they should be very much simplified and curtailed. Somebody lately wrote to one of the morning papers to complain of the inconvenience of dining hurriedly in order to be in time for the opera. Imagine under what difficulties the digestive processes must be carried on in a heated atmosphere, immediately after partaking of a steaming and a hurried repast; it is not, moreover, the best preparation for an intellectual treat. I propose that a more simple meal should be introduced, at a much earlier or a later hour, than that which is now the rule: a kind of "meat tea" at five o'clock or at nine, would conduce much to health and economy, and we should thus get rid of the daily heat, worry, and other discomforts attending a two hours' sitting at a fashionable dinner.

The idea of a number of people being invited to meet together for the purpose of eating, is not a refined one; the chief object of an entertainment should be intellectual; refreshments more or less elaborate could be introduced incidentally.

We are not entitled to the distinction which we, English claim, of being the most civilized nation in the world, while we continue to make Dining the chief mode of entertaining our friends, and cherish a kind of faith in the idea, that to give "good dinners" is the only means of keeping up our position in society, and of conciliating that exacting, meddlesome, busybody, "Mrs. Grundy."—I am, Sir, yours obediently,

July, 1868. Sanitas.

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ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

A meeting of the Central Committee of this Society was held in the Royal College of Surgeons on the 1st inst., Dr. Fitzpatrick in the chair.

Dr. Wharton announced that he was authorized to tender Dr. Duke's resignation of the office of Honorary Treasurer, in consequence of his continued ill-health.

Dr. Walsh then proposed, and Dr. Stewart seconded the following resolution, which was unanimously agreed to:—

"That Dr. Duke's resignation be accepted, and that the cordial thanks of this Committee be presented to Dr. Duke, for the efficient manner in which he discharged the duties of the Honorary Treasurer to the Royal Medical Benevolent Fund Society for the past six years, and that this Committee can not be satisfied with a mere formal acknowledgment of Dr. Duke's services, but beg leave to take advantage of this opportunity to express their deep regret at the cause which has led to his resignation, and to express an earnest hope that his retirement for a time from professional pursuits will have the effect of producing a restoration of his health.

Proposed by Dr. Quinan, seconded by Dr. Walsh, and resolved:—"That Dr. James Little be requested to accept the office of Honorary Treasurer of the Royal Medical Benevolent Fund Society of Ireland."

The following awards were made by the Central Committee during the past month—subsequently to the annual distribution:—

1. A widow, æt. 50. Husband dead some years. This was a case which has been annually relieved, but the application was received too late for the general distribution. Recommended by Sir Dominic Corrigan, Bart, and Dr. Benson. Granted £5.

2. Three female orphans; father dead three years. Application late for annual distribution. Recommended by Limerick Branch for a *final* grant of £15 to assist them to emigrate. Granted £15.

3. A spinster. For several years a recipient. Application late for annual distribution. Recommended by Limerick Branch. Granted £4.

4. A medical man, totally unable, from heart disease, to follow his profession; has six children, and no means of support. Recommended strongly by the Cork Branch. Awarded £15. This was an urgent case, and had come under the notice of the Cork Branch subsequently to the annual distribution.

5. A widow, æt. 70. Relieved last year. Friends supported her, but are now all dead. Recommended by Clare Branch. Awarded £5.

The Honorary Treasurer, Dr. Little, reported that from the unexpected calls upon the funds of the society (owing to the arrival of several applications after the annual awards had been made), there remained in bank to meet the awards to the last two cases not quite £5. It was, therefore, ordered that £4 be immediately sent to case 4, as most urgent, and that as funds were available the balance should be remitted; as also the amount of the award to case 5.

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Medical News.

The Public Health.—In the week that ended on Saturday, June 27, 4776 births and 2997 deaths were registered in London and in thirteen other large towns of the United Kingdom. The annual rate of mortality was 24 per 1000 persons living. The annual rate of mortality last week was 24 per 1000 in London, 24 in Edinburgh, and 18 in Dublin, 21 in Bristol, 18 in Birmingham, 27 in Liverpool, 27 in Manchester, 20 in Salford, 31 in Sheffield, 31 in Bradford, 20 in Leeds, 25 in Hull, 22 in Newcastle-upon-Tyne, and 29 in Glasgow. The rate in Vienna was 28 per 1000 during the week ending the 20th instant, when the mean temperature was 3·3 deg. Fahr. higher than in the same week in London, where the rate was 20. The deaths registered in London during the week were 1454. It was the twenty-sixth week of the year, and the average number of deaths for that week is, with a correction for increase of population, 1304. The deaths in the present return exceed by 150 the estimated amount, and exceed by 226 the number recorded in the preceding week. The mortality from diarrhœa exhibits a considerable increase. In the week which ended the 6th of June, the deaths from diarrhœa were 27, in the two following weeks 31 and 66 persons died, and last week the deaths recorded were 171. It is essential at the present critical period of the year that the greatest care should be taken by the engineers and others, who have the control of the water supply of London, so as to prevent any contamination of the water. The ventilation of the sewers also demands attention. Professor Franklin says that "The long-continued drought has rendered the river waters supplied to London unusually pure. The previous sewage contamination of these waters is on the average much lower than has ever before been observed. The Southwark Company's water was again turbid from the presence of much suspended matter; besides giving the water a repulsive appearance, this suspended matter is nitrogenous, and therefore highly objectionable. With the exception of the East London Company's water, which contained, however, only traces of suspended matter, the rest of the samples were perfectly bright and transparent." At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·869 in. The highest day temperature was 88·0 deg. on Saturday, June 27. The lowest night temperature was 48·4 deg. on Tuesday, June 23. The highest reading of the thermometer in the sun was 157 deg. on Saturday, June 27. The mean degree of humidity of the air was 68, complete saturation being represented by 100. Rain fell to amount of 0·29 in. The general direction of the wind was S.W. Ozone was observed on six days during the week; the greatest amount was on Monday, June 22.

From the House of Commons on Friday last the following business is reported:—

Medico-Legal Inquiries.—Mr. Clive inquired whether the government had determined to appoint a Royal Commission to inquire into the present mode of conducting medico-legal inquiries, and as to the operation of the sanitary laws. Mr. G. Hardy said that the government had not lost sight of this subject, and they would see what was a proper inquiry to constitute in reference to it.

Austria and the Cattle Plague.—In reply to Mr. Moffatt, Lord Stanley said he was aware that the Lower House of the Reichsrath had passed a bill having for its object the prevention of the introduction of the cattle plague into Austria from Gallicia or Hungary, but not having yet received a copy of it he could not say what were the exact provisions of the measure. He had, however, written for a copy of the bill, and hoped to receive it shortly.

Poor-law and Medical Inspectors (Ireland) Bill.—This bill passed through committee.

Poor Relief (Salary of Auditors)—The report authorising the payment of these salaries was brought up and agreed to.

Burials (Ireland Bill).—This bill was read a third time and passed.

THE JOURNAL OF THE IRISH MEDICAL ASSOCIATION.

The unusual pressure on our columns from the reports of the General Medical Council, compels us, although we have increased the size of the Journal for their accommodation by one-third, to forego the publication of The Journal of the Irish Medical Association for one week. We have felt ourselves excused in doing so, because the important debates on the representation of the medical practitioner in the Medical Council embodied in the report are of such close and immediate interest to the Irish provincial practitioner that, under any circumstance, it would have been necessary to lay them before the readers of the Association Journal. We have in type an abstract of the Poor-law Commissioners' report just issued, which we hope to give in our next.

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COPY OF "MEDICAL PRACTITIONERS' (COLONIES) BILL."

Whereas by the Thirty-first Section of "The Medical Act," passed in the Session holden in the Twenty-first and Twenty-second Years of Her Majesty, Chapter Ninety, it is enacted as follows:—"Every Person registered under this Act shall be entitled, according to his Qualification or Qualifications, to practise Medicine or Surgery, or Medicine and Surgery, as the Case may be, in any Part of Her Majesty's Dominions, and to demand and recover in any Court of Law, with full Costs of Suit, reasonable Charges for professional Aid, Advice, and Visits, and the Cost of any Medicines or other medical or surgical Appliances rendered or supplied by him to his Patients:" And whereas it is expedient to amend the said Enactment: Be it enacted by the Queen's most Excellent Majesty, by and with the Advice and Consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the Authority of the same, as follows:

1. This Act may be cited as "The Medical Act Amendment Act, 1868."

2. The Term "Colony" shall in this Act include all of Her Majesty's Possessions abroad in which there shall exist a Legislature as hereinafter defined, except the Channel Islands and the Isle of Man.

The Term "Colonial Legislature" shall signify the Authority, other than the Imperial Parliament or Her Majesty in Council, competent to make Laws for any Colony.

3. Every Colonial Legislature shall have full Power from Time to Time to make Laws for the Purpose of enforcing the Registration within its Jurisdiction of Persons who have been registered under "The Medical Act," anything in the said Act to the contrary notwithstanding: Provided, however, that any Person who has been duly registered under "The Medical Act" shall be entitled to be registered in any Colony, upon Payment of the Fees (if any) required for such Registration, and upon Proof, in such Manner as the said Colonial Legislature shall direct, of his Registration under the said Act.

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List of Entries in the Register of the Branch Medical Council, Ireland, for the month of June, 1868.

Michael Joseph Keating, 4, Cumberland-place, North Circular-road, Dublin, Lic. R. Coll. Surg. Irel., 1867, Lic. K. Q. Coll. Phys. Irel., 1868; Michael Strahan, Arklow, co. Wicklow, Lic. R. Coll. Surg. Irel., 1865, Lic. R. Coll. Phys. Edin., 1866; David Bigger, Portadown, co. Armagh, Lic. R. Coll. Surg. Edin., 1868, M.B. Univ. Glasg., 1868; Philip Somerville Warren, 9, Summer Hill, South, Cork, Lic. R. Coll. Phys. Edin., 1867, Lic. R. Coll. Surg. Edin., 1867; George M. Dowidge, Chesterfield, Parsonstown, King's County, Lic. Apoth. Hall, Dublin, 1836; Thomas Ryan, Baylick, Middleton, co. Cork, M.D., 1867, and Mast.-Surg., 1867, Qu. Univ. Irel.; Charles Edward Crean, Ballenvilla, Claremorris, co. Mayo, Lic. R. Coll. Surg. Irel., 1867, Lic. 1868, and Lic. Midwifery, 1868, K. Q. Coll. Phys. Irel.; Richard H. Porter, 64, Dame-street, Dublin, Lic. Apoth. Hall, Dublin, 1868; Benjamin Frederick Bradshaw, Bansha, co. Tipperary, Lic. R. Coll. Surg. Irel., 1868, Lic. 1868, and Lic. Midwifery, 1868, K. Q. Coll. Phys. Irel.; Robert Hunter, Kilrea, co. Derry, Lic. R. Coll. Surg. Edin., 1867; Richard Creed, Glasnevin, co. Dublin, Lic. R. Coll. Surg. Irel., 1868; James Berry Kenny, Killeshandra, co. Cavan, Lic. K. Q. Coll. Phys. Irel., 1868, Lic. R. Coll. Surg. Irel., 1868; Arthur Vernon Macan, 10, Gardiner's-place, Dublin, M.B., 1868, and M. Ch., 1868, Univ. Dublin; George Ivie Mackesy, 38, Lady-lane, Waterford, M.B., Univ. Dubl., 1868, Lic. 1868, and Lic. Midwifery, 1868, R. Coll. Surg. Irel.; Henry Clarke, 26, Holles-street, Dublin, Lic. 1868, and Lic. Midwifery, 1868, K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel., 1866; William Sharpe, Manorhamilton, co. Leitrim, M.D., 1866, and M.Ch., 1868, Qu. Univer. Irel.; William West Fulton, Lough Brickland, co. Down, M.B. Univ. Glasg., 1868, Lic. R. Coll. Surg. Edin., 1868; John Joseph Neville, Macroom, co. Cork, L.R.C. Phys. Edin., 1867, L.R.C. Surg. Edin., 1867.

NOTICES TO CORRESPONDENTS.

Proofs reaching authors in England on or before Friday morning are expected to be returned to the Editor, at the office, 20, King William-street, Strand, W.C., before five P.M., on Friday afternoon. Proofs reaching authors on Friday evening or Saturday morning *must* be returned to the office by two P.M. on Saturday, which is an early closing day. Duplicate proofs are sent to authors, in order that they may correct and return one copy, and keep the other for private use. Contributions should be LEGIBLY written, on one side of the paper only.

◆

BOOKS, PAMPHLETS, &c., RECEIVED.

Braithwaite's Retrospect of Medicine. Vol. LVII. London: Simpkin, Marshall, and Co.

On the Reform of the Out-patient Department of the Hospitals. By E. H. Sieveking, M.D.

Bible Animals. Part VII.

The Journal of Cutaneous Medicine. By Erasmus Wilson, F.R.S.

Half-yearly Abstract of the Medical Sciences. Vol. XLVII. London: Churchill and Sons.

The Journal of Mental Science. Vol. XIV. London: Churchill and Sons.

The Practitioner. No. I. Macmillan and Co.

Lectures on the Diagnosis and Treatment of Functional Nervous Affections. By Brown-Séquard, F.R.S. London: Williams and Norgate.

The Pharmaceutical Journal.

Hardwicke's Science Gossip.

The Homœopathic Review.

The British Journal of Homœopathy.

The Westminster Review. No. XLVII.

The New York Herald of Health.

Advertisements.

NOTICE TO ADVERTISERS.

The Medical Press and Circular

OFFERS UNUSUAL ADVANTAGES

FOR the Insertion of announcements from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales, and Transfers of Practices, Surgical Instruments, Chemicals, and Trades generally.

The scale of charges is as follows:—

Seven lines and under	£0	3s.	6d.
Per line afterwards	0	0s.	6d.
One-quarter page	1	0s.	0d.
Half „	1	15s.	0d.
One „	3	0s.	0d.

The average of words per line is twelve.

When advertisements are given for a series of insertions, a very considerable reduction from the above scale is made.

☞ Advertisements for Insertion in this Journal must be at the Office, on Saturday, by Three o'Clock.

EXPORT OF THE CARLSBAD NATURAL MINERAL WATERS.

The wonderful natural properties of the Mineral Waters of Carlsbad are too well known to require commendation; they are a fact proved by the experience of many centuries. The waters can be used in the same way at home as at the Spring. The usual dose is One Bottle of Mineral Water each morning, taken at intervals of twenty minutes, either cold or warm, and after open-air exercise if practicable, or at home and in bed if necessary. To increase the aperient qualities of the bottled Carlsbad Waters, one teaspoonful of the Sprudel Salt should be added.

All orders for the MINERAL WATERS, SPRUDEL SALT, and SPRUDEL SOAP will be promptly executed at the Depots in all large towns, or direct by the Brunnen Nersendungs, direction of Heinrich Mattoni, Carlsbad, Bohemia.

LIQUOR OPII SEDATIVUS "HEATHFIELD'S" AS BATTLEY'S.

BEING Agents for this preparation, we beg to call the attention of the Medical Profession and of the Dispensing Chemists to its claims. It has been much prescribed by the Profession for many years, and we offer it with the greatest confidence as being prepared exactly on the same manner as Battley's. As a sedative the "Liquor Opii" has no equal, and as a favourite of forty years' standing it has maintained its position almost without a rival. We take this opportunity of urging its reputation and soliciting orders for same.

BOILEAU AND BOYD,
Wholesale Druggists,
92, BRIDE-STREET, DUBLIN.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 15, 1868.

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MORBID CONDITIONS OF THE THROAT IN THEIR RELATION TO PULMONARY CONSUMPTION: THEIR DIAGNOSIS AND TREATMENT.

By S. SCOTT ALISON, M.D. EDIN.,

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No. II

I NOW come to disease of the trachea and larynx and adjoining parts in their relation to pulmonary consumption as a simulator. This relation it is the great object of this paper to exhibit. Throat affections, when simulating pulmonary consumption, present that relation that is most interesting, inasmuch as they give rise to suspicion of dangerous disease that does not exist, constantly give way under skilful treatment, and carry away with them every fear of pulmonary mischief, or remain only for a time without impairing the value of life. These simulative diseases give scope to the exercise of that *examen eruditum* which enables the physician to declare with certainty the existence of only minor and generally curable disease, and the absence of a complaint most generally fatal. How useful and comforting this skill proves to the patient and to his friends, how valuable in many aspects—as, for instance, in relation to business affairs, to arrangements in domestic life, to travel, to place of residence, to life assurance, the value of annuities and reversions, and how pleasing it is to the physician, and how creditable to that art to which many are even now so prone to affix the stigma of incompetence.

That it is a common thing for purely throat affections to simulate chest disease, and more especially pulmonary consumption, I may safely say. Amongst some forty patients always under my care in the Brompton Hospital, I constantly have some who have, as far as I am able to judge, no disease whatever of the chest. During the eight years I have had the charge of in-patients, I have constantly had to record the absence of all pulmonary mischief, and the presence only of disorder of the trachea and other parts of the upper portion of the air-tube apparatus. These patients have been kept under observation in reasonable time to admit of further and repeated examination, and have not been dismissed until the most careful further scrutiny has confirmed the original diagnosis.

I have constantly had occasion to recommend the early dismissal of patients under such circumstances, and in no case have I heard that the dismissal turned out to be unfortunate—that is, was followed with evidence of disease of the chest. Such cases, it should be added, have been sent to the hospital as often as consumptive ones, and with medical certificates.

At present there are in the hospital under my care six patients with affections of the upper air-tube apparatus simulating more or less strongly pulmonary consumption; three are females and three are males. The chief morbid conditions are infected pharynx, enlarged tonsils, and congested condition of the trachea. The total number of patients is 43, and these six cases give a percentage of 16. The total number of pulmonary consumption cases is 26, and the six cases of simulated consumption with affections of the upper air-tube apparatus give the result of 23 per cent. to the cases of pulmonary consumption in the hospital under my care.

One of the most common forms of disorder of the trachea and other connected parts is a state of roseolar congestion of the trachea, larynx, and glottis, conjoined with nervous irritability and spasmodic action. Sometimes there is associated a general deterioration of the health and some loss of flesh. Sometimes the general health is good and the nutrition of the body is unimpaired, but in this latter case there is less likelihood of consumption of the lungs being successfully simulated. A condition of trachea giving rise to suspicion of tubercle of the lung, involving the form and calibre of the trachea, has frequently come under my notice, and I rather think has received little or no notice from pathologists. This condition is one of constriction or narrowing of the tube immediately above the bifurcation. The reduction of the calibre begins about an inch above the bifurcation, increases for half-an-inch, and then gradually reduces in the direction of the bifurcation. The extent to which the narrowing occurs varies, but is very manifest to the eye in many cases. The narrowing affects the whole circumference of the tube, and does not proceed from projections at particular spots. The cartilages remain of the normal length, the soft parts of the posterior wall only being reduced in breadth. This narrowing of the back wall devoid of cartilage is very obvious, and depends generally upon an undue amount of muscular contraction. No morbid lesions are found, saving narrowing and signs of over-vascularity and some thickening of the mucous membrane. When the measurements of the contracted part are compared with the calibre of the joint calibre of the two bronchi at the bifurcation they are found to be greatly deficient. The calibre of the narrowed part is also found unduly less than that of the trachea in its upper part. It should be mentioned that in health the trachea is narrower below than above, and the calibre of that part is less than the joint calibres of the two bronchi.

The excessive narrowing of the trachea gives rise to a certain continuous difficulty of respiration, great sense of oppression in the upper front part of the chest, including the region of the sternum. The difficulty is liable to exacerbations, an exposure of the patient to cold, and an occasion of increase of vascular congestion or of spasmodic action. This narrowing gives rise to difficulty in inspiration and also to difficulty in expiration. It is this condition of narrowing which so freqtently leads to emphysema of the lungs—a state occasionally associated with tubercle. The expiratory effort is opposed by the obstruction offered to the volume of air in course of expulsion, and the tender walls of the lung air-vesicles give way, dilate, coalesce, and give rise to wheezing lung inspiration, sibilant and sonorous rhonchi, imperfect oxygenation of the blood, in some cases purple countenance, and laboured and inefficient action of the heart, often accompanied with dilatation and softened flabby walls of that organ. The respiration through the trachea is highly noisy and constrictive, and this applies to the expiration as well as to the inspiration. The seat of the most intense constriction sound is immediately close to the sternum, where the stethoscope should be placed.

This morbidly narrowed condition of the trachea from its causing shortness of breath, serves to suggest the idea of consumption, and when it is associated with streaky hæmoptysis, which it sometimes is, with cough, general derangement of health, and loss of flesh, the idea of tubercle of the lung acquires strength with non-professional people, and even with medical men, who neglect the careful employment of auscultation and of other exploratory tests. The excessive shortness of breath in such cases, coupled with only moderate wasting of the body, the highly constricted respiration sounds in the throat, and the almost normal state of the respiratory voice, and percussion sounds of the chest, and of the shape and movements of that region, permits little doubt to rest in the mind of the practised physician as to the comparatively soft nature and generally local character of the disease, and as to the chance of tubercle in the lung.

It may serve to guard the young practitioner, however, to say here that such a narrowing of the trachea as has been described above, is sometimes associated as a sequela of tubercle of the lung, but exploration of the chest will easily establish this coincidence where it occurs.

In the healthy state, the trachea presents a difference in its volume at different parts. An inch above the bifurcation, on careful measurement of a healthy trachea, I found that a cord passed over the exterior measured three inches, while a cord passed round it immediately above the bifurcation, measured only two inches and seven-tenths.

The capacity of the trachea immediately above the bifurcation is greatly less than that of the conjoined capacities of the two bronchi at their origin. The internal circumference of the trachea at this spot, I found on careful examination of a normal organ, to be two inches and two-tenths, while the conjoined internal circumference of the two bronchi amounted to three inches and three-tenths.

The right bronchus exceeded in its internal circumference the left by one-tenth of an inch.

Stricture and constriction of the trachea have been referred to in various works on the throat, but their morbid conditions, as there described, have been more restricting and partial than the constricted condition of the trachea which I have endeavoured to describe. The partially constricted condition of the trachea, which points from tumours and foreign bodies *in* the tube, and from tumours *outside*, and from injuries by violence, are, of course, altogether distinct from the narrowing of the trachea, which I have desired to bring under the notice of the reader.

Hypertrophy and engorgement of the mucous follicles of the posterior wall of the pharynx have been, in some cases of suspected pulmonary consumption, the only pathological conditions discernable under the most careful and repeated exploration. The posterior wall has been seen roughened and unduly injected, presenting an unusually florid colour, or an undue clarety aspect, together with enlarged and various venous twigs.

The uvula, in some few examples, has been the only structure that has presented a morbid condition ; generally it has been injected, often it has been hypertrophied ; sometimes, on the other hand, it has been greatly reduced in size, or totally obliterated, but this part has often been found unduly long, occasionally clubbed at its extremity, but more frequently tapering to rather a fine point, membranous and almost transparent.

The tonsils, in numerous examples of merely simulated pulmonary consumption, have been the only parts which, under diligent and repeated examinations, have presented a morbid condition. The morbid condition has varied, but in most examples it has been one of considerable enlargement, undue redness and vascularity, with mucous depressions, as if scarred, or chopped, or pock-pitted. This state has usually been shared by both tonsils, but occasionally it has been confined to one. When both tonsils have been enlarged to the size of walnuts, they have, by approaching each other, greatly contracted the entrance into the pharynx, and interfered with the free pendency of the uvula. In such cases the voice has had an unduly nasal tone, and some little difficulty has been experienced in swallowing. The respiration through the trachea in most cases has been highly constrictive, and I have observed in a majority of the patients a sensible amount of hardness of hearing.

That cases such as the above are sometimes treated as examples of pulmonary consumption, there is no doubt whatever. The cough, the occasional streak of blood, and the impediment to free perspiration, suffice to this end. Such cases of simulated pulmonary consumption are common in children, and in young persons about puberty.

A girl about 12 years of age came into the Rose ward lately with such a condition of tonsils as has been described. She was rather plump. No sign of tubercle of the lung being made out, I enquired more particularly into her history. She had come to the hospital from a place in the country many miles from town, and she informed me she had seen (I believe) some eleven doctors. It was clearly a case for surgical aid, and Sir W. Fergusson, the surgeon to the hospital, being sent for, removed the hypertrophied parts, and the patient was then sent home, carrying with her no signs whatever of chest disease recognizable by myself, the house-surgeon, or my clinical assistant.

NOTES ON SOME PECULIAR CASES OF SYPHILIS.

By ANGUS M. PORTER, M.D.

(Continued from page 26.)

CASE 3rd necessarily includes two parties—husband and wife.

On January 11, 1868, Mr. D. came to get advice for what appeared to be herpes preputialis. He said he had been treated for the same affection some three years before, and that the late Dr. Halliday cured him in a very short time. He remembered the name *herpes* to have been used by Dr. Halliday on that occasion. The gentleman's regular habits, and unimpeached character, seemed to place him beyond suspicion of impurity of mind or body, still great caution was required in answering his pointed questions, as he seemed in greater dread of the disease than its condition at the time warranted, or his past experience should have admitted of. Considering that the patient should be prepared for the possibility of evil consequences, I reserved judgment, and suggested the likelihood of his having contracted the disease in a foul privy, which hint he willingly accepted, as furnishing a respectable *fons et origo mali*.

He had been away on business in the south of Ireland, and two days before coming to me he first noticed *itching* of the prepuce. He was a most temperate and regular man, as already mentioned, and lived happily with his wife (who at this time was about seven months pregnant).

Rest, repeated bathings, the application of dilute lead lotion, and a mild purgative, were the remedies advised.

On January 14th he was quite free from the local disease, no irritation whatever remaining, but nocturnal perspirations had become a great source of discomfort to him; for this he was recommended to sponge with tepid water impregnated with sulphuric acid.

He returned on February 4, suffering from marked febrile symptoms (hot dry skin, headache, constipation, and quick pulse). For two days he had observed a bright scarlet rash (roseola) to come and go on his chest and abdomen. On examination the glandulæ concatinatæ were found enlarged, copper-coloured stains were discovered at the flexure of his right elbow and the back of his neck, his forehead had become very rough, but not discoloured. His throat was simply erythematous. The glands of each groin remained unaffected.

Corrosive sublimate in compound infusion of gentian, to be taken with cod-liver oil, as in case 2, also 15 grs. of Dover's powder each night, rest, and plain nourishing diet constituted the treatment at this stage of his illness. He was recommended strong alum water gargle for his throat.

Eleven days later (February 15), on visiting Mr. D. at his own house, I was glad to see that a great improvement had taken place in his health. The cutaneous disorders were dying away; his throat was much better with the exception of a small ulcer which had attacked the left tonsil. The glands at the back of his neck were not so perceptible, and the stains mentioned before were not so distinct. He stated that he had derived considerable benefit from sponging with the acidulated water. He complained now of his eyes being rather sore, and his sight weak, but I could not detect any morbid appearances.

His wife had now unfortunately become a sharer in his sorrow, and evidently a partaker of the forbidden fruit. Her chest was as red as the shell of a boiled lobster; the glandulæ concatinatæ greatly enlarged, and the throat very sore, but not ulcerated. She was depressed in spirits, and feverish. She readily submitted to an examination, when for the first time she became aware of a number of ragged ulcers on the mucous surfaces of the labia. To the inside of each thigh was a patch of vesicles, which were highly inflamed and intensely itchy. A thick row of pustules extended up from the fundament to the end of the coccyx. There was no tenderness in either groin, nor could any hardness be felt, the chancres, also, were free from induration.

After cauterizing all the chancres with nitric acid, and the pustules and vesicles with nitrate of silver, the parts were all stuped with poppy-head water, then dilute lead lotion on lint covered with gutta-percha tissue was applied, and the patient kept in bed. The internal medicines consisted of iodide of potassium in six grain doses, with three drachms of fluid extract of sarsaparilla in water, three times daily; ten grains of Dover's powder occasionally at bed time, and full doses of liquid extract of senna, as an aperient, when required. For the throat a powerful astringent gargle was ordered, containing tannic and the mineral acids.

February 18th.—Some superficial ulcers which had formed on the tonsils were burnt with lunar caustic. Calomel was dusted on the vulva and perinæum.

On the 23rd inst., considerable improvement had taken place, both locally and general. The calomel seemed to have thoroughly withered up the pustules, and the condition of the chancres had so far improved, as that no [illegible] was experienced. The throat was again touched with nitrate of silver, and the other remedies continued.

On March 14th, Mr. D.——, who had been away on business, and persevering with the prescribed treatment, returned, complaining of severe rheumatism in his right arm, which he could not bend nor raise to his head. Febrile disturbance, ulceration of the tonsils, weakness of sight, and falling out of his hair, were the accompanying symptoms. He was now recommended Donovan's solution, and stimulating applications to the hair, as in Case 2. The following liniment greatly relieved the pain in his arm:—

℞ Lin. aconiti.
— Bellad.
— Chloroform.
— Opii aa. ʒss.
— Camph., co. ℥ii. M.
Ft. linim.

The ulcers on his tonsils were being daily brushed with a strong solution of nitrate of silver, and thereby improved rapidly. Two days later (March 17) Mrs. D.'s right arm became affected in precisely the same way as her husband's, when the same embrocation as was used in his case proved equally efficacious in the removal of pain.

In the course of a week both parties were perfectly free from this latter symptom.

Both patients continued to improve from this forward, save as regarded the ulcers of the throat, which in each case seemed difficult of cure.

On April 14, a bald ulcer appeared on the right side of Mrs. D.'s tongue, for which she was recommended chlorate of potass in ten gr. doses, as was also her husband.

23rd.—The lady was confined of a very fine healthy son, free from any mark of disease or delicacy. For it she had a plentiful supply of milk, of which it partook freely.

Her mouth and throat had quite returned to a normal state. All remedies were now dispensed with, it being considered unnecessary to further continue their use.

Mr. D., who had been travelling on business from the preceding Saturday, arrived home on April 25th, and, I may say, almost recovered. His hair had ceased to fall out. No cutaneous eruption whatever remained, but the throat was still slightly troublesome, and his sight still impaired. I ordered him a strengthening eye-wash, and told him to continue the chlorate of potass and the oil, which he did till the end of the month, when, being apparently cured, he left off taking anything in the shape of medicine.

In this last case, or joint case as it may be termed, the first peculiarity noticed was the herpetic character of the primary disease, and the rapidity with which it was cured, contrary to the law of specific sores; secondly, the occurrence of night perspirations (generally looked on as a late symptom of constitutional syphilis) five days after the first appearance of local disease, or as soon as the latter was removed; thirdly, the development seventeen days later of secondaries (roseola, copper-coloured stains, and erythema of throat), the lymphatic ganglia of the groin remaining unaffected. Fourthly, the presence of vesicles in the lady's case on the inner surface of each thigh, precisely similar to those which were observed on the prepuce of her husband, and the absence, as with him, of glandular enlargement in either groin. Fifthly, the almost simultaneous attack of rheumatism in the two persons; and, lastly, the equally satisfactory results which attended the treatment of the one by iodine and the other by mercury; and the untainted condition of their infant when born.

THREE CASES OF MITRAL DISEASE, IN WHICH THERE WERE NO MURMURS ON ACCOUNT OF THE INTENSITY OF THE VALVULAR LESION.

By LAWSON TAIT.

In the summer of 1866 I placed a young Irishman under the care of my much-lamented friend, the late Dr. Scoresby-

Jackson. The patient was about twenty-four years of age, and suffered from rheumatic fever about five years previous to the time I first saw him. The history of his illness pointed to pericarditis as the lesion from which he had suffered; but no very definite history could be obtained.

The appearance presented by him was not very much that of a man suffering from heart-disease. He was breathless in going up a hill, complained of uneasiness over his heart, and great weakness. At first sight I took his case to be one of phthisis; but examination did not give any reason to support this. The action of the heart was irregular, or rather every now and then there occurred an interval of rather greater length than a beat, during which the heart seemed to be still, and then there was very markedly that vermicular motion under the skin supposed to indicate adherent pericardium. The latter, indeed, was the condition that I diagnosed; and Dr. Jackson agreed that this probably was the case. The patient was examined by several competent stethoscopists, and while several concurred with us, none, if I remember rightly, suggested mitral disease. The patient left hospital, and died in three weeks. After a very great deal of trouble I got permission to examine the condition of the heart, and found, very much to my surprise, not only that the pericardium was not adherent, but that, with the exception of a few milk-spots, it was perfectly healthy. The heart was considerably hypertrophied. The mitral valve admitted only the forefinger, and was perfectly rigid, being, in fact, only a ring of calcareous matter, from which the endocardium on the upper side had been denuded by ulceration. Many of the *chordeæ tendineæ* were ruptured, or had been ulcerated through.

J. G., æt. 37, had never suffered from any form of rheumatism, but for the last five years had suffered from symptoms which led his medical attendant to believe that he had some form of disease of the heart. He presented an extremely anæmic appearance, had some general symptoms, such as slight cough, occasional bloody sputism, breathlessness on exertion; but there was no murmur, only the same irregular and tumultuous action of the heart. I had no means of registering the heart's action, but it might be roughly represented thus, taking the period from the beginning of one beat to the beginning of another as 5:—

5 : 5 : 12 : 5 : 3 : 3 : 5 : 5 : 12 :

From the above conditions I suggested mitral disease as the cause of his symptoms, and ventured to diagnose a condition similar to the case first mentioned. He died in a few months, and I found my diagnosis most singularly well established; the mitral orifice would not admit the fore-finger, and it only wanted an extension of the deposit for an eighth of an inch at one spot to make it a complete circle of cretaceous material. The endocardium seemed to be still intact over the foreign substance. The heart was considerably hypertrophied. As both the above examinations had to be conducted hurriedly in private houses, with friends of the deceased looking on, weights and measurements could not be more accurately taken.

A. P., æt. 29, presented an extremely anæmic condition. A year before I saw her, she had her right breast removed for malignant disease, in St. Mary's Hospital, Manchester. For some months after her recovery she acted as a barmaid, and enjoyed fair health. About seven months after the operation she found that on any unusual exertion she became breathless, and this increased so rapidly, that in two months more she had to give up work. Her condition, when I saw her, indicated serious disease; and from the physical signs being identical with those of the second case, I diagnosed mitral constriction with inelasticity of the valvular appendages. The question came up—Might it be malignant disease? and I was inclined to believe that it was. The fatal issue occurred three weeks after she came under my care, and post-mortem examination showed that I was right as to the condition of the valve, but wrong as to the disease. The valve admitted the middle-finger, and both flaps were much ulcerated on the upper surface. The disease was ordinary atheroma, softer, however, than in the other two cases, and extended completely round the orifice. The aortic valve had only two segments, and the pericardium was congenitally absent.

That the intensity of the murmur has no general relationship to the amount of lesion, and that many very serious forms of heart affection are entirely without murmur, are facts well understood and frequently insisted on; but that the murmur in valvular affections may be in abeyance from the very intensity of the disease, is a condition not so generally recognised.

SHORT NOTES ON NICE.

By JAMES STANNUS HUGHES, M.D., F.R.C.S.I.,
PROFESSOR OF SURGERY IN THE ROYAL COLLEGE OF SURGEONS, IRELAND; SURGEON TO JERVIS-STREET HOSPITAL; CONSULTING SURGEON TO THE COOMBE LYING-IN HOSPITAL; SURGEON TO THE LORD LIEUTENANT'S HOUSEHOLD, ETC.

No. III.

SOME of the best published observations I have read on the climate of Nice are the following, which are contained in that excellent little work of Dr. Edwin Lee's, which he has published under the heading of "Nice and its Climate," a book I can strongly recommend to those about to visit Nice, viz.:—

"The frequentation of Nice and its environs on the score of health dates from the period of the occupation of the country by the Romans, when patients were frequently sent from Rome to Cimiez; and the reputation of this climate has ever since been maintained; many professional and non-professional writers having spoken highly in its favour. About 100 years ago, Smollett observed in his 'Letters from Nice,' 'There is no place where rain and wind prevail less (in winter) than here. To give you an idea of the serenity of the air, I can assure you that during whole months one sees above one's head nothing but a deep blue. The air being pure, dry, and elastic, must exercise a salutary influence upon the constitution of persons affected with diseases of the nervous system; it must also be suited to those who suffer from checked perspiration, from relaxed fibres, and a tendency to languors. For my part, since I have installed myself here, I breathe more freely than I had done for several years before, and I feel myself transported with a vivacity previously unknown to me. The Nice air has likewise relieved me from a slow fever, which had resisted every treatment and had rendered life an intolerable burden to me. I do not take cold here so easily as in France or in England; when I do, it is not attended with the same serious symptoms as in other countries. The air is so perfectly dry that in summer and in winter one may pass the evening, and even the night, *sub dio*, without experiencing inconvenience, or feeling the least moisture. Fog is here altogether unknown.'

"A German physician, Dr. Sulzer, likewise wrote at a later period (1792): 'I cannot quit this country without panegyrising its climate, which is excellent among the most privileged. The English who are accustomed to leave their cloudy island in autumn to pass the winter in the southern zones of Europe, have greatly contributed to bring into repute the remedial and comforting influence of the environs of Nice, and assuredly this reputation is well merited in more respects than one. Persons who do not look for the noisy pleasures of large capitals are sure of finding here a benignant and constantly warm atmosphere in which the body feels its infirmities disperse, and its youth regained. Here, one is sheltered from cold, snow, and fog, and one enjoys in the depth of winter the delights of a perpetual spring.

"'The air of Nice seems to me to be much more pure and serene than anywhere else. A tolerable judgment may be formed of its character in this respect from the brightness and sparkling of the constellations, and the number of shooting stars, which are only visible in Germany on the finest winter nights. There is, perhaps, no town in Europe which is so well adapted for the establishment of an observatory; for even in rainy weather, one does not perceive that the air becomes saturated with humidity, or that it is thick. Hence, an invalid who wants to breathe a pure and dry air, and to take exercise, will find at Nice all that can hasten his restoration. The promenade around the town is really very agreeable, though rather short; but those who like variety should make excursions among the valleys and on the hills, where the beauty and the variety of the points of view are inexhaustible. In this privileged climate nature does not repose during winter; the gardens retain their green foliage, and spring flowers are constantly seen. The uncultivated places on the mountains are perpetually clothed with grasses; the plains are embellished with flowers and trees bearing blossoms and fruits, among which the orange and lemon trees display a brightness of colouring that is remarkable at such a time of the year.'

"A more recent author (Foderé) remarks respecting the district: 'Six leagues of the coast constitute the maritime portion of this country, and comprise the towns of Nice, Villefranche, Monaco, and Menton; as also the villages of Eza, Turbia, and Roqueburne, which are placed on rocks bordering the sea. This territory is remarkable for its olive woods, its carob trees, and especially for its orange and lemon trees, which, being always green, and laden with fruit and flowers, present to the traveller the aspect of perpetual spring.

"'The mountainous part of the district, which is the most extensive, differs in its productions according to its eastern, southern, northern, or western exposure. In the former all the successive chains of mountains, rising higher and higher, which close the horizon of this maritime coast, produce the vine and olive at their base and on their sides; their summits being bare. From all the more elevated points of these mountains, at a distance of four, five, and six leagues from the coast, the sea is visible, and from all these points the warm and soft breath of the south and east winds blow. On their opposite side the north wind prevails, and the country produces only wheat and barley. One is really surprised to find, frequently in two villages at a very short distance from each other, productions of an entirely different nature. The lower chain of these Alps is the most populous and the most fertile. It comprises the villages of Falicon, St. André, Tourette, Aspremonte, Contes, Chateauneuf, and Levens, to the right of Nice; on its left those of Drap and Scarena.

"'The beauty and serenity of the atmosphere, and an always reviving nature, add fresh charms to that of the mild temperature. Nowhere on the fine days of autumn and winter is the sky of a purer blue, or more cloudless, than in lower Provence; we begin to admire it on descending the Rhone, after passing Valence; it is like the sky of Greece, and Provence is the Greece of the Gauls.'[1]

"The above eulogiums are likewise in some measure applicable to other localities which were not known at the time they were penned; and, notwithstanding the flattering picture they present, it must not be supposed that Nice is exempted from some material drawbacks to its enjoyment as a place of winter abode.

"Even Smollett, who speaks in such high terms of the climate in general, remarks with respect to the transitions of temperature that are frequently experienced: 'It often happens in winter, and especially in spring, that the sun has so much power that one can hardly take exercise without its producing sweating, and without any transition the wind arises so cold and piercing that it is liable to produce a very dangerous effect, and diseases with an inflammatory complication may result from this sudden change.'

"'Heaven forbid' likewise says a native writer, 'that we should seek to conceal any of the inconveniences of the place; the inconstancy of the winds is extreme; they frequently change several times a-day. It likewise sometimes happens that several winds blow strongly at the same time; an ærial tempest ensues, and then this fine climate changes from hot to cold, and *vice versa*. These changes sometimes occasion, especially in spring, such an unexpected return of cold weather, that if there is no winter at Nice, it may also be said there is no spring; in fact, the winter is so mild, and the spring comes in so quickly, that unless the course of these seasons be interverted by stormy winds, the transition from winter to summer is scarcely perceived.'[1]

"All this sheltered part of the Mediterranean coast presents, however, in my opinion, more advantages and fewer drawbacks as respects climate, and is more applicable to a large class of invalids from northern countries than most other places of winter resort; and I am desirous, in corroboration of this opinion, to show the estimation in which it is held by medical and non-medical authors who are not residents, and whose opinions may, therefore, be considered as exempt from local bias. The following favourable notice is taken from a small work already quoted: 'I have no hesitation in saying,' writes Mr. Dunbar, 'that by most persons, whether in invalid or in robust health, Nice must be considered a most desirable and agreeable place in which to spend the coldest months of the year. Of course the climate has its peculiarities, which are found to suit some complaints and some constitutions better than others.

"'But apart from such specialities, if any one seeks a mild yet dry and invigorating atmosphere, an almost invariably bright and serene sky, giving a cheerfulness of aspect to all things without, and tending to communicate itself to the mind within; if it be desired to avoid the extreme of cold, or even the ordinary gloom and severity of our northern winter, then I can confidently recommend a winter at Nice. If my opinion on such a matter is worth anything, it ought to be regarded as a testimony all the more favourable to Nice, from the fact, that my impression of it has been formed during a season somewhat exceptional for its changeableness even here, and acknowledged to have been the most severe and inclement that has visited other parts of Europe for many years. My own register of the thermometer, and observation of the weather generally, during the last few months, show a degree of mildness and steadiness of temperature, not to be surpassed probably in any other locality in Europe. This I find to be fully borne out by meteorological tables, kept by residents here for a series of past years.

"'It is not, however, to be inferred that the climate of Nice is free from all disagreeable changes or drawbacks. There are quite sufficient of these to make unreasonable grumblers occasionally announce their disappointment that the weather is not every day and every hour entirely perfect. After several weeks, perhaps, of steady mildness and clear skies, a day or two of clouds will occur, and forthwith you hear, 'Is this your boasted climate? Why it is no better than a November day in London.' A chilly morning or a cold wind displeases them. 'It could not be much colder in England,' forgetting that while the prevalence of fine weather may be reckoned by weeks, the reverse is a matter only of days. For my own part, I can bear this testimony to the credit of the climate: that, with the exception of a few days of chilly rain and sleet in the middle of December, and two or three sharp frosty mornings about Christmas, I have seen nothing this season that at all realizes our idea of winter. January was a month of uninterrupted mildness and even warmth of temperature, the sky always serene, for the most part cloudless, and marked by a singular absence of wind, or any disturbing influence; the frosty mornings above alluded to occurred, be it observed, when all the more northern parts of Europe were benumbed and paralyzed by an intensity of cold, such as will make the December of 1860 memorable for generations to come.

"'From a series of tables extending over seven years, I observe that the thremometer did not fall as low as the freezing point more than two or at most three times during the winter, and that it never reached lower than 28. These observations were taken in a northern exposure, and in the shade. The number of days characterized throughout by clear sunshine have been reckoned at 180 in the year, divided as follows: winter 42, spring 42, autumn 40, summer 56; the remaining 185 days include those that are dry and fine though cloudy (which occur principally in autumn and in the first winter months); those that are showery, and those that are regularly wet. Another most agreeable and, to the invalid, most valuable feature of the climate, is the remarkable number of calm days during the winter. Blustering winds, so fatiguing to the body, and so trying to the organs of respiration, are here but seldom experienced (through November, December, and great part of January). Even when the air is sharp, and comparatively cold in the morning, its undisturbed stillness, combined with its elastic dryness, render the early part of the day peculiarly pleasant and invigorating for out-door exercise. The March winds, with their cloud of dust, though undoubtedly the drawback of Nice in the latter part of the winter season, are, in my experience at least, neither so frequent nor so formidable as they are often represented.'

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[1] "Voyage aux Alpes Maritimes."

[1] Roubaudi.—"Nice et ses Environs."

"As regards the effect of the climate, after adverting to the benefit derived by patients 'in numerous cases of general delicacy, or temporary derangement of health, arising from a feeble organization, a sluggish state of the circulation or secretions, resulting in a low nervous tone, physical and mental,' this author adds, 'I have known several cases, among the many that continually occur, of feeble, delicate children having been brought to Nice in a condition in which it seemed as though a few weeks or months must terminate their existence, but on whom the invigorating air and sunshine of this place has proved like a new life breathed upon them, causing their little frames to vegetate with a strength and vigour almost from day to day.

"'Common sense will at once perceive that a climate with properties so strongly marked must be unsuitable to some persons, and some stages of disease, just from the very causes that make it beneficial to others. But, if I may form any opinion from the number and variety of cases and complaints among the visitors I have known and heard of here this season, and the effects their sojourn at Nice has produced upon them, I am inclined to think that such exceptional cases are much fewer than are generally supposed.'[1]

(To be continued.)

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Hospital Reports.

RICHMOND SURGICAL HOSPITAL.

CASES UNDER THE CARE OF MR. WILLIAM STOKES.

(Reported by Mr. JAMES CRAWFORD.)

EXCISION OF THE UPPER JAW.

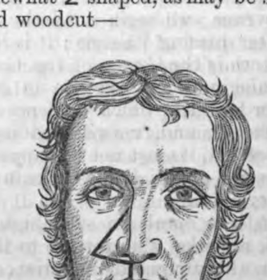
THIS operation, which, although one of modern date, Mr. Lizars, of Edinburgh, in 1826, having been the first to propose the entire resection of the bone, and, as we learn in the exhaustive chapter on the subject in Mr. Butcher's "Operative and Conservative Surgery," was first performed by M. Gensoul, surgeon to the Hotel Dieu, at Lyons, in 1827, is one, which, though very rarely performed, has associated with it the names of many of the most illustrious surgeons of the Irish, British, and Continental schools of surgery. Not to particularise any of the eminent living surgeons who have performed, and truthfully recorded the results of their experience of this great operation, the names of Cusack, Liston, Dupuytren, Lizars, Gensoul, Mott, Velpeau, Dieffenbach, and Lisfranc, may, in truth, be mentioned. As it would be out of place in an hospital report to enter into particulars in reference to any historical details connected with this operation, we may proceed at once to detail with brevity the particulars of a case which was recently under observation in Mr. Stokes' wards, in the Richmond Hospital, and for which the operation of excision of the upper jaw was performed by him.

James M., æt. 50, was admitted into the Richmond Hospital on the 1st of last March, having been recommended to Mr. Stokes by his colleague, Dr. Lyons.

The patient stated that about a year before the date of his admission into hospital a small ulceration appeared at the junction of the soft and hard palates. This ulceration, which presented all the external characters of epithelioma, was removed by operation last September. After some time, however, the disease returned, and spread slowly, both anteriorly and posteriorly. It never extended, however, beyond the mesial line. About a month before the patient's admission into hospital the disease appeared externally, on the cheek namely, and from this opening there was a constant oozing of clear fluid, which, as the opening was in the immediate vicinity of Steno's duct, was most probably saliva. The general health of the patient was excellent, and there was only one small gland which was perceptibly enlarged, and which was situated immediately below the angle of the jaw. The epithelial ulceration, which was very irregular, extended considerably both in front of and behind the junction of the soft and hard palate. There was occasional but very slight hæmorrhage from the ulceration. The patient slept well, and his appetite was excellent.

Having regard as well to the external characters of the disease as to its clinical history, it was tolerably evident that the case was one of epithelioma, which had originated in the muco-periosteum of the hard palate, and which subsequently involved the bone to a considerable extent. Although, doubtless, the case could not be considered a typical one for the operation of resection, permanent benefit, as Professor Syme observes, being in all cases more confidently to be expected from the operation, when the consistence of the tumour is essentially firm, yet, considering the comparatively limited extent of the disease, the case was, in Mr. Stokes', and also in Professor Adams', opinion, one that demanded prompt operative interference.

On March 4th the patient was brought into the operating theatre, and placed seated in a strong and high-backed chair. His arms and legs having been carefully secured by bandages to the chair, chloroform was then administered. When the patient was brought fully under its influence, Mr. Stokes commenced by making an incision from the inner angle of the eye downwards and outwards to the inner edge of the salivary fistula. The incision was then carried horizontally inwards towards the mesial line, near the septum of the nose, and finally brought vertically downwards, a little to the right of the central line, through the red border of the lip. The incision thus made was, therefore, somewhat Z shaped, as may be seen by reference to the annexed woodcut—



Mr. Stokes' Incision for Resection of the Upper Jaw.

The inner flap, or that next the nose, was dissected carefully backwards towards the left side, and then the two superior maxillary bones were separated by Charrière's long bone forceps, one limb of this powerful instrument being placed along the floor of the nose, and the other in the mouth. The separation of these bones was effected by this admirable instrument with the utmost facility. The posterior flap was then dissected backwards towards the arch of the zygoma. At the junction of the superior maxillary bone with the malar, the separation was effectually accomplished by one of Langenbeck's small resection saws. When this was done the saw was then carried upwards and inwards, below the infra-orbital ridge, up to the junction of the nasal bone with the nasal process of the superior maxillary bone. Great care was taken not to interfere with the floor of the orbit. The necessary division of the osseous structures having been now accomplished, the separated bone was seized with one of Sir William Fergusson's lion forceps, and without much difficulty was removed. Other portions of bone which were found to be diseased were carefully removed by straight and rectangular gouges, and the horizontal plate of the palate bone was also removed by strong forceps; portion of the soft palate on the right side was also excised by strong curved scissors. The hæmorrhage was not at all so great as was anticipated. Only one vessel had to be ligatured. Any hæmorrhage from others, was effectually arrested by the free application of the actual cautery. No plugs of lint or any dressings were placed in the cavity. The edges of the wound were then brought together by numerous metallic points of suture.

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[1] "From London to Nice, 1861."—Hamilton, Adams, and Co. See also the Addenda.

As regards the progress of this case, little that is specially remarkable is to be observed. No secondary hæmorrhage occurred. Two days after the operation, symptoms of erysipelas of the head developed themselves, commencing on the bridge of the nose. However, under the use of antimonials and mild purgatives, &c., they subsided. The wound in the face healed with surprising rapidity. Four of the sutures were removed on the third day, and the remainder on the fifth. The case progressed in every way most favourably. On the tenth day after the operation the following note is in Mr. Stokes' case-book :—"The patient is free from all pain and uneasiness. Eats, drinks, and sleeps well. His articulation is becoming more distinct every day. There is no evidence of the reformation of a salivary fistula."

On March 23, exactly nineteen days after the operation, the patient was photographed by Mr. Foster, of Westmoreland-street, and on the following day he returned to the country.

CITY OF DUBLIN HOSPITAL.

SURGICAL CASES UNDER THE CARE OF MR. CROLY.

Case 1.—DOUBLE ANTHRAX ON THE ABDOMEN.

G. W., aged 60 years, of bilious temperament, and previously healthy, presented himself amongst the extern patients, suffering from well-marked double Anthrax, situated on the upper third of the right rectus abdominis muscle. He said they commenced as pimples about ten days previously, and gradually spread. He has suffered from burning pain in the part, and slept very badly for several nights. The tumours are situated near each other with an inch of sound integument intervening. Each Anthrax measures three and a-half inches by two and a-half; they are flat, and a number of small openings have formed on the surfaces; more pain than usual is felt, in consequence of the action of the rectus muscle.

Treatment.—Mr. Croly proceeded to strap each Anthrax separately as follows—half-moon shaped strips of *soap* plaster were evenly applied above and below the Anthrax, commencing at the circumference, and overlapping each other, a small circular opening being left in the centre to allow the slough to escape. When the strapping was completed the patient said he felt immediate relief from the pain. Quinine, with chlorate of potash, was prescribed in mixture, and the patient was directed to live well, which his circumstances admitted of. Carbolic acid ointment was applied on lint over the central portion of the Anthrax during the day, and an emollient poultice was directed to be applied at night. The patient continued to attend as an extern patient, and the strapping was regularly renewed; the dead areolar-tissue became detached gradually, and finally the ulcerated surface healed by granulation.

A drawing of this rare case of double Anthrax on the abdomen, was taken by Mr. Burnside.

Case 2.—SINGLE ANTHRAX ON THE ABDOMEN.

T. M., aged 43 years, a cooper by trade, presented himself as an extern patient with an Anthrax in circumference the size of a small orange, situated on the upper third of the right rectus abdominis muscle. He noticed a small pimple some days previously, it gradually increased in size; he fancied the "bit and brace," with which he worked, was the cause of the disease. He did not sleep for several nights, and suffered severe pain of a burning character. The Anthrax was flat, and a number of small openings had formed on its surface. The same mode of treatment was adopted as in the preceding case—viz., strapping with *soap* plaster and tonic medicines, with liberal diet. This case also recovered quickly.

Mr. Croly made some practical observations on these cases—he alluded to the comparative rarity of Anthrax on the abdomen (especially when double), and the extreme pain produced by the disease when situated in that region, caused by the action of the rectus muscle; he also mentioned Dupuytren's opinion regarding the sloughing of the subcutaneous areolar-tissue in Anthrax, and the more modern view of Nélaton, who believes the so-called slough to be a false membrane, analogous to that formed in croup and diphtheria. The treatment by strapping in these cases afforded instant relief (probably by fixing that portion of the muscle on which the tumours were situated), and the mode of applying the plaster in half circles, adopted by Mr. Croly, was very satisfactory. The names of Nélaton and O'Ferrall were mentioned as the earliest adopters of strapping in cases of Anthrax, with a view of supporting the capillaries and hastening the discharge of the slough or false membrane. Mr. Croly tested the urine in both these cases, but did not discover any saccharine matter, which probably is never present except when Anthrax occurs in diabetic patients. Mr. Croly added that the treatment by crucial incisions (the long approved practice for Anthrax) is now becoming obsolete, except in some special cases; incisions are not only very painful but produce considerable shock, acting on constitutions already debilitated.

Case 3.—NOMA PUDENDI.

A. E., a delicate, anæmic-looking child, was presented amongst the extern patients. Her mother states she noticed a scalded appearance between the right labium and thigh some days previously; the part became swollen and painful; the child perspired at night and lost all appetite for food. On examination, a large oval black slough was observed occupying the right labium; there was much fœtor from the slough.

Treatment.—The part having been dried with lint, Mr. Croly applied the strong nitric acid to the diseased surface, and prescribed chlorate of potash in syrup of bark. A liberal supply of wine and beef-tea was also directed to be given. The acid was applied on several occasions subsequently as the disease was inclined to spread; the case ultimately recovered well.

PAUPERISM—The annual New Year's-day return of persons in relief from the rates in England and Wales shows that on the 1st of January, 1868, the number was 1,040,103, being an increase of 76,903, or 8 per cent. over the number on the 1st of January, 1867. The proportion of paupers at the beginning of 1868 was therefore one in 19, or 5·2 per cent. of the actual population. New Year's-day being in the depth of winter is, of course, a time when the number of paupers is large; and the numbers stated are about 1 per cent. lower than the truth, by reason of deficient returns. The adult able-bodied paupers, 185,630, were 27,822 (17·3 per cent.) more than on the 1st of January, 1867; 53,487 were men, 132,143 women. The whole number of adults receiving relief (including 42,026 insane persons), were 220,097 men and 434,042 women. 6129 vagrants were also receiving relief, but among these the adults are not distinguished.

GENERAL MEDICAL COUNCIL.

The following Returns were received and entered on the Minutes of the GENERAL MEDICAL COUNCIL, at the ANNUAL MEETING held on the 24th of June, 1868 :—

STATEMENT OF THE QUALIFICATIONS OF THE CANDIDATES FOR THE MEDICAL DEPARTMENT OF THE ARMY, WHO IN AUGUST, 1867, PRESENTED THEMSELVES FOR EXAMINATION.

NAMES OF LICENSING BODIES.		QUALIFICATIONS. Number of Qualifications. Total.	No. Passed.	No. Failed.	Deficient in Anatomy.	Surgery.	Medicine.	Operations.	All Subjects.
Roy. Col. of Phys., Lon.,	Lic.	1	1	...	...	...	...	...	...
Roy. Col. of Surg., Eng.,	Mem.	12	10	2	2	...	1	1	...
The Apoth. Society, Lon.,	Lic.	9	9	...	1	...	...	...	...
Roy. Col. of Phys., Edin.,	do.	15	11	4	2	1	1	3	1
Roy. Col. of Surg., Edin.,	do.	8	5	3	2	1	...	2	1
K. & Q. Col. of Phys., Ire.,	do.	11	8	3	2	1	1	...	1
Apothecaries' Hall, Dublin,	do.	1	1	...	...	...	...	...	...
Roy. Col. of Surgeons, Ire.,	do.	20	17	3	2	1	3	2	1
Fac. of Phys. & Surg., Glas.,	do.	2	2	...	...	...	...	...	...
University of Edinburgh,	M.D.	1	...	1	1	...	1	...	...
Ditto	M.B.	1	1	...	...	...	...	...	...
Ditto	M.C.	1	1	...	...	...	...	...	...
Ditto Aberdeen,	M.B.	2	2	...	...	...	...	...	...
Ditto	M.C.	2	2	...	...	...	...	...	...
Queen's University, Ire.,	M.D.	12	12	...	...	...	1	2	...
Ditto	M.C.	5	5	...	...	...	...	...	...
Trinity College, Dublin,	M.B.	6	6	...	1	...	...	...	...
Ditto	M.C.	4	4	...	1	...	...	...	...
Total number of Qualifications		113	97	16	14	4	8	10	4

REMARKS.

Candidates.—Successful, 44 ; failed, 8. Total, 52.

Two of the candidates had each four qualifications, and five of the candidates had each three qualifications, which adds nine to the required number of qualifications (two each) of the fifty-two candidates.

Eight of the passed candidates were deficient in one subject each, but not to such an extent as to necessitate their rejection.

FEBRUARY, 1868.

NAMES OF LICENSING BODIES.		QUALIFICATIONS. Number of Qualifications. Total.	No. Passed.	No. Failed.	Deficient in Anatomy.	Surgery.	Medicine.	In all.
Roy. Col. of Phys. of Lond.,	Lic.	1	1	...	...	...	...	...
Roy. Col. of Surg. of Lond.,	Mem.	8	6	2	3	1	...	1
The Apoth. Society of Lond.,	Lic.	6	4	2	3	1	...	1
Roy. Col. of Physicians, Edin.,	do.	7	6	1	2	1	...	...
Roy. Col. of Surgeons, Edin.,	do.	7	6	1	2	1	...	...
K. & Q. Col. of Physicians, Irel.,	do.	19	14	5	1	1	2	3
Roy. Col. of Surgeons, Ireland,	do.	23	17	6	2	1	2	3
Apothecaries' Hall, Dublin,	do.	1	1	...	...	...	...	...
Fac. of Phys. and Surg., Glas.,	do.	1	1	...	...	...	...	...
University of Edinburgh, .	M.D.	2	2	...	...	...	...	...
University of Glasgow, .	M.B.	1	1	...	...	...	...	...
University of Aberdeen, .	M.B.	2	2	...	...	...	...	...
University of Aberdeen, .	M.C.	2	2	...	...	...	...	...
University of St. Andrews, .	M.D.	1	1	...	1	...	...	...
Queen's University, Ireland,	M.D.	3	3	...	...	...	...	...
Ditto ditto .	M.C.	2	2	...	...	...	...	...
Trinity College, Dublin, .	M.B.	9	7	2	3	...	1	...
Ditto ditto .	M.C.	6	5	1	2	...	1	...
Total		101	81	20	19	6	6	8

REMARKS.

Candidates.—Successful, 39 ; failed, 10. Total, 49.

N.B.—Three of the successful candidates had each a Third Qualification.

Four of the passed candidates were deficient in Anatomy.

THE INDIAN ARMY, FEBRUARY, 1867.

NAMES OF LICENSING BODIES.		QUALIFICATIONS. No. of Qualifications. Total.	No. Passed.	No. Failed.	Deficient in Anatomy.	Surgery.
Roy. Col. of Phys., Lon., Licentiates	...	2	2	NONE.		
Roy. Col. of Surg., Eng., Members	...	8	8		2	1
Soc. of Apoth., Lon., Licentiates	...	6	6			
Roy. Col. of Phys., Edin., Licentiates	...	5	5			
Roy. Col. of Surg., Edin., Licentiates	...	5	5		1	3
Univ. of Edin. ... Bachelor of Medicine	...	1	1			
Univ. of Edin. ... Master in Surgery	..	1	1			
Univ. of Aberdeen Bachelor of Medicine	...	3	3			
Univ. of Aberdeen Master in Surgery	...	3	3			
Univ. of St. And., Doctor in Medicine	...	2	2			
Univ. of Glasg. ... Doctor in Medicine	...	1	1			
Univ. of Glasg. ... Bachelor in Medicine	...	1	1			
Univ. of Glasg. ... Master in Surgery	...	2	2			
King and Queen's Col. of Phys., Irel., Licentiates	...	2	2			
Roy. Col. of Surg., Irel., Licentiates	...	4	4			
Queen's Univ., Irel., Doctor of Medicine	...	2	2			
Univ. of Dubl. ... Bachelor in Medicine	...	2	2		1	1
Univ. of Dubl. ... Master of Surgery	...	2	2			
Apoth. Hall, Dubl., Licentiate ...	...	1	1			
Total Number of Qualifications	...	53	53		4	5

REMARKS.

Candidates.—Successful, 25 ; failed, none.

Diplomas and Degrees.—Successful, 53.

Three of the candidates had a third qualification.

Some of the passed candidates were deficient in one or more subjects, but not to such an extent as to necessitate their rejection.

AUGUST, 1867.

NAMES OF LICENSING BODIES.		QUALIFICATIONS. No. of Qualifications. Total.	No. Passed.	No. Failed.	Deficient in Medicine.	Anatomy, Operative Surgery, and Surgery.
Roy. Col. of Phys., Lon. ...	Licentiates	1	1	...	...	...
Roy. Col. of Surg., Eng. ...	Members	4	4	...	...	...
Soc. of Apoth., Lon. ...	Licentiates	2	2	...	...	...
Roy. Col. of Phys., Edin. ...	Do.	3	2	1	1	...
Univ. of Aberdeen	Bachelor of Medicine	5	5	...	...	...
Univ. of Aberdeen	Master in Surgery	6	6	...	...	...
Univ. of Aberdeen	Doctor in Medicine	1	1	...	...	...
Univ. of Glasg. ...	Bachelor in Medicine	1	...	1	...	1
Univ. of Glasg. ...	Master in Surgery	1	...	1	...	
King and Queen's Col. of Phys., Irel., Licentiates...		2	...	2	...	...
Roy. Col. of Surg., Irel. ...	Licentiates	4	1	3	...	...
Queen's Univ. of Irel. ...	Doctor in Medicine	2	2	...	...	...
Queen's Univ. of Irel. ...	Master in Surgery	2	2	...	...	...
Total Number of Qualifications		34	26	8	1	1

REMARKS.

Candidates.—Successful, 12 ; failed, 4. Total, 16.

Diplomas and Degrees.—Successful, 26 ; failed, 8. Total, 34.

N.B.—1. Two of the candidates had a third qualification.

2. Of the four candidates returned as successful, three were qualified, but were not accepted, as only twelve appointments were to be made.

THE annual meeting of the Northern Branch of the British Medical Association was held at Darlington, under the presidency of Dr. Charlton, on Wednesday, July 1st. The next gathering will be at Newcastle, the president-elect being Dr. Embleton. In the evening the members dined together, Mr. Jobson, the new president, in the chair. Dr. Phillipson occupied the vice-chair.

Obituary Notices.

DR. KENNION.

On the night of June 30th, there died at his residence, Oak Lea, Harrogate, Dr. George Kennion, F.R.C.P. Lond., well-known for many years as an active and prosperous Physician by all who were at all familiar with Harrogate and its famous waters.

Dr. Kennion's father was rector of Christ Church, High Harrogate, and removed thither from the vicinity of London when the late Doctor was only twelve years of age. After studying physic both in London and Edinburgh, Dr. Kennion commenced practice at Harrogate in 1840 as successor to Dr. Richardson. He gradually and steadily rose to eminence, so that of late years a large number of the highest classes of the community resorted to Harrogate for the sake of his advice, and during the season, between the hours of twelve and two, there was always a vast concourse of people waiting to consult the Doctor on his return from his morning round of visits.

Dr. Kennion did much towards promoting the proper and judicious use of the Harrogate waters.

The Kissengen Spring in Montpelier Gardens, which has of late years become so famous, owes very much of its popularity to Dr. Kennion, and he, in conjunction with Dr. Sheridan Muspratt, brought also into prominent notice the Protochloride of Iron Spring, one of the strongest and most powerful chalybeates to be found anywhere on the globe.

Dr. Kennion's small work on the "Medicinal Springs of Harrogate," now in its sixth edition, is well-known probably to most of our readers.

While endeavouring thus to speak of Dr. Kennion's well-earned fame as a scientific and skilful physician, we shall be doing him scant justice if we omit to speak of him as a kind and most hospitable gentleman, and as a true and liberal-minded Christian. In his busiest time, when working hard from early morning till near midnight, he would gladly welcome to his house any professional brother who might be introduced to him, and of his great liberality and kindness to those of his patients who might not be prospering like himself, much can be said and told; the Harrogate physician was indeed one who carried out his religious profession in his daily work, and who thoroughly enjoyed doing acts of kindness and charity.

During his severe illness Dr. Kennion was most carefully attended by his friends in the neighbourhood, and on hearing of his danger his friend Sir Wm. Jenner at once went off to see him; for a time there were some hopes of a recovery, but these unfortunately were but transient, for it was decreed that the patient's work on earth was done, and the best human aid proved of no avail.

On Thursday, July 2, the mortal remains of Dr. Kennion were interred in the churchyard of High Harrogate. A large number of the carriages of the neighbouring gentry joined the procession, and among the medical gentlemen present were Dr. Myrtle, Dr. Bennett, Dr. Deville, Mr. Scaife, Mr. Short, Mr. Millner, and others from places at a distance from Harrogate.

DR. RAMSBOTHAM, F.R.C.P.

We have to announce the decease of this well-known physician, the last edition of whose standard work on obstetrics we reviewed a few months ago. Dr. F. H. Ramsbotham inherited, as all our readers know, a name illustrious in this branch of our art, and he bore it worthily through a long career, having reached the ripe age of sixty-seven. From the time he entered practice, he devoted himself to obstetrics, and was at an early age a recognised authority. He was a graduate of the University of Edinburgh. He began practice in the city, was Physician to the Royal Maternity Charity, and afterwards Obstetric Physician to the London Hospital, at the medical school of which he was for many years Professor of Midwifery. Later in life he left the city for the West-End. For some years past his health has declined, and a little more than a year ago he gave up his professorship. He had previously retired from practice. He died at Perth on the 7th inst., where he had been for a short time.

MATTEUCCI.

The Italian journals announce the death of this illustrious man. His fame is heard in all schools of science, and his name universally reverenced by the medical profession. He was minister of Public Instruction in Italy.

POUILLET.

This well-known author has also died at the ripe age of seventy-eight, to which he had retained the full use of his great faculties.

◆

Literature.

VACCINATION.

Those whose interest in vaccination has been sufficiently roused by recent pamphlets to desire to know all about the subject, as well as students generally, will do well to consult Dr. Seaton's Handbook,[1] which is at once the fullest and best manual on vaccination that has appeared. The position of the author as a medical inspector to the Privy Council has afforded him unusual opportunities of acquiring much information respecting details, many of which are exceedingly complicated, but all of which are clearly explained in the admirable volume before us.

MATERIA MEDICA.

Garrod's Manual of Materia Medica[2] has always been a favourite one, and we have much pleasure in stating that the third edition has been carefully revised so as to bring it down to the present day. The book is full of facts so well arranged, that there is no difficulty in finding everything by reference to its place in the work. At the same time, we should add that the index is very complete. We are very glad to find this manual has the edges cut by the binder, and we only wish publishers of other works of reference would follow the excellent example.

RODENT CANCER.

Mr. C. H. Moore has published some graphic illustrations of rodent ulcer of the face in a neat volume, which has been for some time in our hands.[3] The attention which Mr. Moore has paid to the subject of cancer generally, and the reputation he has established as a surgeon and author, will ensure candid consideration for whatever opinion he may advance. In the terrible disease commonly called rodent ulcer, and which causes so much disfigurement of its victim, Mr. Moore sees the characteristics of cancer, and names it accordingly. He thinks any constitutional property far from essential to cancer, and he seems to consider that cancer does not exist prior to its first manifestation as a tumour, and as an entity apart from that. We do not think it essential to endorse or controvert this idea. Our intention on the present occasion is only to mention the conclusions of a careful observer, who has met with great success in his treatment of these cases.

BANDAGING.

Mr. Fairlie Clarke has published as a small volume on Bandages and Splints,[4] a supplement to his Manual of Surgery. It is illustrated by seventy-eight good woodcuts, and forms a handy little pocket-volume. We have only one fault to find with it—that the necessary use of the paper-knife leaves the edges ragged and unsightly, and thus takes away some of the neatness every pocket-volume should possess. When will publishers attend to these little things, and compel binders to finish their work. Authors will soon have to see after such things themselves.

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[1] A Handbook of Vaccination. By Edward C. Seaton, M.D., Medical Inspector to the Privy Council. London: Macmillan and Co. 1868.

[2] The Essentials of Materia Medica and Therapeutics. By Alfred Baring Garrod, M.D., F.R.S. Third Edition. London: James Walton. 1868.

[3] Rodent Cancer, with Photographic and other Illustrations. By Charles H. Moore, F.R.C.S., &c. London: Longmans and Co.

[4] Bandages and Splints. By W. Fairlie Clarke, M.A., F.R.C.S. London: Renshaw.

EDUCATION.

We have read with much interest a work on education,[1] just published by a Physician, who does not furnish his name, but has evidently bestowed much attention on the great subject he treats in four careful essays. He advocates a much further application of compulsion than we have as yet been convinced to be necessary, and he anticipates a complete social reformation by the enforcement of his proposals, which, although giving the children a much longer and more efficient training, would, he believes, cost less to the country. If everyone were to advocate his views with the same moderation as the author of these four essays, we should probably soon see much more agreement than has hitherto appeared likely to be ever attained.

PERIODICALS.

We have to notice the appearance, punctual to the day, of the two half-yearly volumes[2] that form so excellent an epitome of the practical papers that have appeared in the more frequently-published periodicals. We cannot indicate a preference for either—both are good, and both, we find, have watched our own pages, and those of our contemporaries. Everyone should possess one, and those who can afford it may advantageously take both.

Another number of the *Journal of Cutaneous Medicine* has been issued, with articles by Erasmus Wilson, Handfield Jones, Hoblyn, C. Drysdale, and others.

We should also mention another quarterly just received, the *Journal of Mental Science*, of which Dr. Maudsley is now coeditor.

The new therapeutical journal called the *Practitioner* has made its appearance as an elegantly got-up 8vo. We have previously announced it, and need therefore only say the first number is equal to promise. The exigencies of our space permit no more at present.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 15, 1868.

SENT TO COVENTRY.

It is not often that we have to comment on any practical and determined exhibition of unanimity in a large portion of our profession in any locality. Still less frequently do we have to express approval of a proceeding, at once so unusual and so severe, as placing a medical man outside the pale of professional recognition. Events have, however, lately occurred, which demand attention at our hands, and which we commend to our readers as of the utmost importance; for they indicate a determination to uphold the honour and dignity of our calling that has too often been found wanting; they show, too, an activity on matters of professional concern, and a readiness to sacrifice personal pecuniary interests for the good of the general body, that we are happy to make widely known.

It will be remembered that some months ago an attempt was made in South Staffordshire, East Worcestershire, and other parts, to place club practice on a better footing. Meetings were convened, evils discussed, remedies proposed, resolutions adopted. There was not, indeed, perfect unanimity on every point, but there was a general agreement as to principles. The medical men of Oldbury, for example, adopted 5s. as the minimum annual contribution of members of Friendly Societies to the medical attendant. Some other parts fixed the minimum at 4s.:—

The following important documents give full information, and are otherwise worthy of quotation:—

"RESOLUTIONS PASSED AT A GENERAL MEETING OF THE MEDICAL PRACTITIONERS OF SOUTH STAFFORDSHIRE AND EAST WORCESTERSHIRE, AT THE DARTMOUTH HOTEL, WEDNESBURY, ON THE 19TH OF FEBRUARY, 1868:—

"1. That we pledge ourselves not to accept any fresh appointment as surgeon to a club, at less payment than five shillings per head per annum, and we further bind ourselves from the date of this document not to become candidates for or allow ourselves to be elected to the office of surgeon to any society that may become vacant owing to the resignation or dismissal of the surgeon on the question of remuneration, at the above rate, or on any other question, under the space of six months after the rise has taken place.

"2. We pledge ourselves that between the present time and Christmas we will raise the annual payment of club members to five shillings, and we also agree not to attend any club whose rate of payment is less than five shillings per member per annum.

"3. That it is derogatory to the interest of the profession to admit children into sick societies except upon the same terms as Adults.

"4. That no person be admitted as a member (*to receive medical aid*) of any club who has not been examined by the medical attendant and considered eligible, both as regards health and social position.

"5. That no medical man return more than five per cent. commission on receipt of money, nor pay any premium on election in money or kind.

"6. That the foregoing resolutions be printed and circulated among the profession of the district, with a request that every medical man will attach his signature to each resolution, with any reservation he may think fit to make, and return it to the secretary. The resolutions, with their reservations, will then be submitted to a general meeting specially convened.

"JOHN MANLEY, Hon. Sec., West Bromwich."

"WE, THE UNDERSIGNED MEDICAL PRACTITIONERS OF WEDNESBURY, DARLASTON, AND HILL TOP, UNANIMOUSLY AGREE TO THE FOLLOWING RESOLUTIONS:—

"1.—That we will not accept any new appointment to a sick club originating from this date at a less sum than 5s. per head per annum.

"2.—That we undertake to issue notices to all sick societies to which we are now appointed, for a fee of 4s. per head per annum, from the entering on a new year, half-year, or quarter, as the case may be; each notice to terminate at Christmas at the outside.

"3.—That we further undertake not to accept any appointment, at any price, where the surgeon has been dismissed on the question of remuneration.

"4.—That we accept no appointment for six months after termination of notice on any other grounds.

"5.—That we undertake to return no commission, drink-money, nor stewards' fees, nor to become members, honorary or otherwise, to any society.

"6.—That we admit no member of any club to receive medical aid who has not been examined, &c.

"7.—That in future all salaries be paid at the surgeries of the respective medical attendants.

W. C. GARMAN,
CHARLES WEBB ILIFFE,
J. C. GARMAN,
RANSOME AND LATHAM,
G. E. HOWITT,
H. F. HANDY,
J. JOHNSON,
THOMAS SANSOME,
JOHN MANLEY, Hill Top,
THOMAS BLACKWOOD,
NORRIS WM. BEST,
WILSON MOORE,
SAMUEL PARTRIDGE."

A movement of this kind, accepted unanimously by the resident practitioners, and supported by the voice of the whole profession, might be supposed capable of overwhelming all opposition, and preventing any further attempt to grind down club doctors to a scale of pay unworthy of skilled workmen. Such, unhappily, has not been the case. Three persons have, it seems, been found ready to accept contracts repudiated by the whole profession, and have been introduced by the sick-club members to the districts for the express purpose of accepting these terms. We are not surprised that the practitioners of the districts have taken the extreme step with regard to these three persons, as will be seen from the following, to which we give due prominence:—

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[1] Education and Training considered as a Subject for Legislation. By a Physician. London: J. Churchill and Sons.

[2] Half-yearly Abstract of the Medical Sciences. Vol. 47—Jan. to June, 1868. London: J. Churchill and Sons.

The Retrospect of Medicine. Edited by W. Braithwaite, M.D., and James Braithwaite, M.D. Vol. 57—Jan. to June, 1868. London: Simkin, Marshall, and Co.

> "At a meeting of the medical profession of South Staffordshire and East Worcestershire, held at the Dartmouth Hotel, Wednesbury, July 2nd, 1868, it was resolved:—
>
> "That taking into consideration the introduction of medical men into portions of these districts, who are acting contrary to the unanimous resolution of the profession, we pledge ourselves neither to meet them professionally nor socially; and we further pledge ourselves not to consent to meet in consultation any physician or surgeon who recognises them.
>
> "That a copy of the foregoing resolution be forwarded to the consulting physicians and surgeons of Birmingham and Wolverhampton, and to THE MEDICAL PRESS AND CIRCULAR, *Lancet*, and *Medical Times*."

We confess that our sympathies are entirely with the gentlemen who have passed the above resolutions. The persons affected are unknown to us, but we cannot imagine any justification for their conduct. Unless the voice of the profession is to be entitled to respect and obedience on a question like this, nothing can save it from the greatest degradation. We have no fear of honest competition, we have never been great sticklers for artificial rules of professional etiquette, but we see that unless in a question like this, the profession acts thus decisively, there is no hope whatever for the elevation of its poorer members. Whatever the sacrifice they have made, and no doubt it is considerable in a monetary sense, our northern friends have made it for the sake of their brothers in club-bondage throughout the kingdom, and when their action became nullified by the introduction of strangers into the district, who defied them and their professional brethren throughout the land, nothing was left for them to do but to take the extreme step they have done. This step, though it may not enforce their views, was the only one left, and will undoubtedly obtain for those who have taken it the approval of the united profession.

NOTES ON THE DEBATES OF THE MEDICAL COUNCIL.

THE sittings of our General Council having been concluded, we gather up here the fragments of its debates, in continuation of our former remarks.

Those interested by them will turn to the reports for detailed information.

PRELIMINARY EDUCATION.

The backward state of the education of the young gentlemen who enter the profession, has been strongly illustrated. Many are rejected at the preliminary examination for Latin, though the knowledge of that language exacted is only elementary. Then a very large proportion of students are rejected for ignorance of their mother tongue. Well might the Council hesitate to demand more. Less could not be accepted. We look forward to the time when no one will be suffered to enter the profession until he has given satisfactory proof of a liberal education.

FORENSIC MEDICINE.

The London College of Surgeons does not accept the recommendation of the Council to add this subject to the list of lectures to be attended. That College has always been ready to resist any suggested improvement, and as the Council has, after discussion, decided on certain subjects, we are not surprised to find the College object. Does that corporation wish to undersell all others still? Some improvements it has, indeed, carried out lately, but its concessions to public opinion were very tardy. It is a pity the Council has not laid down one scheme and compelled all the corporations to adopt it.

SECONDARY EDUCATION.

Why should the Council petition Parliament on this subject? The idea out of doors is that the Council would do better to confine its attention strictly to the education of medical men, and enforce such preliminary examinations as had its confidence.

A REAL POINT.

On Monday afternoon the Council spent a weary time in drawing up a resolution. The words having at length been decided upon, some further time was spent in discussing the proper position of a comma in one of the phrases.

Verily the Council can make a point of a small point. We, like most journalists, frequently leave punctuation to the printer. That may and does sometimes give rise to curious mistakes, and occasionally to annoyance, but then it is not so costly as the time of the 24 talented men who form the Council at five guineas a day each.

THE FRANCHISE OF THE CORPORATIONS.

This subject is attracting wider attention than ever out of doors. Dr. Paget's speech has produced great sensation, and it is thought that in another year he may have so far matured his views as to tempt him to take action. It will be remembered that he related how large was the constituency that had the *right* to vote in his own case (University of Cambridge). Dr. Bennett announced that the *Fellows* of the London College of Physicians could take part in his election, though he acknowledged that *practically* his election was the act of the Council. The Edinburgh Royal Colleges allow the *resident Fellows* a vote if they chose to exercise it. These facts are the thin end of the wedge, and upon them the weight of professional opinion must be exercised. A little firm expression and this great reform of the Council must be accomplished. Then although its representation may be said to be indirect, the profession will be very fully represented in the Council which it pays. Extension of the Franchise of the Corporations means, too, more than this.

PHARMACY.

The progress of pharmacy—the state of pharmacy—how much attention did not these phrases excite. Then the Pharmacy Bill too! That is a fine bone of contention. That the present condition of the practitioner of pharmacy is not satisfactory every one seems to see, but how to remedy it puzzles a good many. Should pharmacy be kept as a distinct calling, as is the case in most foreign countries? That, in our opinion, is the most important question to be settled about pharmacy.

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Notes on Current Topics.

Royal College of Surgeons of England.

THE annual elections came off on the 9th instant. Mr. Quain takes the president's chair, and Mr. Cock and Mr. Solly are vice-presidents for the year. Mr. Partridge, according to our prediction, is the new examiner in dental surgery.

The council has re-elected Mr. Huxley and Mr. Le Gros

Clark to their professorships, and appointed Mr. Hulke to the new lectureship on anatomy and physiology.

These appointments seem to have given general satisfaction.

University of Edinburgh.

THE Principalship has passed to Sir A. Grant. The curators have been deterred from giving it to Sir James Y. Simpson, by a protest of some of the other professors. Those who love Auld Reekie best will most regret to see the claims of Sir J. Y. Simpson thus set aside. What those claims are we have pointed out, and they have been endorsed by upwards of 800 graduates, who signed a counter memorial to that of the ten or twelve jealous professors who so unhandsomely interposed. The incident, however, demonstrates the absurdity of allowing so small a body as the curators to appoint the Principal. Surely the General Council will shortly demand a voice in the election. This is a reform for which the graduates are entitled to ask.

The only other thing that strikes us as worthy of mention—for the conduct of the professors we consider unworthy of our notice—is, that Mr. A. Black seems determined to disappoint the liberals who have trusted him out of Parliament as completely as he did those who had faith in his Liberalism when he went into the House.

The Abyssinian Medical Service.

THE Abyssinian Army has received a vote of thanks from Parliament. No mention was made of the Medical Service. Many are indignant. Our contemporaries write long effusions. But this will always be the case until the profession makes its power felt in politics. How very few heartily support our too few medical politicians! If practical men ignore politics let them not grumble that the profession is ignored. A few doctors in the House of Commons would change all that.

Chloroform.

AMONGST the deaths recorded from the use, or rather misuse, of this anæsthetic is that of the wife of an American officer, who, according to *The Pacific Journal*, placed a handkerchief containing a few drops of chloroform to her mouth, in the hopes thereby of getting relief by sleep from the pain she was then suffering. Unfortunately for the poor victim, it took effect in the way she so much desired. It soothed her to sleep; but it was to a sleep from which she never awoke. The morning found her a corpse. Cases of a similar kind, where chloroform is sold indiscriminately by chemists to the general public, without any inquiry being made, or caution as to its effects being given, constantly come under our notice. And we hope that some prohibition will be extended to this—in unpractised hands—dangerous article, in the "Pharmacy Bill" now before the legislature.

Glazing the Streets.

LONDON people complain bitterly of the slippery nature of the streets. When the water-carts have done their duty the pasty, agglutinous mud renders it next to impossible for horses to keep their legs. The city authorities are pre-eminently neglectful. In driving through the city last week we witnessed the fall of several fine horses, and our coachmen told us that his friends heartily wished the Lord Mayor might be pitched out of his carriage. He said he once saw one of his Lordship's predecessors thrown out from the slippery state of the streets, after which he noticed that they were regularly gravelled.

We wish evil to none, and a little gravel might surely be granted without risking the life of a Lord Mayor.

Evils of Bad Cooking.

A CORRESPONDENT of the *Nashville Journal of Medicine and Surgery*, writing from Paris, thus expresses himself: "I have spoken of the denizens of this gay, voluptuous capital as being less cleanly than becomes good taste or sound principles of hygiene, but I will do them the justice to say they are masters in the culinary art; and I will add that since I came to their capital I have known one inveterate case of dyspepsia cured by French cooking, and the disuse of tobacco. Such is my appreciation of this art, as one of the great means of promoting health, that I would, have all our girls taught that, next to being amiable and unselfish, the great aim of a woman's life should be to become a good cook. I verily believe that bad cooking is the cause of much of the wickedness that is in the world, and the source of more than half of the domestic infelicity. Bad cooking, I am convinced, killed more Confederate soldiers than were killed by the Yankees. I am not sure that habitual bad cooking ought not, by law, to be made a sufficient cause for divorce, as, I believe, habitual drunkenness is in some of the States. If young women would study cooking as much as they study music, and spend half as much time in their kitchens as they give to their pianos, there would be more harmony in their houses if less music. The millennium cannot come, of course, until sin ceases in the world, but sin can never disappear while the brains and nerves of men are tortured by unwholesome blood, the result of bad cooking; and so I conclude that the man who improves the cookery of his country is one of its true benefactors—certainly the peer of him who makes 'two blades of grass to grow where one grew before.'"

Muzzling Dogs.

THE protest raised on behalf of our canine friends is a just one. As a dog perspires through the mucous membrane of his mouth, by forcibly keeping it closed we prevent him cooling himself. The large wire muzzles that leave the dog the opportunity of drinking, are less cruel than the simple strap closing the mouth, and should be preferred by all humane masters while the police edict is in force.

Dust-bins.

WE have again and again called attention to the family dust-bin as a focus of disease. In fact, for years past we have at intervals urged our readers to draw the attention of their patients to this subject. The obstinacy and blindness of servants, to say nothing of their idleness, disposes them to make the dust-bin the general receptacle of filth. Hence it becomes not only a nuisance but a source of great danger.

We are glad to find that some Medical Officers of Health have become more alive to the subject, and that our contemporaries are ready to enforce the necessity of doing so. Foremost of all, as it ever has been on this and allied topics, is the *Builder*, which continues its valuable services in sanitary matters.

AT the monthly meeting of the Royal Society of Great Britain, Sir H. Holland, Bart., in the chair, the managers announced that, in conformity with the deed of endowment, they had appointed William Odling, Esq., M.B., F.R.S., Fullerian Professor of Chemistry, in the room of the late Professor Faraday.

Last week, a petition from a number of ladies, members of a body termed the Female Medical Society, presented a petition to the Council of the Farringdon Dispensary and Lying-in Charity, praying that they might be admitted to the practice of the dispensary. After a somewhat noisy discussion, a resolution proposed by Dr. Palfrey and seconded by Mr. Figgins—"that the petition be not acceded to"—was carried by a large majority. We believe we are correct in stating that this is the second time during the past year that the committee have refused their sanction to the introduction of females to the practice of the charity.

Mr. Bailey, M.R.C.S., is a candidate for the representation of Athlone in the next Parliament. Mr. Baxter Langley, M.R.C.S., has issued an address to the electors of Greenwich. There are rumours of some other medical candidates, but they are as yet only rumours. We certainly need more medical M.P.'s, and sincerely hope that the profession will support its own candidates.

Amongst the medical men whose names have been mentioned as candidates for Parliamentary honours under the the new Reform Act, is that of Dr. Forbes Winslow, the well-known author of "The Incubation of Insanity," and various writings connected with Diseases of the Brain. This gentleman had been solicited, and had allowed himself to be nominated for the joint Universities of Glasgow and Aberdeen, from the latter of which he obtained the degree of M.D. in 1849. As soon as he became acquainted with the fact that the Lord Advocate intended to contest the constituency, and had already received many promises of support, Dr. Winslow withdrew from the candidature, being unwilling to divide the Conservative chance of success.

We have been requested to inform our readers that the Council of the Metropolitan Poor-law Medical Officers' Association have resolved to recommend at the annual meeting a change of name, and to extend the Association to the Provinces. It is proposed to drop the word Metropolitan. We have always urged this plan.

A patient having lately committed suicide by throwing himself from a hospital window is a warning that such institutions might very well have bars so constructed as to render such tragedies impossible.

The portrait of Sir Thomas Watson is engraved. The *Fellows* of the College of Physicians propose, with that condescension which they occasionally exercise when money is concerned, to permit such of the *members* as may feel inclined to assist them to pay for it, by purchasing such copies as may remain after the Fellows have selected theirs. No doubt some members will rush to obtain the leavings of the Fellows.

Dr. Charles Hood has been knighted by the Queen.

New Fellow.—At a meeting of the Council of the Royal College of Surgeons on the 9th inst., Mr. Thomas Watkin Williams, Newhall-street, Birmingham, diploma of Membership, dated April 3, 1840, was admitted a Fellow of the College.

GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

Friday, July 4.

(Continued from page 45.)

After the report containing the recommendations of the committee on Preliminary Education had been read—

Dr. Alexander Wood, as chairman of the committee, moved—"That it be recommended to the licensing boards not to accept the certificate of proficiency in general (preliminary) education from any of the bodies, the names of which are contained in the list annually circulated, unless such certificate testify that the student to whom it has been granted has been examined in—1. English language, including grammar and composition. 2. Arithmetic, including vulgar and decimal fractions. Algebra, including simple equations. 3. Geometry: First two books of Euclid. 4. Latin, including translation and grammar."

Dr. Apjohn considered it perfectly useless to attempt an enforcement of the subjects proposed by the Committee; the matter had, he thought, been long since settled, and he felt persuaded that the University he represented would not consent to be hampered by such minutiæ.

Dr. Parkes thought the list could scarcely be objected to on the score of severity. It had been considered by some members of the Council to be not severe enough; but he thought anybody reading it carefully would see there was nothing in it that might not reasonably be required from young men of 17, and there ought to be no hesitation on the part of the Counsel in recommending the licensing bodies to require that extent of education at least.

Dr. Paget did not understand Dr. Apjohn to object to the list as being too severe, but rather that there might be examinations far above the mininum prescribed by the Council, but which nevertheless might not include clearly and distinctly all the subjects—such, for instance, as English Grammar. If it were possible so to word the resolution as not to encounter that difficulty, it would be an advantage, because otherwise the Council might come into collision with bodies that were really doing more than the resolution asked, simply because they did not conform literally to all its recommendations.

Dr. Alexander Wood said this was the original standard which had been laid down by the Council, and approved year after year. The Committee, having sat upon the question, found in point of fact that obedience was not accorded to the recommendations of the Council, and they now suggested how those recommendations should be enforced. The only thing to be done was, if the examinations did not conform to the requirements of the Council, they must not be recognised. The Council must insist upon conformity with the list drawn up by the Committee as the minimum, because if they agreed to what Dr. Paget suggested—to allow laxity in one subject because the examination was high in another—who was to be the judge? It would be, in point of fact, better for the Council to give up its educational supervision altogether than to admit such a principle.

Dr. Andrew Wood said the Council had issued certain recommendations to all the licensing bodies of the kingdom—to the Colleges of Physicians and Surgeons, and various others; and they had been, most satisfactorily, doing all in their power to comply with those recommendations, until they had raised their standard up to that recommended by the Council. He was not, then, prepared to admit that bodies, over whom they had no power of visitation, should be allowed to say—Because we examine upon so and so, therefore we consider that an equivalent for something else.

Dr. Paget: That is not what I suggested.

Dr. Andrew Wood: It is equivalent to what you suggested. It would never do to open the meshes of the net in that way, because if they did it to one they would be required to do it to all, and would be retrograding instead of advancing in Medical Education. If those bodies whom they had hitherto recognised did not choose to come up to the standard laid down by the Council, they must disfranchise themselves. He therefore trusted that Dr. Alexander Wood would persevere, and that there should be no vacillation and uncertainty with regard to the matter.

Mr. Cooper could speak of the Apothecaries' Hall as a body who carried out most strictly the recommendations of the Council; and the consequence was that in the examination of January last forty-one gentlemen applied to be examined, but only thirty-five were admitted, of whom eighteen passed, and seventeen were rejected; and of the latter, eight had been previously rejected. With such facts before them, he thought they should not increase the severity of the preliminary examinations. Above all, however, every student should have a positive knowledge of his mother tongue, a knowledge of Latin, and he could wish a knowledge of Greek, in order to enable him to understand the technical terms of science; but he very much doubted whether the secondary education in the kingdom was such as would warrant the Council in requiring too severe a curriculum.

Mr. **Cæsar Hawkins** questioned whether it was wise to lay down minute rules for such bodies as Oxford, Cambridge, and Dublin, whose standard must be higher than the minimum required by the Council.

Mr. **Hargrave** differed from Dr. Apjohn that the University of Dublin would not agree to the terms of the Council—he believed they would comply at once.

Dr. **Storrar** called attention to resolutions already passed by the Council in reference to this matter, and added that Dr. Parkes had not used too strong an expression when he said that those were solemn decisions of the Council come to upwards of two years ago. Fair notice had been given to all educational bodies of this determination of the Council, and now, because those bodies had not chosen to put themselves in a proper position with regard to the Council, it was attempted to be said that the recommendations of the Council should be altered for their convenience. If they yielded one inch upon this question, they might as well throw up their duties altogether.

Dr. **Paget** moved what would properly come as a rider to the resolution, for the purpose of taking the opportunity of explaining what he meant (which seemed to have been entirely misunderstood) by the objection he took to the resolution. It was not an examination in English that he objected to at all; but it was that bodies like the ancient universities of England should be obliged to conform to all the minutiæ pointed out in the resolution. He would therefore move to rescind the resolution of the Council of June 6, 1867—

"That the General Medical Council will not consider any examination in English sufficient that does not fully test the ability of the candidate—1st. To write a few sentences in correct English on a given theme, attention being paid to spelling and punctuation, as well as to composition. 2nd. To write a portion of an English author to dictation. 3rd. To explain the grammatical construction of one or two sentences. 4th. To point out the grammatical errors in a sentence ungrammatically composed, and to explain the nature. 5th. To give the derivation and definition of a few English words in common use."

And, in conclusion, he would ask Dr. Storrar whether, in the University of London, students were required to write a portion of an English author from dictation.

Dr. **Storrar**: Yes.

Dr. **Paget**: Well, I must confess I doubt whether my university would think it a necessary thing.

The debate was then adjourned.

Saturday, July 4.

The adjourned debate on the report on Preliminary Examination was continued by

Dr. **Paget**, who said that in cases where there was an examination more extensive and more difficult than the minimum proposed by the Council, such examination should stand as a substitute for the minimum required by the Council—in other words, that the major should include the minor. The curious effect of the resolution of Dr. Alex. Wood, coupled with the previous resolution of the Council last year as to the mode of conducting examinations, would be this—that graduates of Cambridge, and he believed of the other ancient universities, would not be able to receive certificates of having passed the examination now required by the Council. Because such a test as writing from an English author from dictation was not applied at Cambridge, therefore a man might have taken the highest honours in classics, mathematics, and natural science, he might be, and ordinarily would be, 23 years of age, he might be as well able to write good English as any member sitting on the Council; yet, after all, that he would not be allowed to begin his medical studies. True, he might have passed his examination in writing from dictation from an English author when he was a boy of 12 or 14; but, inasmuch as the university did not apply that test, it could not give the certificate that would be required.

Dr. **Alexander Wood** said that laws were not made for the good, but for the bad, and that it was known as a positive fact there were men seeking to enter the Medical Profession every day who, whatever might be their knowledge of Latin, Greek, or mathematics, were utterly ignorant of their mother tongue. In order to remove all difficulty, he was content to modify the resolution by inserting the words, "Provided also that the Branch Council may accept any examination which seems to them equally to secure on the part of those passing it a sufficient grammatical knowledge of English."

The debate was continued by Dr. Andrew Wood, Dr. Thomson, Mr. C. Hawkins, Sir Dominic Corrigan, Mr. Hargrave, Dr. Apjohn, and others, and the resolution was finally adopted in the following form:—"That, in reissuing the regulation regarding the examination in English adopted last year, the following be added—'Provided always that an examination may be accepted as satisfactory that secures on the part of the candidate passing it, a sufficient grammatical knowledge of English.'"

THE SUPERVISION OF PRELIMINARY EXAMINATIONS.

Dr. **Alexander Wood**, in introducing the second paragraph of the report, said the Committee had to consider "whether any plan could be devised by which the Council could better supervise the preliminary examinations." He would move, "That the Branch Councils be requested to make arrangements for visiting and reporting on such preliminary examinations as have not already been visited, and regarding which it may appear to them desirable to procure information. That the reports made on these examinations be transmitted in the usual manner to the Executive Committee for the consideration of the General Council at their next session."

After a few remarks from Sir Dominic Corrigan, Dr. Apjohn, Dr. Storrar, and Mr. Hargrave, the paragraph was agreed to.

GENERAL EDUCATION.

Dr. **Alexander Wood** said the Committee, having taken this matter into consideration, he begged to move the following resolution:—"That the Executive Committee be instructed to watch over any Bill on general education with a view to such arrangements as will enable the various boards to secure the due preliminary education of Medical students."

Dr. **Storrar** seconded the motion, and it was carried *nem con.*

CENTRALISATION OF EXAMINING BOARDS ON PRELIMINARY EDUCATION.

Dr. **Fleming**, in introducing this subject, moved—"That it be remitted to the Branch Councils to consider and report how far it would conduce to a more efficient and satisfactory system of conducting the examination of students in preliminary education if a board was appointed by each Branch Council to arrange and conduct, under their supervision, these examinations; and that should the Branch Councils approve of such a system, they be requested to indicate the method by which they would propose to carry it out." At one period he had been of opinion that it would be better to withdraw these examinations from licensing boards altogether and place them entirely in the hands of the National Education Boards; but from what he had seen and heard it was his belief that confidence could not be placed in them, and that if the Council could organise some central plan, it would be both a great facility for students and also an advantage to the profession at large. Taking London, for instance, he would suggest that the Executive Council should appoint a committee of five examiners, who should prepare a list of questions which, upon being printed, should be sent down to the various licensing bodies. The students would then write their answers to those questions, and they would be returned to the examiners, who would judge upon them and decide whether the candidates deserved to pass or to be rejected. In regard to the expense, it could be met if a fee of ten shillings were exacted from every student coming up for his preliminary examination. One of the principal recommendations of this scheme was that it would prevent—what was too common at the present time—students saying, "I will go to this board or to that, and see if they will pass me, and if I am rejected I will go to the Apothecaries or some other body and try them." He knew that that was done in Scotland, and he had no doubt the same thing occurred in the other divisions of the kingdom.

Sir **Dominic Corrigan** thought this was a step in the right direction, because it would ensure that young men entering the profession had a sufficient preliminary education, which was not secured under the present system, and he believed never would be, while they had something like twenty-two or twenty-three bodies entitled to issue certificates for preliminary education, over which bodies the Council had but little control. It was their fatal lukewarmness with regard to general education that produced such scenes as that described by one of the daily papers, which he, as having taken place in the House of Commons, would read for their instruction:—"Non-combatants in Mounted Corps.—Captain Vivian asked why non-combatant officers were appointed to mounted corps and compelled to pay ration, although they received no mounted pay? Sir J. Pakington said it was impossible to deny that, especially as regards medical officers, there was an inconsistency in the system, but, notwithstanding this, medical officers are always found anxious to obtain employment in cavalry regiments." He would like to know would Sir John Pakington say the same thing of his own office—namely, that if the salary was only £100 a-year it should not be increased because there were to be found many persons ready to take it at that rate! The reason medical men were treated in that way was quite in accordance with the well-known axiom of political economy—namely, that in proportion to the abundance of the supply the price of the article would be depreciated. By narrowing the door of preliminary education they would remedy this evil, and, at the same time, raise the status of the whole profession. If, next year, all the licensing bodies rejected 70 per cent., instead of 25 per cent., neither society in general nor the medical profession in particular would sustain a very great loss from the absence of the other fifty who were declared unfit to enter the profession. He was, moreover, of opinion that society would go on very well, and perhaps a good deal better, without any doctors at all than with bad ones.

Dr. **A. Smith** expressed his entire concordance with the motion of Dr. Fleming.

Dr. **Storrar** said, anxious as he was to see it realised, there was no power to do what was suggested without an Act of Parliament. They could only recommend it to the various bodies. He would offer a word of encouragement to those bodies which had courage enough to honestly raise their standard: that it had the effect of increasing the number of candidates. For whatever might be said about their being a body of students who were anxious to get through their examination on the easiest terms, there was a very large proportion who would never be satisfied unless they got the "best thing going." He mentioned as an illustration that three years ago there had been a very merciless rejection at the matriculation examination of the University of London; but notwithstanding that, the number of students in the succeeding years had very largely increased; and this year in particular they had a very large addition to boast of; he therefore contended that those schools who insisted upon a high standard would receive the greatest number of those men who would not fail to pass with credit to themselves, and honour to the body accredited with their education.

Dr. **Paget** would move that the resolution be amended as follows:—"That it be remitted to the Branch Councils to consider and report how far it would conduce to a more efficient and satisfactory system of conducting the examination of students in preliminary education, if boards were appointed by the General Medical Council, or by the Branch Councils respectively, to arrange and conduct, under their supervision, these examinations; that should the Branch Councils approve of such a system, they be requested to state the method by which they would propose to carry it out, or any difficulties which may stand in the way of doing so; and that these reports be transmitted to the Executive Committee at least one month before the next session of the Council."

The **President**, while agreeing with much that had been said, thought it should be publicly known, for the defence of the Council, that although they were one and all most anxious to raise the education of the profession, both preliminary and professional, they must always bear in mind that their regulations were not intended for men who were aiming at the highest honours of their profession. He thought the hon. and learned baronet and others had rather gone beyond what was just, in making a comparison between the requirements of the Council and those of such a body as the University of London. Those who came under the latter went of their own free will, and for the purpose of obtaining a very distinguished degree, but it was totally different with the students for whom they were called upon to legislate.

Dr. **Fleming** having expressed himself in favour of the amended motion, the same was then adopted.

THE STUDY OF GREEK.

Dr. **Alexander Wood** proposed:—

"That the Medical Council, while unwilling to come to any resolution that will have the appearance of lowering the standard of preliminary education, is of opinion that the year 1870 will be too soon to transfer Greek from the optional to the compulsory subjects."

Dr. **Embleton** seconded the motion.

Sir D. J. **Corrigan** totally dissented from the resolution, and it was the paragraph in the report which made him say the tone of the document was retrogressive. In Ireland the term grammar schools simply meant charity schools, the education of which was totally insufficient for any one intending to enter the medical profession.

Mr. **Hargrave** thought it would have the effect of postponing the study of Greek not only to the year 1870, but to the Greek Kalends.

Dr. **A. Smith** was quite convinced that if the Council required Greek from the candidates they would obtain it. He was quite prepared to undertake the responsibility on behalf of the college he represented, and he hoped the Council would insist upon the subject being required.

Dr. **Storrar** thought that for the sake of thoroughness it was well to postpone the subject of Greek for the time stated, because he thought sufficient notice had scarcely been given. For that reason, and for that reason only, he would support the resolution.

Dr. **Acland** supported the motion on the ground stated by Dr. Storrar. He would admit that Greek was very essential in the higher branches of professional knowledge, but there was a general inclination gaining ground in the country to substitute foreign languages as an alternative for Greek; it would therefore be better to defer it.

After a few remarks the motion was put to the meeting and carried by a large majority.

THE STUDY OF LOGIC.

A resolution upon this subject:—"That the Branch Councils be instructed to consider and report how far it be desirable to add some knowledge of the elements of logic to the preliminary examination of the medical student, and, if considered desirable, how it could best be carried out," moved by Dr. **Alexander Wood** and seconded by Dr. **Rumsey**, was passed unanimously.

A resolution endorsing paragraph eight of the report was also carried *nem. con.*

The Council then adjourned.

[The report of the Pharmacy Committee and the interesting debate thereon are unavoidably postponed till our next issue.]

REPORTS OF THE VISITORS OF EXAMINATIONS.

(1867-68.)

1. ENGLISH UNIVERSITIES AND LICENSING BODIES.

University of Durham.

The Committee have already noticed the addition of Euclid and Algebra to the subjects of examination for the Registration of medical students. The Reporters state that "in all the papers the questions are good, though rather easy. If a high standard of answering be enforced, such an examination may serve well for the present as a minimum test of general education."

With respect to visitation of other examinations in England, *see* resolution of English Branch Council, Minutes of General Medical Council, June 27, 1868.

2. SCOTTISH UNIVERSITIES AND LICENSING BODIES.

University of Edinburgh.

Preliminary Examination.—The Suggestions made by the Reporters last year for the improvement of the examination in English have this year been fully carried out.

University of Aberdeen.

Examination on Clinical Medicine and Surgery for the Medical Degree.—The Report states that the Examination is quite satisfactory.

University of Glasgow.

Preliminary Examination in General Education.—It appears from the Report that this Examination is not, in all respects, satisfactory. "The extensive alterations in it proposed by the University show that they themselves are not satisfied with it," and there can be no doubt "that under the new regime it will be greatly improved."

Examination in Botany and Chemistry for the Medical Degree.—A very satisfactory Examination.

Clinical Examinations in Medicine for the Degree in Medicine.—The Examination is thorough and complete. A detailed account of it is given by the Reporters.

University of St. Andrews.

Examination for Degree of M.D.—All the candidates were registered Medical Practitioners above the age of forty years. The Examination was both written and oral, and the plan pursued was "judicious and well-arranged;" but there is no mention of any Practical or Clinical Examination.

Royal College of Physicians of Edinburgh.

Examination of candidates who already possess a qualification.—This is exclusively oral. The Reporter states that it "is in every respect highly creditable to the College." There is no mention of any clinical Examination.

Royal College of Surgeons of Edinburgh.

Examination in Clinical Surgery.—"A thorough and fair test of the practical knowledge possessed by the candidates."

Faculty of Physicians and Surgeons of Glasgow.

Preliminary Examinations.—"On the whole, this is a satisfactory examination, and creditable to the Body by which it has been instituted."

Clinical Examinations in Medicine and Surgery.—These Clinical Examinations have been introduced since last year. The Reporters state that they are conducted satisfactorily.

Double Qualification of the Royal Colleges of Physicians and Surgeons of Edinburgh.

Preliminary Examination.—Some of the candidates had passed on several subjects previously. Of the five subjects of Examination, three only were compulsory, viz., English, Latin, and Arithmetic: the other two were allowed to be selected at the option of the candidate. This option would enable a student to avoid Examination in Geometry and Algebra.

First Professional Examination.—Reported to be "fair and judicious;" but in Chemistry, no analysis or testing was required.

Final Examination.—Reported to be "sufficiently extensive, varied, and searching, and yet not unduly difficult."

Double Qualification of the Royal College of Physicians of Edinburgh and the Faculty of Physicians and Surgeons of Glasgow.

"No practical or analytical test was applied to the candidate during his Chemical Examination."

3. THE IRISH UNIVERSITIES AND LICENSING BODIES.

University of Dublin.

The accuracy of this report having been questioned by the representative of the University, the Committee have conferred with the Reporter, and have ascertained that on one point there has been misapprehension. The report disapproves of the supposed practice of the University of announcing publicly the failure of a candidate. The Committee have ascertained that such is not the custom.

Moreover, the statement that the Examiners are the Professors seems to require some qualification, or at least explanation. Two of the Examiners are not Professors, and two of the Examiners, though Professors, are not Teachers.

The Report of last year referred to the Surgical Clinical Examinations as excellent. At the visitation now reported there seems to have been no clinical Examination either in Surgery or Medicine.

After a few remarks on the foregoing report by Dr. WOOD and others,

Dr. APJOHN stated, that the publication of the report of the committee on the visitation of examinations, has been attended with much inconvenience, and been productive of considerable injustice. It professes to present a complete view of the nature and extent of the examinations of the different licensing bodies, and then comments upon their supposed relative degrees of merit or demerit. Unfortunately, however, some of the condemnatory statements are not founded on facts, and hence an undeserved obloquy has been cast on certain of the licensing bodies. The part, for example, of the report which relates to the University of Dublin, is specially obnoxious to this criticism, for it alleges that "the mode of carrying on the oral examination (examining in class) is peculiar to this University." This is quite incorrect, for the very same method of examination is adopted at the King and Queen's College of Physicians in Ireland. In the report of the committee to which I am referring, the opinion is also expressed that such method of examination "cannot be so efficient as the ordinary plan of examining each candidate apart." I do not know the grounds of opinion here expressed by the chairman of the committee, but, I presume, it has been founded on a report by Dr. Leet of a visitation of an examination, held last October in the University of Dublin. Dr. Leet was the visitor, and the following is the passage to which I allude:—

"The questions (Dr. Leet reports) were judiciously selected, and appeared to be well qualified to test the candidates' knowledge; but in consequence of the *viva voce* questions being passed round the class, the answers did not tell to advantage, and I was not able to form a correct judgment of their value." Now, all this is quite possible, and, indeed, much of it is, I am sure, quite correct, but I do not see that *examination in class* is in the slightest degree damaged or even impugned by these remarks, for though the answers did not tell upon Dr. Leet, and that he was unable to judge of their value, he does not allege, and, I am sure, did not mean to convey, that the candidates or the examiners were in the same predicament as himself. Indeed, I am not without hope that on reflection, Dr. Leet will concur with me in thinking it would be very unreasonable in a visitor to pronounce an examination insufficient, merely because he found himself unable to follow the questions of which it consisted. I now, sir, turn to the *suggestions* in the report of Dr. Leet, the first of which is couched in the following words:—

"That no medical or surgical qualification be conferred upon any person who has not graduated in arts, and that the university should discontinue to grant licenses in medicine and surgery."

Now, Mr. President, this is a proposition which appears to me —not to use a harsher term—irrelevant in the highest degree. Such is the view which has been taken of it by the chairman of the committee, Dr. Andrew Wood, who judged it to have no relation whatever with the duty imposed on the visitors of examinations. It is not very easy to conceive what Dr. Leet's object could be, except that of giving gratuitous offence, for his recommendation is altogether impracticable—in fact, incapable of being carried out except through the intervention of an Act of Parliament. I may observe, too, that it comes with very little weight indeed from the representative of a trading company, whose acquaintance with university practice and privilege is necessarily very limited, and whose counsel, therefore, on the important questions of which he has so flippantly disposed, is altogether valueless.

Shortly after, at a particular stage in the reading of his report by Dr. Paget,

Dr. APJOHN drew attention to several erroneous statements by Dr. Hargrave in relation to the medical and surgical examinations held in the University of Dublin. It was not true that, as alleged by Dr. Hargrave, at the close of the examinations the names of the unsuccessful candidates, as well as the names of those whose answering had been satisfactory, were read out by the Regius Professor. It was not true that the teachers in the school of physic were the only examiners; and it was equally untrue to say that the candidates were not tested in the writing or dictating of prescriptions. These mis-statements were, he (Dr. Apjohn) knew, noticed in the report now under consideration; but, as the representative on the Medical Council of the University of Dublin, he was anxious to give them a direct and public contradiction.

Queen's University in Ireland.

Examination in Anatomy, Physiology, Chemistry, Botany, and Materia Medica.—The Reporter states that the oral Examination "was conducted *practically* in the case of all the subjects specified, with the exceptions of Chemistry and Pharmacy; and a longer time was given to the examination of each candidate than on the occasion of my former visit; each being subjected to a sufficient test of proficiency in the several subjects of examination, with the two exceptions referred to.

"Three Professors conjointly carried on the Anatomical Examination, and one Professor, singly, conducted each of the others."

King and Queen's College of Physicians in Ireland.

"Should a candidate fail at an examination he can be re-examined, but not until two months have at least elapsed since the time of his rejection."

"All the Fellows and Licentiates of the College may be present at the examinations."

"The College will, as heretofore, permit the student to qualify in Arts at any time within the first two years of professional study."

The Committee draw the attention of the Council to this fact.

At this visitation "seven gentlemen presented themselves as candidates, all of whom were Licentiates of the Royal College of Surgeons, Ireland, and were therefore, by a Bye-law of the College, relieved from examination in Anatomy, Physiology, Practical Anatomy, Chemistry, and Practical Chemistry, and interrogated solely in the senior or more practical portion of the Medical curriculum. The candidates were seated on one side of a table, and opposite to them were the four Examiners, two on each side of the President. Of these, two examined in the Practice of Medicine, one in Midwifery, and the fourth in Materia Medica; but there was no Examiner in Medical Jurisprudence, though the latter is one of the subjects which is placed by the regulations of the College in the second or practical part of the examination for the Licence. The examination commenced at ten minutes past 4 o'clock, the questions being proposed in turn to the several candidates, and when missed by one, passed to the next, and so on in succession; and it concluded at forty minutes past five o'clock, so that its duration was one hour and a half. The number of questions given by each Examiner was about eight, and the time occupied by each Examiner about thirty minutes."

The paper on Materia Medica contains some questions on Toxicology, but none on other parts of Medical Jurisprudence.

The time (one hour) allowed to candidates for writing their answers seems far too short.

In case of a difference of opinion among the Examiners, "the admission or rejection of the candidate would not be left to the Examiners, but would be determined by a majority of the votes of all the Fellows present, who might choose to exercise a voice in the matter," who (as the Committee understand) may, or may not, have been present at the entire Examinations, and may never have seen the written answers.

At a second visitation of these Examinations, the Reporter "was informed that there were no written questions, and that such were only proposed at the Quarterly Examinations."

There is no mention of any Clinical Examination.

The following suggestions are made by the Reporter:—"In the first place, I would recommend that the Bye-law which places Medical Jurisprudence among the subjects which constitute the second or senior part of the Examination for the Licence be strictly complied with, and fully carried out. It is an important practical branch of medical education, and there can be no difficulty in providing a suitable Examiner, seeing that the Professor in this department attached to the School of Physic is appointed by the College. If this course be not taken, it will at least be necessary to remove Medical Jurisprudence from among the subjects on which, as is announced at present, Candidates for the Licence will be examined.

"In the second place, it appears to me that the practice of varying the Examinations so as sometimes to have paper along with *viva voce* questions, and sometimes only *viva voce* questions, is very objectionable, and ought to be abandoned. No examination can be considered sufficient, in which the knowledge of the candidate is not tested by paper questions.

"Lastly, the College should insist upon the Examiners complying strictly with its printed rules in relation to the manner of conducting the Examinations, and the adoption of a numerical method of recording the answering of the candidates."

The Committee entirely agree with these remarks.

Royal College of Surgeons in Ireland.

Preliminary Examination.—"The constitution of the Board of Examiners is a very sufficient guarantee of their fitness for their duty."

The subjects of Examination were Arithmetic, English, Latin and Greek.

The results of the Examination were judged thus:—"A nought in any one of the subjects of examination insured the rejection of the Candidate." "About thirty-three per cent. was considered sufficient for 'pass.'"

"The Examination in the Greek and Latin languages was well conducted to test the acquirements of the Candidates, but many of them possessed a very imperfect knowledge of Latin Grammar; and in several instances it appeared that, although the Candidates could read and translate Greek, they did not know the correct pronunciation, or the Greek names of the letters."

The Reporter states that he cannot give any opinion respecting the proficiency in Arithmetic and English, as he did not see the answers sent in by the Candidates.

The number of Candidates was 42. The Reporter was informed that 8 were rejected. "One of the Candidates admitted that he was only fourteen years old, and two that they were only fifteen; four or five others appeared to be about the same age."

The Reporter observes that—"The fact of admitting boys of the ages of fourteen and fifteen years to pass a preliminary examination preparatory to becoming Registered Medical Students is one which deserves the attention of the General Medical Council, more particularly because the Council has recommended that no Medical or Surgical qualification should be conferred on any candidate who had not attained the age of twenty-one years."

The Committee are of the same opinion.

Examinations for Licence to Practise Surgery.—These examinations are generally defective; the defects which were noticed last year remain uncorrected. There is neither Practical nor Clinical Examination.

Apothecaries' Hall of Ireland.

The Report includes an Examination in Arts, and the first and final Professional Examinations.

Rejection in the first (Professional) Examination hardly ever takes place.

"The Examinations in Chemistry, Inorganic and Organic, in Botany, General and Medical, Materia Medica, and General and Practical Pharmacy, embraced a great number of questions, which were admirably put, and must be considered as a searching test of the knowledge of the candidates in these departments.

"Those in Anatomy and Physiology, on the other hand, were of the most elementary description."

The Reporter states, "As to the Professional Examination, which includes the Principles and Practice of Medicine, Surgery, Pathology, and Therapeutics, Midwifery, Forensic Medicine, Hygiene, and Toxicology, I cannot give any report, except from one instance. On the occasion of my first attendance the Examination was confined to its first part, and on that of my second, there was but one of the candidates who had to undergo the second or Professional Examination. This candidate was a Surgeon. He was well examined in Therapeutics; but in Medicine and Pathology the Examination was extremely limited, and could hardly be taken as a test of sufficient medical knowledge."

In making the foregoing extracts from the Reports of Visitations of Examinations, the Committee have had in mind rather to point out defects than to record acknowledged merits. They have had solely in view the means of further improvement and perfecting of the Examinations; but they desire to add their conviction that there has already been a general and very great improvement in the Medical Examinations throughout the United Kingdom during the short period since the Medical Council directed its attention more particularly to this subject.

The Committee are confident that this general progress of improvement in the Examinations must lead, and is already leading, to improvement in the acquirements of Medical Practitioners.

In conclusion, the Committee would suggest the adoption of the following Resolution:—

That the General Medical Council are of opinion—

I.—That it is desirable that the different Licensing Bodies should combine their Examinations, when this is practicable, so as to secure that the knowledge of every practitioner, whose name appears on the Register, shall have been tested in all the subjects of Professional Education which the Council has determined to be essential, viz.:—1. Anatomy. 2. General Anatomy. 3. Physiology. 4. Chemistry. 5. Materia Medica. 6. Practical Pharmacy. 7. Medicine. 8. Surgery. 9. Midwifery. 10. Forensic Medicine.

II.—AS TO THE METHOD OF CONDUCTING THE EXAMINATIONS.

1. That they should be both oral and in writing.
2. That not less than two Examiners, or one Examiner with an Assessor, should be present at every oral Examination.
3. That the oral Examinations should be so far public as to be open at least to the Medical and Surgical Graduates, or Members of the Examining Body.
4. That the questions to be answered in writing should be so numerous, and embrace such a variety of the details of each subject, as may adequately test the proficiency of the candidate; and that they should be

submitted to the whole body of Examiners for consideration and revision, if desirable, before being proposed to the candidates.

5. That the written answers should be submitted to more than one of the Examiners.
6. That Practical Examinations should be held in all the subjects in which they can be employed.
7. That excellence in one or more subjects should not be allowed to compensate for failure in others.
8. That if a candidate be rejected for failure in any one subject, he should be re-examined in all.

III. That Examiners should only be elected for definite periods, with power of re-appointment.

G. E. Paget, Chairman.

The report was received and entered on the minutes.

After a considerable discussion upon various questions contained in the report, the following resolutions founded upon it were adopted:—"That the General Medical Council are of opinion—1. That it is desirable that the different licensing bodies should combine their examinations, when this is practicable, so as to secure that the knowledge of every practitioner whose name appears on the register shall have been tested in all the subjects of professional education which the Council has determined to be essential—viz.: 1. Anatomy. 2. General Anatomy. 3. Physiology. 4. Chemistry. 5. Materia Medica. 6. Practical Pharmacy. 7. Medicine. 8. Surgery. 9. Midwifery. 10. Forensic Medicine." Upon the second resolution—"As to the method of conducting examinations"—the following recommendations were discussed *seriatim*:—"1. That they should be both oral and in writing. 2. That not less than two examiners, or one examiner with an assessor, should be present at every oral examination. 3. That the oral examinations should be so far public as to be open, as far as practicable, to the medical and surgical graduates, or members of the examining body. 4. That the questions to be answered in writing should be so numerous, and embrace such a variety of the details of each subject, as may adequately test the proficiency of the candidate; and that they should be submitted to the body of examiners or governing body for consideration and for revision, if desirable, before being proposed to the candidates. 5. That the written answers should be submitted to more than one of the examiners. 6. That practical examinations should be held in all the subjects in which they can be employed. 7. That excellence in one or more subjects should not be allowed to compensate for failure in others. 8. That if a candidate be rejected for failure in any one subject he should be re-examined in all."

The third resolution, amended on the suggestion of Sir D. J. Corrigan—"That examiners should only be elected for definite periods, and be eligible for re-election," was then agreed to, and the Registrar was directed to forward these recommendations to the various licensing bodies.

Dr. Alexander Wood moved "That the Registrar be directed to draw up, in the usual form, the recommendations and opinions of the General Medical Council with regard both to the preliminary and professional examinations; and that copies be issued to the various licensing bodies."

This motion was seconded by Dr. Andrew Wood, and carried without discussion.

On the motion of Dr. Paget, seconded by Dr. Fleming, it was unanimously resolved—"That copies of the (1) Observations of the Licensing Bodies upon the Report of the Committee, 1867, of the Medical Council on the Visitations of Examinations; (2) the Reports of Visitations of Examinations which have been made since the last session of the Medical Council; and (3) the Report of the Committee thereon, entered in this day's Minutes, be sent to the various licensing bodies, together with the Resolutions of the Medical Council thereon."

The report of the Committee of last year upon the same subjects was, on the motion of Dr. Fleming, seconded by Dr. Alexander Wood, dropped.

The last subject brought under the consideration of the Council was the report of the Committee on returns from the licensing bodies of Professional examinations and their results, and on the registration of students for the year 1867.

1. The Committee beg leave to present a table, compiled from the returns, according to Recommendation 6, sec. v. of the Recommendations of the Council, 1866 (vol. iv. p. 311)—viz., that returns from the licensing bodies in Schedule (A) be made annually, on January 1, to the General Medical Council, stating the number and names of the candidates who have passed their first as well as their second examinations, and the number of those who have been rejected at the first and second examinations respectively:—

Table for 1867.

Licensing Bodies.	Qualifications.	No. Passed. 1st Exam.	No. Passed. 2nd Exam.	No. Passed. 3rd Exam.	No. Rejected. 1st Exam.	No. Rejected. 2nd Exam.	No. Rejected. 3rd Exam.
R. Col. Phys. Lond.	Licence	37	71	...	5	9	...
R. Col. Surg. Eng.	Membership	418	353	...	122	52	...
Soc. Apoth. Lond.	Licence	160	254	...	43	30	...
Univ. of Oxford	M.B.	8	2	...	3	2	...
	M.D.	...	1	1	...	...	...
„ Cambridge	M.B.	10	5	8	4	1	1
	M.C.	1	...	...	...	...	...
„ Durham	L.M. and M.C.	1	2	...	...	...	...
	M.C. and M.D.	...	1	...	...	...	...
„ London	M.B.	*25	22	...	20	8	...
R. Col. Phys. Edin.	Licence	1	167	...	12	31	...
R. Col. Phys. & R. Col. Surg. Edinburgh	Licence in Med. and Surg.	73	101	...	24	26	...
R. Col. Surg. Edin.	Licence	6	47	...	4	10	...
R. Col. Phys. Edin. & Fac. Phys. Sur. Glas.	Licence in Med. and Surg.	17	29	...	13	5	...
Fac. Phys. Surg. Glas.	Licence	25	28	...	18	22	...
Univ. of Aberdeen	M.B.	47	45	41	6	18	5
„ Edinburgh	M.B. & M.C., M.D.	82	59	88	27	30	11
„ Glasgow	M.B. & M.C., M.D.	60	29	...	12	5	...
„ St. Andrews	M.D.	...	...	10	...	...	...
K. Q. Col. Phys. Ire.	Licence in Med.	1	69	...	...	9	...
	Ditto in Midwifery	...	9	...	...	5	...
R. Col. Surg. „	Licence in Surgery	99	85	...	89	16	...
	Ditto in Midwifery	...	8	...	...	...	...
Apoth. Hall „	Licence	12	27	...	...	6	...
Univ. of Dublin	M.B.	12	34	...	16	2	...
Queen's Univ. of Ire.	M.C.	...	19	...	...	5	...
	M.D.	79	39	...	23	18	...
Totals		1169	1504	148	379	300	17

* Three of this number were examined in Physiology only.

The Council will observe with satisfaction that this year the table comprises returns from the whole of the nineteen licensing bodies without exception, and the Committee are not aware that any person has entered upon the study of the Profession without having been previously registered as a student in Medicine.

2. The number of students registered during the year 1867 is as follows:—

In England	457
In Scotland	258
In Ireland	212
Total	927

According to the Medical Students' Register, every person registered during the year 1867 has passed the required preliminary examination (No. 2 of Recommendations on Registration of Medical Students), but your Committee have been informed that in Ireland a good many students have been allowed to enter upon Medical study on condition of their passing an examination in general education before the end of their second year of Medical study.

The following five paragraphs show the present state of things in reference to this point:—

The King and Queen's College of Physicians of Ireland holds no preliminary examination themselves, every candidate for their qualifications, with very rare exceptions, having already passed elsewhere an examination in preliminary education.

With the Royal College of Surgeons of Ireland the rule is to require candidates to pass a preliminary examination before commencing Medical study; the exceptions to this rule are very few.

The Apothecaries' Hall requires in all cases the preliminary examination to be passed before Medical study is begun.

With regard to the University of Dublin, it appears that the Act of Parliament which sanctions the matriculation of Medical students without any previous examination in Arts, is practically a compulsion on the University to admit to the advantages of the Medical school students who do not intend to enter on the ordinary studies in Arts. This provision of the Act is not approved of by the University, but cannot be said to affect any persons who take degrees in Medicine, as such degrees are conferred on those students only who have previously graduated in Arts.

The Queen's University in Ireland does not require the preliminary examination as an antecedent to the commencement of Medical Study.

The Committee would suggest to the Council that the Registrar be requested to address a letter to those licensing bodies in Ireland which do not require the preliminary examination to be passed before Medical study is begun, representing that throughout England and Scotland a complete uniformity has been brought about by the adhesion of the licensing bodies to the recommendation of the General Medical Council in this respect, and that it is highly desirable that students in all the three divisions of the kingdom should be placed on the same footing, making a rule absolute requiring preliminary education and examination to be really preliminary to Medical study.

3. In regard to the resolution of the Medical Teachers' Association referred to the Committee—viz., "That in the opinion of the Association, the registration of the metropolitan students of Medicine should be performed at one office only"—the Committee beg leave to say that the Council has only one office of registration for metropolitan students—viz., that at No 32, Soho-square—and to this no student is obliged to go, as the object can be entirely effected by correspondence.

The registration is of two facts only—viz., that a pupil has passed his preliminary examination and has commenced his Professional study. The Medical Council have no authority over the licensing bodies as to the registration of students, and the internal regulations frequently include many more facts than the above, and some of these are registered at different periods of Professional study.

4. The Committee have had before them and considered the letter of Dr. Edwards Crisp "on the increase of half-qualified Practitioners since the passing of the Medical Act." They think it may be advantageous to have an official analysis, under the care of the Registrar of the General Medical Council, of the *Medical Register*, such as that made by Dr. Crisp, and which should appear on the Minutes of the Council. They are of opinion that the Council has no power under the Medical Act to interfere with the number and kind of qualifications that Practitioners choose to obtain, and that the consideration of Dr. Crisp's "Representative Faculty of Medicine" does not come within the scope of duty of this Committee.

5. The Committee have to recommend to the Council that to the list of preliminary examinations, recognised by the General Medical Council, be appended the names of those examinations which, by the Branch Councils, have as special exceptions been admitted. (No. 9.—Regulations as to Registration of Medical Students.)

Dr. **Embleton**, in reading the report, said there were several inaccuracies, which it would be necessary to correct before it was entered on the minutes.

On the motion of Dr. **Embleton**, seconded by Dr. **Wood**, it was unanimously resolved that this report be received and entered on the minutes.

Dr. **Embleton** then moved—"That the registrar be requested to address a letter to those licensing bodies in Ireland which do not require the preliminary examination to be passed before medical study is begun, representing that throughout England and Scotland a complete uniformity has been brought about by the adhesion of the licensing bodies to the recommendation of the General Medical Council in this respect, and that it is highly desirable that students in all the three divisions of the kingdom should be placed on the same footing by the Irish licensing bodies using every means to obtain the necessary powers to enable them to require that preliminary education and examination shall be really preliminary to medical study."

The motion was seconded by Dr. **Alexander Wood**.

Sir **D. J. Corrigan** said he must object to consider any resolution founded upon a report which was a tissue of errors from beginning to end, and which the Council had had no opportunity of considering in its existing form, Dr. Embleton having made various important alterations and additions not contained in the printed copy, and proceeded to criticise the various inaccuracies of the report, and urged that at the present late hour (six o'clock), it was necessary the entire matter should stand over for full discussion next year.

Dr. **Alexander Wood** must say that Sir D. Corrigan's speech bore very little upon the motion; and it reminded him of certain animals which, when closely pursued, were said to eject a black liquid to conceal themselves. In the same way Sir D. J. Corrigan, when he found the body he represented was closely pressed, had ejected a considerable amount of irrelevant matter to hide its imperfections. The Council was asked not to adopt the report, but to convey the expression of opinion contained in the motion to the licensing bodies, and he challenged Sir Dominic Corrigan and all the Irish professors, with all their talents, to educate properly a medical student whose mind had not been previously prepared by preliminary examination.

FIRST REPORT OF THE COMMITTEE ON STATE MEDICINE.

The following *interim* report was read :—

"The Committee on State Medicine beg leave to report to the Council that, having carefully considered the resolution of the Council by which the committee was appointed on June 27, 1868, they have decided with a view to presenting a more complete report at the next session of the Council, on taking evidence from various persons having special knowledge of the subject referred to the committee."

Replies were then ordered to be sent to the secretaries of the Medical Teachers' Association and Dr. Edwards Crisp in the following terms :—

"That a letter be addressed by the Registrar to the secretaries of the Medical Teachers' Association to the effect that the Council has only one office of registration for metropolitan students—viz., that at No. 32, Soho-square—and to this no student is obliged to go, as the object can be entirely effected by correspondence. The registration is of two facts only—viz., that a pupil has passed his preliminary examination and has commenced his professional study. The Medical Council have no authority over the licensing bodies as to registration of students, and the internal regulations of those bodies frequently include many more facts than the above, and some of these are registered at different periods of professional study.

"That a letter be addressed by the Registrar in answer to Dr. Edwards Crisp's letter 'On the increase of half-qualified Practitioners since the passing of the Medical Act,' to the following effect—viz., that it may be advantageous to have an official analysis, under the care of the Registrar of the General Medical Council, of the Medical Registrar, such as that made by Dr. Crisp. That the Council has no power under the Medical Act to interfere with the number and kind of qualifications that practitioners choose ; and that the consideration of Dr. Crisp's 'Representative Faculty of Medicine' does not come within the scope of duty of this committee."

Votes of thanks were then unanimously accorded to the Treasurers of the Royal College of Physicians (with a gratuity of twenty guineas to the resident officials), Dr. Andrew Wood (Chairman of the Business Committee), and the President.

The **President**, in acknowledging the vote, said: I beg to thank the Council for this compliment that is now offered me. I wish my services had been more efficient than they have been, but I have done my best, faithfully and impartially, to execute the duties entrusted to me. I feel extremely grateful for the manner in which every member of the Council has received my services. At the commencement of this session I ventured to suggest to the Council that my term of office was coming to a conclusion, and that I was very anxious that the members of the Council should confer together as to the time when it would be most convenient that I should vacate my office, and also as to who might be the best person to succeed me. I am very glad to learn that the Council has had a private conference, and from the Chairman of that private conference I learn that it will be for the convenience of the members of the Council, and for the good of the conduct of the business of this Council, that I should offer my resignation at the termination of this session, as I propose to do. From a communication that has been made to me by the chairman of that private conference, I find another circumstance has been mentioned, which is, of course, most highly flattering to me, and most gratifying to my feelings—namely, that if I resign my office into your hands, the Council might be disposed to re-elect me to such a distinguished honour. Gentlemen, I assure you I almost hesitate even to allow my name to be proposed again to fulfil the arduous and responsible duties of the President of this Council. For I do assure you, that although I occupy what I consider a post of honour, and one which I highly value, yet, at the same time, my position is by no means always a bed of roses. I find very great difficulty in performing my duties here to my own satisfaction; and of course they must be very often imperfectly and unsatisfactorily performed to yourselves. But it is not during the session, alone, that I feel my duties arduous and responsible; it is much more during the intervals between the sessions, when a great deal of responsibility devolves upon me personally. It is true that from time to time I have the great advantage of conferring and consulting with the eminent men whom you have elected upon your Executive Committee; but that can only be twice or thrice in the year, and in the intervals between the meetings of the Executive Council I am left very much to my own resources, and am obliged to assume a very considerable amount of personal responsibility. It is then that I feel my greatest difficulty, and I should be wrong —I should not be doing that which is agreeable to my own feelings—if, before quitting this chair, I did not say that I really could hardly have supported those responsibilities, or performed my duties to my own satisfaction in those intervals, unless I had had the great advantage and comfort of being able to rely upon the wisdom and the knowledge of business and the power and perfect independence of spirit of a friend who was once associated with me as treasurer here, and who still occupies that important office. There is another duty which devolves upon me as President which must necessarily fall upon any other President—that is to say, a great deal of correspondence devolves upon me in the intervals between our sessions. I do not think any gentlemen sitting round this table is aware of the amount of correspondence which falls upon your President, both with the Government, the Medical bodies, the colonies, and private individuals. A great many of those letters, in reply, require consideration, care, thought, delicacy, and careful wording: and here I should be sorry to quit the chair without acknowledging my great obligations to the amiable and accomplished gentleman who fills the office of Registrar. His support, advice, and assistance in these matters of correspondence are really most valuable, and I am greatly indebted to him for his services. Gentlemen, I have nothing more to say but to renew my acknowledgment for the past, and to say that, should your choice fall upon me for the future, I will endeavour to perform my duties to the best of my ability. But should it fall upon me again to be elected to this dignified office, I wish it to be distinctly understood that I cannot undertake the duties for the five years, and that I only accept them until such time as you can among yourselves find a successor whom you think worthy to occupy this chair. With these observations I retire from you, and wish you God-speed for another year.

The President then retired from the Council, when he was re-elected unanimously amidst loud and prolonged cheering, and the Council concluded the session of 1868, soon after seven P.M., having sat this day more than seven hours.

Correspondence.

MEDICAL REFORM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The battle of medical reform has now been fairly begun. The Medical Council has refused to accede to the wishes of the profession so far as even "to consider the propriety of attempting to obtain a change of constitution." No other result was to be expected—nor, to my mind, even to be desired. No urging of the question by the Medico-Political or British Medical Associations could so effectually arouse the attention of the profession to their own interests in this matter as will be done by this refusal of the Medical Council to entertain the subject. Let us not fear the battle, the result cannot be doubtful; without a battle, we might have an ignominious treaty, we could not secure a splendid victory. The Council, have, however, very distinctly indicated to us what our next step in the matter must be, namely, an application to Parliament, based upon the interests of the public; for a low class of practitioners evidently injure the public by their practice even more than they injure us by their competition.

Such an appeal to Parliament we must bring forward as soon as we have a practical organisation in working order to carry it out.

Sir Dominic Corrigan has nobly redeemed his promise given to the Medico-Political Association, that he would support this question when it should come before the Council. The profession ought to use every endeavour to place him in Parliament as the advocate of their interests, when this measure may be brought before the House. Nobody ever supposed that the Council could alter its own constitution; the question was would they, in the interests of the profession and of the public, seek from Parliament such an alteration as the profession indicated as necessary. This, they have refused to do for us; we must now do it for ourselves. But their refusal will have no other effect than to arouse the attention of the profession and the public to the question, and to give time and opportunity for the "education" of both as to their true interests in the matter.

It has been urged in the Council that our representatives would neglect higher questions, in order to complain of the insufficient remuneration of the profession; the best answer to this is the fact that the profession has already grasped the idea that its insufficient remuneration is to be effectually remedied only by going back to the highest question of all—namely, its own representation on the Council. And hence, we may fairly argue that our representatives when seated there, would bear in mind that they were sent there to deal with *principles*—*i.e.*, with the higher questions, and not with details, and that hence they would strike boldly at the root of the evil, which the Council at present handle so tenderly, but which we instinctively recognise as excessive competition, caused by a low standard of qualifications both preliminary and professional, which again is owing to the rivalry of the corporations for licensing fees, and the inability of one to raise its standard for fear of sending three-fourth's of its candidates elsewhere. This is the root of the evil, and I have elsewhere proposed to deal with it by making the emoluments of the colleges quite independent of the number of candidates passed by them. My views on this point, and on the representation of the registered practitioner, the Council of the College of Surgeons have pronounced "Utopian, and in advance of the age," it remains to be seen whether the profession and the public, in whose interest they were proposed, will regard them in the same light. One thing is certain, that unless the root of the evil is dealt with in some such manner as this, our remuneration and status will remain what they are at present. Why does Dr. J. C. Reid, in the Morpeth Union, get only £10 a-year, as reported in your last, for attending to a population of 3000? Why does Dr. Gill, in the same county, get only £6 for a district of 21,000 acres? Why is a similar scale the rule all through Northumberland? Because there are several other men ready to come forward at the same tariff, and take their private practice from them if they refuse such a scale. How were the committee of the Ashford dispensary district, near Wicklow, able the other day to reduce their salary from £100, which their late officer was paid, to £85? Because even at £85 there were several men to apply for the post. This excessive competition in the profession must be put an end to, and the only legitimate way to do it is by enforcing a really high standard of preliminary and professional education. This is the "higher question" with which our representatives must boldly deal, when we shall have won our first battle of representation in the Council, and thus obtained a standing ground for our next move.

The profession seems to have been strangely hoodwinked by Dr. Paget's statement that his constituency numbered 5400 electors. Why, these are all *non-professional electors*, mere Masters of Arts of Cambridge University; the total number of *graduates in medicine* of Cambridge University in 1867 was only 142. Should these wish to give a vote adverse to the choice of the senate, the latter body can, it is true, overpower them by influencing the votes of the non-professional 5258; but these latter electors take no further interest in us, or our concerns. Such a fallacy as this cannot be allowed to pass unnoticed.—I am, dear sir, yours truly,

ISAAC ASHE, M.B., T.C.D.,
Gen. Sec. for Ireland, Medico-Political Association.

Warrenpoint, July, 1868.

THE PHARMACY BILL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your report this week of the discussion on the above bill, in reference to its extension to Ireland, in answer to Dr. Leet's concise and able protest, Dr. Aquilla Smith stated that, since the year 1855, Pharmacy has greatly degenerated in Ireland, and since the passing of the Medical Act in 1858, it has become so low that a physician would have great difficulty in getting a prescription made up by an apothecary in Ireland. Does Dr. Smith mean that they are too proud to engage in pharmacy, being general medical practitioners, or that they are incompetent to perform the duty for which they prepared for years? In regard to their unwillingness, I will merely refer Dr. Smith to the daily advertisements from medical halls both in Dublin and the provincial towns. [illegible] they are incompetent, which I am far from allowing, I don't think that Dr. Smith's remedy—allowing druggists to compound (for, in that class, chemist is only a name)—would lessen the difficulty. The accidental poisoning statistics of England, compared with that of Ireland, are, I think, suggestive enough.

Apologising for trespassing so much on your valuable space, I am, sir, yours respectfully,

George P. Atkins.

Dublin, July 9, 1868.

IODIDE OF SULPHUR IN THE TREATMENT OF "PORRIGO FAVOSA."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have submitted the following cases for publication in your valuable journal, thinking that they might prove of interest, by illustrating the beneficial action of iodide of sulphur in the treatment of a most inveterate skin disease, viz., *Porrigo Favosa*, commonly known as scall head.

John Riley, æt. 18 years, William Riley, æt. 7 years, and Patrick Riley, æt. 5 years, three brothers, were admitted into the Skibbereen Workhouse Hospital, February 27th, 1868, suffering from porrigo favosa in its most aggravated form. The eldest had been affected for eight years—the second for six years, and the youngest for about twelve months; their heads were covered with the mouldy-looking honey-combed crusts peculiar to this disease. In some places where the crusts had fallen off, the integument presented a red-glazed looking appearance, studded here and there with yellow pustules, and totally devoid of hair; their general health was good, and neither of them any indication of a scrofulous diathesis.

During two months succeeding their admission into hospital various plans of treatment were adopted, such as the use of sulphur and citrine ointments, corrosive sublimate and nitras argent solutions, and also painting the diseased surface from time to time with tinct. iodine. Temporary relief was occasionally afforded, but the disease invariably returned in as bad a form as ever. On the 21st May, the following treatment was adopted, and produced quite unexpectedly a speedy and permanent cure. After softening and detaching the crusts by the application of linseed-meal poultices, an ointment composed of iodide of sulphur, ʒi., adeps. ℥iss., intimately mixed together, was ordered to be well rubbed into the diseased patches night and morning. This treatment was continued regularly, and on June 10th, a fortnight after it had been first adopted, a marked improvement had taken place; the formation of fresh scabs was arrested, the red patches of skin had almost disappeared, and hair began to grow from several portions of the scalp which were previously bald.

The three patients were discharged cured from hospital, June 30th, as there were no indication whatever of a return of the disease, and their heads were uniformly covered with hair.

If the iodide of sulphur treatment should prove equally beneficial in most other cases of porrigo, it would supply a very simple means of arresting this disease, instead of having recourse to the internal use of arsenic and iodine, and the application of caustic and poisonous lotions to the skin: the use of which remedies in the case of children, is attended with considerable risk, especially in country districts where one must often rely upon ignorant and careless people to administer them, and therefore must be very guarded how he entrusts to the] hands of such persons medicines that might prove fatal, if not carefully given in the prescribed dose, or not used as otherwise directed.

It is not many years ago, before the true nature of porrigo was discovered, when the barbarous plan of applying pitch caps to the scalp was adopted on the Continent, and in some parts of Ireland where the disease was tolerably prevalent. These pitch caps consisted of strips of stout calico, spread with Burgundy pitch, or some other adhesive material, and after being firmly applied to the scalp, they were forcibly torn off in a direction contrary to the growth of the hair, so as to tear the hairs out from their roots; this plan was adopted under the erroneous impression that the disease originated in a morbid condition of the hair bulbs, and not unfrequently either scalped the victim or produced death. In this case, as in many others, microscopic and chemical research have come to the aid of medicine. The microscope has determined that porrigo favosa depends on the formation of low vegetable growths of a fungous nature (achorion schönleinii) in the deeper layers of the epidermis and upon the surface of the cutis, attacking the hair follicles, and causing alopœcia in most cases. Chemical researches have discovered that sulphurous acid in a fluid or gaseous form, and the sulphites, especially the hyposulphite of soda, and the compound resulting from the union of iodine and sulphur, have a sort of special capacity for destroying the vitality of such vegetable organisms when they come in contact with them, and we thus have a rationale to follow out, when applying these remedies to the treatment of porrigo favosa, instead of having recourse to haphazard modes of treatment which generally produce more harm than good, and invariably aggravate the sufferings of those who are the victims of the disease under consideration.—Your obedient servant,

Daniel Donovan, Jun., M.D.

Skibbereen, Co. Cork,
3rd July, 1868.

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Medical News.

The Public Health.—We extract the following from the weekly returns of the Registrar-General:—"In the week that ended on Saturday, July 4, 4620 births and 3180 deaths were registered in London and in thirteen other large towns of the United Kingdom. The annual rate of mortality was 25 per 1000 persons living. The annual rate of mortality last week was 25 per 1000 in London, 25 in Edinburgh, and 17 in Dublin, 20 in Bristol, 22 in Birmingham, 26 in Liverpool, 33 in Manchester, 25 in Salford, 35 in Sheffield, 24 in Bradford, 25 in Leeds, 25 in Hull, 26 in Newcastle-upon-Tyne, and 26 in Glasgow. The mortality from diarrhœa, principally infantile, showed a considerable increase in most of the large towns last week. Of the death rates from all causes, 6 per 1000 resulted from this cause in Manchester, 5 per 1000 in London and Salford, and 2 per 1000 in Liverpool. The excessive rate in Sheffield was due to 15 more deaths from small-pox, in addition to a considerable mortality from measles and diarrhœa. The deaths registered in London during the week were 1516. It was the twenty-seventh week of the year, and the average number of deaths for that week is, with a correction for increase of population, 1315. The deaths in the present return exceed by 201 the estimated amount, and are more by 62 than the number recorded in the preceding week. The deaths from zymotic diseases were 577, the corrected average number being 395. Nine deaths from small-pox, 55 from measles, 36 from scarlatina, 11 from diphtheria, 49 from whooping-cough, 46 from fever, 286 from diarrhœa, and 19 from cholera or choleraic diarrhœa were registered. The mortality from diarrhœa exhibits a considerable increase. In the week which ended the 6th of June, the deaths from diarrhœa were 27, in the three following weeks 31, 66, and 171 persons died, and last week the deaths recorded were 286. The deaths from fever were at the annual rate on 10,000 living of 4 in West London, 7 in North London, 9 in Central London, 13 in East London, and 5 in South London. In calculating these results the deaths in the London Fever Hospital have been referred to the districts from which the patients were brought. At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 30·023 in. The barometrical reading increased from 30·05in. on Sunday, the 28th of June, to 30·21in. by 9 A.M. on Monday, the 29th of June; decreased to 29·81 by 3 P.M. on Friday, the 3rd of July, and was 29·88in. by the end of the week. The mean temperature of the air in the week was 61·6 deg., which is 0·4 deg. above the average of the same week in 50 years (as determined by Mr. Glaisher). The highest day temperature was 84·3 deg. on Friday, July 3rd. The lowest night temperature was 47·8 deg. on Tuesday, June 30. The entire range of temperature in the week was, therefore, 36·5 deg. The mean of the highest temperatures of the water of the Thames was 66·7 deg.; that of the lowest was 65·4 deg. The difference between the mean dew point temperature and air temperature was 10·6 deg. The mean degree of humidity of the air was 68, complete saturation being represented by 100. Rain fell on Saturday, July 4, to the amount of 0·01in. The general direction of the wind was N. and N.N.E. Ozone was observable on four days of the week. Since Friday, the 29th of May, when rain fell to the amount of 1·08in., to Saturday, the 4th of July, rain has fallen on only six days, amounting in the aggregate to 0·47in. in 36 days. According to a return furnished by the engineer of the Metropolitan Board of Works the daily average quantity of sewage pumped into the River Thames at the Southern Outfall Works, Crossness, was 39,700,733 gallons, or 180,379 cubic metres, equivalent to about as many tons by weight."

University of Cambridge.—Natural Science Scholarship.—Mr. C. Fox has been elected to the Natural Science Scholarship (value £60 a-year), at St. Peter's College. Mr. Fox is a student at University College. The examination was in Botany, Comparative Anatomy, and Chemistry.

Registration in Scotland.—The medical profession of Scotland are protesting against what is an undoubted grievance. When the Registration of Births, Deaths, and Marriages Act was passed in England in 1835, the medical men of England were solicited to render their services gratuitously for State purposes, and for behoof of the public, by forwarding to the registrars certificates of the causes of death in cases which had come under their professional notice. As a matter of course this is always done, but it is not done compulsorily, but as a certain courtesy which the doctors pay to the nation. In 1854 a similar Act came into operation in Scotland, but for some unaccountable reason (for the English Act has always worked without any hitch) power was given by it to compel the practitioners to grant professional certificates of the causes of death, under the threat of the infliction of serious penalties, recoverable at the instance of the criminal officers of the Crown. The distinction is a very invidious one, and utterly uncalled for. The medical gentlemen of Scotland have never objected to give their services gratuitously for the public interest; but what they object to is the exaction of such services compulsorily, or under penalties for nonfulfilment. It is justly regarded as a slight cast upon the profession in Scotland, and the present time, when medical votes are of some value to university candidates, is, with considerable sagacity, thought to be a seasonable one for getting it removed. Some years ago, when Mr. Moncreiff held the office of Lord Advocate, an attempt to this end was made, by means of a clause in a bill which was under the charge of Sir William Dunbar, but the medical applicants were not successful in convincing the official gentlemen of the hardship under which they laboured. The effort has been renewed within the last few days under better auspices. At a meeting of the faculty in Glasgow, a memorial was drawn up to the Lord Advocate, pressing the matter upon his attention. To this a favourable answer has been received, but Mr. Gordon is compelled to confess that legislation to give effect to it is impossible this session. We may tender a word of advice on the subject to that portion of the profession in Scotland who are members of the united constituency of Aberdeen and Glasgow Universities. They have as candidates for their suffrages the present Lord Advocate, and the gentleman who, in the event of a change of government, is certain to be his successor. Let them make assurance doubly sure, by exacting a pledge from both candidates that each will make it his business to abolish with all speed this humbling distinction.—*London Scotsman.*

Sewage Experiments at Tottenham.—Last week experiments on the purification of sewage by means of a particular preparation of alum, according to Mr. Lenk's process, were made at the sewage works of the Tottenham Local Board of Health. A tank measuring about 50 ft. in length by 20 in breadth, was filled with 26,000 gallons of sewage, very black in appearance, and extremely offensive in smell. Forty-six gallons of the purifying "essence" were then sprinkled over the surface of the fluid by means of a hydropult, and afterwards stirred in by the aid of a wooden apparatus roughly improvised for the purpose. The fluid was then allowed to settle, and the action of the essence was seen in the precipitates. In about ten minutes, and at intervals afterwards, bottles were plunged into the deepest portion of the fluid, and on being brought to the surface and examined, the contents were fluid, though slightly blue. In half an hour the whole body of the sewage was much changed. The cost of this process is said to be trifling. Experiments were also made to contrast the alum process with that in which lime is employed. The subject will receive further elucidation by rigid chemical tests. It is hoped that the solid portion will prove a valuable manure, while the fluid will be such as may be safely discharged into open streams.

On Sunday morning the body of a retired farmer in Devon was found lying in an orchard fearfully mutilated. The deceased placed the muzzle of the gun to his ear, and by the use of the string had discharged it, thereby causing instantaneous death.

NOTICES TO CORRESPONDENTS.

Proofs reaching authors in England on or before Friday morning are expected to be returned to the Editor, at the office, 20, King William-street, Strand, W.C., before five P.M., on Friday afternoon. Proofs reaching authors on Friday evening or Saturday morning *must* be returned to the office by two P.M. on Saturday, which is an early closing day. Duplicate proofs are sent to authors, in order that they may correct and return one copy, and keep the other for private use. Contributions should be LEGIBLY written, on one side of the paper only.

Mr. A. Drew, Brighton.—We have still a few copies of February 19th on hand. The two previous numbers are out of print. The annual subscription is 21s. 8d., post free, in advance.

Dr. T. S.—You will find the subject mentioned in another part of the paper.

Dr. Kirby is thanked for his note.

Mr. J. T., Manchester.—The back numbers from January 1st, with the exception of two "out of print," will be forwarded to New York, as requested, in the course of the present week. You will please remember, that the postage to the United States has recently been doubled. The postage per copy is now 2d.

Mr. W. Carrick, Crofts.—Your request has been attended to.

◆

BIRTH.

Watson.—June 24th, at West-green, Tottenham, the wife of William Tyndale Watson, M.D., of a son.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 22, 1868.

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A CASE OF COMPOUND FRACTURE OF FRONTAL BONES, WITH FRACTURE OF CLAVICLE AND ACROMION.

UNDER THE CARE OF MR. ROBERTS, SURGEON.

(Communicated by HENRY B. DOW, M.D.)

TOM RICHARDS, aged 14, engaged as farm-labourer, was, on September 25th, 1867, driving some horses into a field, and happening to strike one with his stick, it immediately kicked, one hoof striking him on the right shoulder, fracturing clavicle and acromion, the other falling edgewise on the forehead, fracturing both tables and exposing dura mater. On my arrival, two hours after the accident, found him partially insensible and extremely weak, the loss of blood having been excessive, the supra orbital artery being wounded. A piece of bone, rather larger than a sixpence, had been forced on to the dura mater, causing slight compression of the brain. I immediately secured the artery, and with the aid of forceps and elevator removed the depressed bone, cleansed the wound, and applied simple water dressing. The nervous irritability was so great as to preclude the reduction of the fractured clavicle and acromion, the limb was placed in a comfortable position, and evaporating lotions applied. A gentle aperient was administered.

September 26th.—Passed a tolerable night but is very feverish, wound looking healthy; their is great intolerance of light and noise. Effervescing salines administered, and the lotion continued to the shoulder.

27th.—Doing tolerably well, had some refreshing sleep, and took a little nourishment; fleshy part of wound commencing to slough slightly, water dressing still applied. Nervous system still too much disturbed to admit of reduction of the fractured bones, so the limb was slightly shifted to prevent union, and evaporating lotion continued.

28th.—Improving.

29th.—Much fever, wound sloughing and discharging unhealthy pus mixed with ipiculve of bone; poultices to take the place of water dressing, effervescing salines to be continued, and perfect rest and quiet enjoined, the intolerance of light and noise being present in a marked degree.

30th.—Febrile symptoms diminishing, and there is decided improvement, wound discharging freely. There is great swelling and discolouration of shoulder, but little pain; it was again shifted, it being still not thought advisable to attempt reduction.

October 1st.—Still improving.

2nd.—Allowed to be conveyed home, about two miles.

3rd.—No bad symptom has arisen from his removal. Wound still discharging unhealthy pus, and symptoms of necrosis of surrounding bone becoming apparent.

4th.—General health improving, febrile symptoms having almost entirely disappeared. Considered that I was now justified in attempting reduction of the fractured bones, which was satisfactorily accomplished in the ordinary manner, with but little pain or inconvenience to patient.

6th.—Pieces of bone of various sizes are now being discharged with pus, which is excessive, and there is every indication of a large surface of surrounding bone becoming detached. To have good nourishing diet and wine.

8th.—Wound above and below the more serious injury commencing to heal.

8th to 25th.—Doing well; no bad symptoms; general health improving, but several pieces of bone of various sizes have exfoliated; satisfactory union of fractured clavicle and acromion has taken place.

October 28th to November 7th.—Complains of headache; health not so good, there is dullness and loss of appetite. On examining wound, which has not been seen for a day or two, a large amount of fungus is seen to have sprung up, which, on removal, exposed a piece of bone, which, taking into consideration the altered state of health and head symptoms, I decided on removing, and did so with the aid of forceps and elevator. It was about one and a quarter inches in length, and two-thirds of an inch in breadth, and beneath it the dura mater was exposed to that extent. Cold water dressing applied, perfect rest and quiet enjoined, and a brisk aperient administered.

November 8th.—Again improving.

9th.—The removal of the necrosed bone is attended with marked success, the head symptoms have entirely disappeared, and general health rapidly improving. The splints and bandages removed from the shoulder, which has resumed its former shape and power in every respect.

November 9th to December 9th.—During this time the progress is very satisfactory; less discharge and more healthy; all the diseased bone appears to have come away, and the wound commencing to fill up, whilst his general health is good.

December 9th to January 9th, 1868.—Wound steadily and gradually healing; nitrate of silver has been applied freely with great benefit, the granulations having been excessive.

January 15.—Wound nearly closed.

20th.—Patient discharged quite well. There is a depression over the inner angle of the right orbit large enough to admit the end of the finger. The amount of bone which exfoliated altogether measures about two inches square. The injured shoulder has completely resumed its former power and use.

UREA AND URIC ACID: THEIR RELATION TO HEALTH AND DISEASE.

By B. KELLY, M.D., L.K.Q.C.P.I.

When we take into consideration the great importance of the urine as an excrementitious liquid, and the part it has played from time immemorial in the pathology of numerous diseases, we may be somewhat surprised why its chemical composition and morbid qualities should have so little occupied, until a comparatively recent period, the attention of medical men. But if these portions of its study have been ignored and neglected, its reputed value as a *polychrest*, or useful remedy in sickness, has been recognized from a very remote antiquity.

Aristotle observed that when urine was retained unduly long in the bladder it emitted a stronger and more offensive odour after expulsion than when voided after the usual interval—a change which he justly attributed to the gross and viscid properties it thus acquired.

That the practice of *autouroposis* must have originated at an early period of the world either through the injunctions of physicians, or (which is not improbable) through the impulse and dictates of morbid imaginations, there cannot be a serious doubt; and yet disgusting and unnatural as the habit may have been, it was far exceeded in this respect by the internal use of *album græcum*, *meconium*, and the *sulphur occidentale* of Paracelsus. Celsus records the death of a favourite of King Autigonus, who died from the effects of drinking his own urine. This personage, according to the assertion of the great Roman physician, was notoriously intemperate. Pliny states that the suppressed menses are restored by the patients inhaling the warm fumes of fresh urine excreted by males under the age of puberty. The same author also believed, that as fullers were never troubled with the gout, and as stale urine was the liquid used by them in his time for scouring woollen fabrics and other articles of clothing, it must, therefore, be an appropriate, if not an effectual, remedy for the disease in question. But indeed there was scarcely a malady in the entire nosological catalogue against which the internal and external use of urine, fresh or stale, had not been deemed a sovereign specific from the days of Celsus and Pliny down to a century or two ago. The *autouroposis* of the ancients bids fair to be revived under a modified and less disgusting form by the modern application of certain saline constituents of the urine to the treatment of disease. Even in our own day, the besotted inhabitants of Kampschatka, who eat the Amanita Muscaria for the sake of its exhilarating influence upon the animal spirits, are wont, when the supply of the fungus is exhausted, to prolong its intoxicating effects by drinking freely of the urine they excrete after its use.

The first physician I find, in looking back through the long vista of time, who seemed to have had any definite knowledge of the chemical composition of the urine, is the renowned Dr. Willis. In his Treatise on the several kinds of urine, he gives a rough, but rather comprehensive, analysis of this liquid. According to him, it consists of a large quantity of serum, a less amount of salt, sulphur and earthy matter, and a small proportion of spirit. Van Helmont, the Flemish physician and chemist, who was a cotemporary of Willis', bestowed considerable attention on the physical characters of the urine. That, passed on rising in the morning, he called *urina sanguinis*, in contradistinction to the *urina potûs*, or that resulting from beverages.

It is quite unnecessary to allude here to the long and illustrious list of physicians of our own times who have rendered themselves immortal by their researches in the domain of urinary pathology, as their works and achievements are fortunately well-known to the Profession. But, as the subject is far from being exhausted, I have deemed it not unworthy or profitless to devote a few pages to the consideration of urea and uric acid, as two of the most important proximate principles of the urine, whether in a physiological or morbid point of view, and the relation they bear to the system in health and disease.

Urea.—This substance, which results from an oxydation, or species of slow combustion of the constituent elements of the tissues, is constantly found in the blood, urine, and other organic liquids of the economy, but more especially in the lymph and vitreous humor. It is excreted from the system exclusively by the kidneys and skin in a state of health; but in Bright's disease and other organic affections of the kidneys, the gastro-intestinal mucous membrane vicariously discharges the function of the disordered glands, and effects the removal of a large share of the noxious principle from the blood. Hence the vomiting and diarrhœa which not unfrequently accompany the more advanced and serious cases of albuminuria. These accidents, being in a measure critical of the disease, and curative in their tendency, ought never to be incautiously interfered with or suddenly checked.

Whether urea be obtained as a constant and natural product of the living body, or is fabricated in the laboratory of the chemist, its physical characters and elementary constitution are always the same. Dry urea contains no water of crystallization, and, being a quarternary compound, possesses all the well-known chemical instability of such substances. Whether hydrated or anhydrous, it is readily converted by stale or putrid mucus, or by any agents capable of acting as ferments, into carbonate of ammonia. It is dimorphous, that is to say, capable of assuming two distinct crystalline forms according as it is slowly or rapidly evaporated.

Urea is in its origin and essence purely excrementitious; and where, from any cause, it is suffered to accumulate in the blood, it invariably gives rise to alarming nervous accidents, as amaurosis, convulsions, paralysis, &c., which, if neglected, usually terminates speedily in death. It also occasionally enters as an active element into the pathogeny of serous inflammations.

The first liquid of the body which contains urea in largest proportion is the lymph. The lymphatic vessels, indeed, may be said to be purposely set apart for the special absorption and accommodation of this substance, in the same manner as the lacteals are for the imbibition and reception of the chyle. The more abundant the lymph, the more abundant, all other things being equal, will be the quantity of urea contained in it; and as the quantity of lymph increases up to a certain point in a state of abstinence, and as the individual, in such circumstances, feeds, so to speak, and subsists upon his own tissues, the proportion of urea necessarily increases, thus demonstrating the large amount of animal matter that was necessary to be consumed to supply the want of the customary food, and to keep the living machine in active motion. When abstinence, however, is prolonged to an extreme degree, so as to approach starvation, not only the serum of the lymph greatly diminishes, but its solid constituents, and notably the urea, decrease, yet not to the same extent as the watery portion of the humor.

The venous blood always contains a greater or less quantity of this substance in solution, which not only varies from one vein to another, but according as the subject of the experiment is in a state of repletion or one of abstinence. The amount of urea contained in the venous blood in the former case is relatively small, for the reason that the vessels are filled to turgidity and have barely power to support the column of blood circulating in them; while in the latter, the veins are comparatively empty and flaccid, and endosmosis of liquids with their soluble contents readily takes place through their walls. The left vena innominata contains a greater proportion of urea than all the veins of the body, from the fact that the greater thoracic duct empties its contents into the left subclavian previous to its junction with the internal jugular of the same side; next to this vessel, the brachiocephalic of the right side contains the greatest amount of urea, more especially when the lesser thoracic duct enters it. The renal veins, for obvious reasons, contain the smallest share, and yet they are never entirely free from it either in a diseased or healthy state of the kidneys.

As a greater or less quantity of urea is always found in the blood of the renal veins, it becomes a question to decide from what source it may be derived. There are only two points to which we can legitimately trace its origin; either it must have escaped the filtering process in the kidneys, and thus directly entered the capillaries of the renal veins; or it may have penetrated the coats of the latter from the substance of the glands in which it had been formed as an effete product of nutrition. The former view in all probability is the more correct, especially in presence of the anatomical fact that the organs in question are duly supplied with lymphatics, not very abundantly, it is true, but yet sufficiently so to effect the removal of the urea as rapidly as generated. In Bright's disease, however, and in acute nephritis, the quantity of urea carried off by the renal veins is almost as great as that contained in the renal arteries.

The arterial system always contains a larger share of urea both in health and disease than the veinous. When we take into consideration that, with the exception of the small quantity removed from the renal arteries, the entire mass of the urea centres here, we may well be surprised why an element so excrementitious in its nature, and so deleterious to the healthy functions of the economy when, from any cause, it has accumulated to excess in the blood, should circulate so freely in the arteries without producing any serious disturbance or perceptible change in the process of nutrition.

The existence of urea in large quantity in the vitreous humor was first verified by Millon, and has ever since puzzled scientific men to account for its presence in a secretion which is so very dissimilar to the urine both in physical and chemical characters. I have ventured to approach the vexed question, and to offer an explanation thereon, leaving it to others to judge of its correctness. We know that the vitreous humor being a permanent, recrementitial product of secretion is never absorbed, at least in no appreciable quantity, in the healthy state, but remains hermetically enclosed in the cavity of the eyeball. Possessing great viscidity and consistence, its endosmotic property is also very considerable. But as urea is formed in all the tissues of the body wherever blood-vessels and lymphatics are found; and as it is dissolved by the fluids which bathe and permeate these tissues, it must necessarily enter the vitreous humor; and as it cannot possibly escape unless the humor has undergone liquefaction, it must increase by gradual and constant accessions. How far its accumulation may be instrumental in producing or aggravating certain forms of blindness and impaired vision may become a fruitful subject of inquiry in future experimental research.

Uric Acid.—This substance resembles urea in being an organic product of nutrition, and in elementary constitution, but is entirely unlike it in its chemical affinities and reactions, as well as in physical characters. It is also unlike it in not being ever formed outside of the living system by artificial means. Besides forming stable compounds with soda, lime, potash, magnesia and ammonia by converting them, as the case may be, into alkaline, neutral, or acid salts; it is changed into alloxan and allantoin—the highest degrees, possibly, of oxydation, if we except alloxantine and parabanic acid, to which this principle is capable of being raised—the former by nitric acid, the latter by the peroxide of lead.

Uric acid, which in the human subject is always a morbid product when it exists in excess in the blood and urine, is a normal, excrementitious principle of tissue-metamorphosis in insects, birds, and reptiles. As the nitrogenous elements abound in the systems of these animals, and very little of the fatty or carbonaceous, we can reasonably account for the enormous quantity of uric acid and urates, and the extremely small proportion of water and carbonates excreted by them. In herbivorous mammalia, on the contrary, uric acid and the urates are never found as constituent elements of their urine in its normal condition; whereas urea, the alkaline carbonates and phosphates, are abundantly formed as natural products in their systems, and are copiously discharged in their urine. When, however, such animals are kept in a state of abstinence for a time varying from twenty-four to forty-eight hours, the alkalinity of their urine disappears, and, with it, its usual turbidity; the excreted liquid becomes limpid, and exhibits a decided acid reaction, owing to the presence of uric acid, and acid urates and phosphates contained in it. Claude Bernard accounts for this remarkable change in the physical characters and chemical constitution of the urine of herbivora during abstinence, by referring to a counterchange which ensues in the nature of their aliments—the animals, in such circumstances, living upon their proper tissues, thus becoming, for the time being, to all intents and purposes, carnivorous.

It is known that cold-blooded animals, as reptiles, whose respiration is very slow, abundantly excrete uric acid, either free, or in combination with alkaline bases, especially ammonia. From this it has been inferred that the formation of uric acid, whenever it occurs in the human subject, results from a deficient oxydation of the nitrogenous elements of the food and tissues. Cl. Bernard, however, warns us earnestly against accepting this theory, and cites, as an illustration, the example of birds, in whose systems uric acid is freely generated, notwithstanding that their respiration is extremely rapid. Here, truly, is a dilemma—how to reconcile a uniform and constant effect with conditions and causes so diametrically opposed. For my own part, I think that the conditions in question are not so conflicting as they seem. The respiration of reptiles, it is true, is very slow; but their circulation, also, is equally torpid; there is consequently an equilibrium established between both functions. In birds the contrary of this obtains; their respiration is very active, as is, also, their circulation; their blood, too, is extremely plastic from its great richness in coagulable principles, especially fibrine. The generation of uric acid takes place, as we know, with equal uniformity in both cases under apparently different circumstances. We cannot attribute its formation exclusively to an active respiration, nor yet to a slow, we must, therefore, look to other conditions and causes than those mentioned in order to solve, with any degree of satisfaction, so perplexing a problem.

I have already stated that the nitrogenous elements abound in the systems of insects, birds and reptiles, and that the carbonaceous or fatty matters are greatly deficient, or only exist as secondary, or accessory constituents. Hence the great quantity of uric acid and urates (all azotized products) normally formed and eliminated by them; whereas water and the carbonates are so extremely scant as only to amount to mere traces in their excrements. Let us look again to the sheep and ox, for instance, in whose bodies are usually hoarded up such great masses of fat, and what do we find? Neither uric acid nor urates are ever discharged by them as normal excrementitious products, while the alkaline carbonates and earthy phosphates are so abundantly excreted by their kidneys, that their urine may be well considered a saturated solution of these substances.

Like all other herbivorous mammalia, these animals are heated more by the combustion of their fat than by the oxydation of the nitrogenous principles of their compact tissues. The reverse of this obtains in birds and reptiles; not being furnished with the so-called calorifacient substances, or only so to a very limited degree, combustion of their solid structures, and, as a consequence, oxydation of their constituent elements, take place; and hence the marked disparity in the nature of their excrementitious products as compared with those of the above-named animals.

Uric acid being very sparingly soluble, requiring, as it does, 10,000 parts of water at 60° for its solution, it becomes an important question to decide why it should remain soluble in the blood and urine, not being spontaneously precipitated from the latter for many hours after emission, even when it exists in abnormal quantity, as in cases of gout and rheumatism. Heat, we know, is favourable to its solubility, but when once crystallized, elevation of temperature may be carried almost to the point of decomposing it without effecting anything more than its partial solution, unless the quantity of liquid employed bears an exaggerated proportion to the amount of acid to be dissolved. It is quite possible, however, that as fermentation rapidly takes place after expulsion of the urine, under certain morbid conditions, the more soluble urates become decomposed through the agency of new-formed acids (the lactic and acetic), the substance in question is precipitated, the liberated bases being converted into lactates and acetates.

The chloride of sodium, which always exists in greater or less quantity in the blood and urine, assists materially in keeping the urate of ammonia soluble in these liquids; but I am not aware that it exerts a similar influence over uric acid.

The urates, also, are remarkable for their slight solubility in water and the urine, and may be distinguished by this character from other saline substances with which they are usually associated, and with which, as a consequence, they might readily be confounded. They become more soluble by heat, and by the addition of alkaline carbonates and phosphates, which, without decomposing them, convert them from acid salts into neutral or alkaline urates.

Urea is a natural and constant product of nutrition in the human subject so long as the functions of the organism are performed with regularity and health; but when from any cause these are deranged, the urea ceases to be formed in normal quantity, and its place becomes occupied by uric acid and its compounds. Hence we find these substances in great abundance in remittent, intermittent, typhoid and other fevers, in rheumatism, gout, and in all acute and many chronic inflammations. According to Cl. Bernard, the urea also diminishes in the urine towards the last stage of inanition. This may be explained by keeping in view the well-established fact that in the early stage of abstinence the lymph and urea are increased in absolute and relative quantity, the system as yet being vigorous and not suffering from the depressing effects of actual starvation, the animal meanwhile feeding upon his own tissues. All this is changed when he has fallen into that state of utter debility consequent upon long-continued fasting. The circulation becomes slow and languid, and in this manner keeps pace with the retarded respiration; the surface is dry and rigid, the tissues in general grow atrophied, all the organic liquids of the body—blood, lymph, urine, &c., with their constituent proximate principles—are reduced to the lowest possible ebb, and evince a strong tendency to putrefaction, as well *in situ* as when withdrawn from the system.

Frerichs and Wöhler have found that when urate of potash had been taken into the stomach, the normal quantity of urea contained in the urine had increased. From this observation they were led to believe that the excess of urea was due to an oxydation of uric acid, which they therefore considered to be the mere exponent of the first step in the oxydation of azotized substances. M. Gallois, who repeated the same experiment, was unable to verify the result obtained by the German physiologists. On the contrary, he found that the quantity of urea usually voided in the twenty-four hours had sensibly diminished.

If oxydation is to be measured by the degree of heat evolved in the human system as in external combustible substances, we are forced to admit that the elements entering into the constitution of uric acid undergo a higher oxydising process than those of urea in the diseases mentioned. Chemical analysis of both these products confirms, I believe, the correctness of this deduction. The atomic composition of urea is thus represented:—$C_2\ H_4\ N_2\ O_2$; and that of uric acid—$C_{10}\ H_4\ N_4\ O_6$. We here see that uric acid contains oxygen in the proportion of 6 to 18, or one-third of the other equivalents; whereas urea only contains the same gas in the ratio of 2 to 8, or one-quarter of the whole. I myself have for a long time adhered to the doctrine still accepted by continental and by most, if not all, American physicians, which maintains that the formation of uric acid is the result of a lower degree of oxydation of the elements that compose it than that of the same elements constituting urea. I have renounced it, however, from conviction, but am prepared to acknowledge my error when proved to be wrong.

(To be continued.)

Hospital Reports.

CITY OF DUBLIN HOSPITAL.

Cases under the care of Mr. CROLY.

Case 1.—RANULA OF LARGE SIZE—OPERATION—SUCCESSFUL RESULT.

F. M., aged 63 years, residing in the county of Louth, was admitted into the surgical wards of the City of Dublin Hospital, suffering from a tumour under his tongue.

History.—The growth commenced about thirteen months previously to his admission, and increased gradually in size; it caused the patient much annoyance latterly by interfering with speech and deglutition; the saliva was constantly flowing from his mouth; on one occasion he experienced a most distressing sense of suffocation. On examination, a large Ranula was observed occupying the entire right side of the cavity of the mouth; the tongue was displaced backwards, and to the left side; when the patient was told to put out his tongue, the tip appeared behind the tumour. The saliva poured from his mouth, and his speech was so inarticulate that it was difficult to understand what he said.

The tumour was hard at the base, and had a fluctuating feel on the anterior surface. The patient said he lost flesh, which he attributed to the waste of saliva.

Operation.—The patient having been seated in a chair, Mr. Croly raised the anterior wall of the cyst with a tenaculum, and cut a circular piece out, the size of a shilling, by means of a sharp-pointed scissors. The cyst contained, near the surface, the characteristic glairy fluid, like white of egg, but the sac was chiefly filled with solid matter, which was removed with the handle of the scalpel. There was very little hæmorrhage; the cavity was filled with lint; the interior of the cyst was subsequently touched freely with nitrate of silver, and the part healed by granulation.

The patient was discharged from hospital perfectly cured.

Mr. Croly gave a brief clinical lecture on this disease. He mentioned the various causes assigned for this affection, amongst which he alluded to obstruction of the salivary duct and the development of a special cyst. He also enumerated different modes of treatment—the most successful being that adopted in this case, viz.:—the removal of a portion of the cyst, emptying out the contents, and finally touching with nitrate of silver; the seton or drainage-tube being only suitable for cases of Ranula with fluid contents.

Case 2.—HARE-LIP—OPERATION, LEAVING SCARCELY A TRACE OF DEFORMITY.

M. S., aged two months, was admitted into hospital under Mr. Croly's care, for the purpose of being operated on for hare-lip. The fissure was at the left side, and did not extend into the nostril. There was no cleft in the palate.

The operation was performed in the following manner:—The child having been secured in a sheet, was held steadily in the lap of an assistant. The lip was first freely detached from the inside by a small scalpel, and the edges were cut with a curved hare-lip scissors. A fine hare-lip pin was next introduced near the red margin, and at a distance of at least a quarter of an inch from the edge of the fissure. It was passed down as far as the mucous membrane, and through the opposite side in a similar manner.

A twisted silk suture was applied with moderate tightness, and a second pin, with twisted suture, was introduced above. The edges came into perfect apposition, and strips of adhesive plaster were applied from one cheek to the other, to keep off all strain from the sutures.

The child was not allowed to suck for some hours.

The pins were removed in seventy-two hours; the lip was found to have united most accurately, leaving scarcely a trace of deformity.

Mr. Croly observed on the advantages of early operation for hare-lip, and dwelt specially upon the importance of detaching the lip from the inside before paring the edges. He recommended the use of the curved scissors, and showed some drawings of cases operated upon by him with that instrument, which were most satisfactory.

The manner of introducing the pins, and the application of the twisted suture, was also dwelt upon.

RICHMOND SURGICAL HOSPITAL.

CASES UNDER THE CARE OF MR. WILLIAM STOKES.

(Reported by Mr. JAMES A. ROSS.)

STRANGULATED INGUINO-SCROTAL HERNIA—DURATION OF STRANGULATION FIVE DAYS—HERNIOTOMY—SAC OPENED—UNFAVOURABLE TERMINATION OF THE CASE.

IT has been truly remarked that almost every case of strangulated hernia is characterized by some unusual and peculiar feature. The following case, which was recently under observation in Mr. Stokes' wards, in the Richmond Hospital, and which presented some peculiarities which rendered its exact diagnosis a matter of considerable difficulty, is strikingly illustrative of the truth of this observation.

John Wade, aged 21, was admitted into the Richmond Hospital on the 29th of June, having been recommended to Mr. Stokes by Mr. Charles Gray. The patient stated that about twelve months ago, he got a fall from a horse, in consequence of which the right testicle was injured, and became very much inflamed and swelled. This, after a time, subsided, and then, shortly after this, the patient observed a small tumour in the scrotum, which he never could reduce fully, but, without doubt, to a certain extent. On the night of the 24th ult., without any assignable cause, the tumour became somewhat larger, and this was accompanied by an attack of vomiting. The following day, the vomiting having subsided, he was able to go to his employment, but on the evening of that day—the 25th—the tumour became larger and much more tense, and vomiting again set in, and the patient continued in this condition, vomiting at intervals, and with his bowels confined until the 29th—the day of his admission into hospital. Owing to the strangely contradictory statements the patient made, whose intellect, owing probably to his great suffering, was in a perfectly distracted condition, it was a matter of extreme difficulty to elicit even these few particulars of his case.

On the patient's admission into hospital, a small tumour about the size of a hen's egg, was found in the scrotum. In the situation of the cord, a little external to the external abdominal ring, the tenderness and pain were extreme. This was not the case in the scrotal tumour, which was free from tension, pain, and impulse on coughing. The tumour was somewhat pyriform in shape, and the scrotal portion of it felt not unlike a varicocele; this, as was subsequently ascertained, was caused by this portion of the tumour being made up of omentum. The epididymis could be distinctly felt, and the testicle easily isolated. On percussing the tumour, the sounds were absolutely dull, and there was no translucency. Since Thursday, the 25th ult., five days previous to his admission, the bowels had not acted. His face was pale and anxious-looking, and he was perspiring profusely. The pulse was very weak, quick, and compressible, being 120; vomiting continued during the day. In the evening the bowel—probably the portion only below the strangulation—was cleared by an enema. There was considerable fulness, pain, and tympany over the abdomen.

Taking into consideration the want of tension in the tumour, the absence of impulse on coughing, the fulness, pain, and tension being localized solely in the cord, the question to determine was whether the case was one of strangulated inguino-scrotal hernia, or an omental hernia combined with acute inflammation in the cord. This condition, though very rare, has occasionally misled the most accurate observers. The practice Mr. Stokes determined on was, in the first instance, to observe the effects of local depletion and stuping, &c., for a short time, and that then, should the symptoms of strangulation persist, to cut down in the situation of the external ring, and return the tumour should it prove hernial. Several leeches were applied, followed by hot stuping, and at 9 P.M., Mr. Stokes finding that the symptoms had not ameliorated, and that the patient was obviously becoming weaker, determined on performing the ordinary operation for strangulated inguinal hernia.

On dividing, carefully, the structures in front of the tumour, the latter was found to be hernial, the greater proportion of which was found to consist of omentum, not by any means gangrenous, but in an extreme state of congestion. At the upper portion of the tumour, a small knuckle of intestine was found, and of a dark chocolate colour. The protruded intestine was completely surrounded by omentum. There was no difficulty, after dividing the stricture, in returning the intestine into the abdomen, but the reduction of the omental portion of the tumour was, owing to extensive adhesions, attended with very great difficulty. The hernial tumour, however, was, after some time, completely reduced. After the operation the patient got a powerful anodyne draught, containing opium, Hoffmann's anodyne, and hydrocyanic acid. During the night, he slept for some hours; the pulse became stronger and fuller, but still compressible; his face lost its anxious look, and its colour improved.

June 30th.—The vomiting continues; there is scarcely so much pain over the abdomen; bowels not moved; pulse 120, stronger and better; he complains of much thirst, and perspires freely. He was then ordered one grain of calomel every hour, leeches to the abdomen, mercurial inunction in the axilla and over the abdomen, and, internally, opium and iced brandy, with dilute hydrocyanic acid. As the day advanced he became very restless; the vomiting continued; the forehead was covered with large drops of perspiration, and the feet and hands grew clammy and cold; the great thirst remained throughout the day quite unrelieved. The pulse rose until, at midnight, it was over 150, and at two o'clock A.M., twenty-nine hours after the operation, the patient sank.

The autopsy revealed a state of things which would render recovery under such circumstances quite hopeless.

The intestines were very vascular from the extensive and violent peritoneal inflammation, and lymph was extensively thrown out all over them, in fact, glueing them all firmly together. They were also greatly inflated above the seat of the stricture. The omentum was carried down in a strong band, and had contracted adhesions with the sac in the scrotum. The portion of the small intestine about the constriction, which was near the ilio-cœcal valve, was approaching a state of gangrene, and the portion of intestine below this was contracted.

In some clinical remarks to the class on this and other cases of strangulated hernia, which have recently been under observation in the Richmond Hospital, Mr. Stokes mentioned the leading peculiarities and features of each. He also drew attention to the general principles of treatment for all such cases, both before and after operation. Special mention was made as to the use of opium in such cases, and it was pointed out how its inconsiderate use before operation may, by causing the subsidence of vomiting, one of the most important and characteristic symptoms of strangulation, mislead the incautious surgeon, who in consequence of the apparent amelioration in the patient's symptoms, may either defer the operation to too late a period, or, labouring under the erroneous belief that strangulation no longer existed, abandon it altogether. The great advantages of opium after operation were then dwelt on, and Mr. Stokes mentioned that the chief reason for its administration after operation is analogous to that for which atropine is principally given in cases of acute Iritis; in both cases the great object of the surgeon being to bring the muscular structures in the one case of the intestine, and in the other of the Iris, into a state of quiescence or repose, these objects being attained respectively by opium and by atropine. In the case of Iritis, frequent use of atropine is much more important in bringing about absolute rest of its muscular fibres, than for diminishing the chances of posterior synechiæ by keeping the iris dilated, or, as it undoubtedly does, acting as a local narcotic.

DR. STEEVENS' HOSPITAL.

CASES UNDER THE CARE OF MR. COLLES.

RETENTION OF URINE, WITH PUNCTURE OF BLADDER.

DANIEL CONOLLY, æt. 21, was admitted into hospital on Sunday, June 21, under the following circumstances:—He had, on previous occasions contracted gonorrhœa, and was then labouring under that disease. The night before he had indulged to a large amount in drink, principally porter and whisky, and found himself in the morning unable to pass urine. On examination, the bladder was enormously distended, its outline distinct on the abdomen. He was evidently suffering severe pain, although partially stupid from intoxication, and making violent straining efforts to pass water. All attempts to pass a catheter were unavailing, the extreme congestion of the urethra being denoted by the occurrence of hæmorrhage on the gentlest trial of the instrument. The warm bath, and all other general methods that could be devised for affording relief, were successively adopted, but without success. The symptoms of distension being very urgent, it was at length determined to evacuate the bladder by puncture, which was done through the rectum. Nearly 70 ozs. of urine, by measure, were drawn away. The canula was retained in the bladder by means of tapes.

22nd.—The urine has passed freely through the opening in the rectum; the canula has slipped out. A catheter of the railroad kind, used by the late Dr. Hutton, was passed into the bladder through the urethra. Over the fine catgut director an instrument was introduced without much difficulty, and retained in the bladder.

23rd.—The instrument was withdrawn; the urine has ceased to pass through the artificial opening.

29th.—The man has left hospital to-day, passing water freely through the urethra. There is some gonorrhœal discharge, for the treatment of which he has been directed to come to the hospital dispensary.

This case seems to show very definitely that the class of strictures, usually known by the term spasmodic, are more dependent on a congested state of the mucous lining of the urethra, which condition may be sufficient as well to cause complete retention, as to create a formidable difficulty in ordinary catheterism. The small amount of inconvenience resulting from the puncture, and rapid recovery, are worthy of notice.

LARGE MALIGNANT TUMOUR OF BREAST: REMOVAL: RECOVERY.

R. Smith, æt. 49, was admitted into hospital in March 1868. He had the aspect of rude health, having a florid complexion and cheerful expression of countenance, and was remarkably large, weighing 322 lbs. He was suffering from a large tumour in his right breast, which had been growing about fourteen months; it had at that time attained the dimensions of a child's head, and had ulcerated in one place, from which he had some severe attacks of hæmorrhage. After remaining in hospital about a week, the tumour was removed by an oval incision—it weighed three and a-half lbs., and on microscopic examination was found to be distinctly cancerous in its nature. The wound healed rapidly, and the man left hospital three weeks after the operation. This case has some interest in showing that the possession of a robust frame and plethoric habit of body confers no immunity from the development of malignant disease. Many instances have recently occurred in this institution, where cancer has made its appearance in individuals apparently of the strongest and most healthy constitution.

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GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

PHARMACY.

THE following is the report of the Pharmacy Bill Committee, which we promised, owing to its importance to the profession at large, to give *in extenso*:—

The Committee appointed to consider and report on the Bill for the regulation of pharmacy now before Parliament, beg to submit the following report to the General Medical Council; and they desire to state that, in considering the matter, they have had the advantage of the presence of Mr. Sandford, President, and of Mr. Bremridge, Secretary of the Pharmaceutical Society.

The course adopted was, in the first instance, to read the recommendations, in order, of the Committee of the General Medical Council on the pharmacy question in 1865, and to ask the President and the Secretary of the Pharmaceutical Society for information as to the reasons of the promoters of the Bill for not adopting the suggestions of that Committee. Mr. Sandford and Mr. Bremridge most kindly and most frankly met all the questions. The following are the questions and replies, divided under the two heads, "Pharmacy," and "Sale of Poisons."

PHARMACY.

Suggestion No. 1.—Why was this suggestion, proposing to extend the Bill to Ireland not adopted?

Reply.—1st. That the Pharmacy Bill of 1852 did not extend to Ireland.

2nd. That the promoters were informed that the dispensing chemists of Ireland were a superior class of men to those in England.

3rd. That the promoters do not now object to the extension of the provisions of the Bill to Ireland.

Suggestion No. 2.—Why was it not rendered imperative on all chemists and druggists to follow the formularies of the British Pharmacopœia in compounding prescriptions?

Reply.—It was considered that such compulsion was not within their jurisdiction, but belonged wholly to higher authorities. The promoters do not object to the insertion of such provision.

Suggestion No. 3.—Why are persons admitted on what appear to be too easy terms, and why are the privileges proposed in 1865 to be given only to those then in business, now extended by the present Bill to a wider class of unqualified persons?

Reply.—That such extension was given by Parliament in protection of vested interests; that a committee of the House of Commons in 1865 recommended such extension, and that without such extension the Bill would have no chance of passing through Parliament.

Suggestion No. 4.—Why is some provision not inserted to prohibit dispensing chemists from practising any branch of Medicine or Surgery?

Reply.—1st. That the power to prevent unqualified persons from practising Medicine or Surgery rested, in their opinion, with a higher authority.

2nd. That they object as strongly as any others to dispensing chemists practising Medicine or Surgery, and that Sect. VIII. of the Pharmacy Act of 1852, which remains in force by this Bill, strictly excludes any examination in Medicine, Surgery, and Midwifery from the examinations.

SALE OF POISONS.

Suggestion No. 1.—Why are not the provisions of the Arsenic Act extended to the sale of all the more fatal poisons?

Reply.—That the provisions of the Arsenic Act remain a dead letter.

Suggestion No. 2.—What restrictions as to sale of poisons are to be imposed upon registered chemists?

Reply.—There was no restriction in the original draft, but Clause No. 1, as amended in the House of Lords, provides that all chemists shall "conform to such regulations as to keeping and selling of such poisons as may be prescribed by the Pharmaceutical Society, with the consent of the Privy Council."

The promoters of the Bill consider this restriction quite sufficient.

Suggestion No. 3.—Why does not the list of poisons in Schedule (A) include opium?

Reply.—Opium was included in the first draft of the Bill, but the promoters of the Bill received such strong representations from chemists residing principally in Cambridgeshire, Lincolnshire, and Norfolk, against interfering with their business—opium, as they stated, being one of their chief articles of trade—that the promoters felt compelled to strike opium out of Schedule A; but that clause 2 of the Bill provides for the addition, from time to time, of any article deemed a poison to Schedule (A), with the consent of the Privy Council, and that, at any time, it and any other poisons might be so inserted.

Your Committee now beg to report their own conclusions, and they would here recommend the introduction of the single word "pharmacist," for the several terms now used, "chemist and druggist," "compounding chemist," "pharmaceutical chemist," &c.

PHARMACY.

Your Committee desire, in the first place, to correct a mistake in the information conveyed to the promoters of the Bill —viz.: "That the dispensing chemists of Ireland are a superior class of men to those in England." The fact is, that there are no such persons in Ireland as compounding chemists, while there are more than 6000 compounding chemists in England and Wales. The only persons permitted to compound medicines in Ireland are licentiates of the Apothecaries' Hall of Ireland, any other person opening a shop for compounding medicines in Ireland being liable to a fine of £20 for every offence of compounding a prescription, at the prosecution of the Apothecaries' Hall of Ireland, and to obtain such licence it is required by the Apothecaries' Hall of Ireland that the candidate should have gone through a four years' course of study of anatomy, surgery, medicine, and midwifery.

Your Committee are of opinion that some provision should be introduced into the Bill by which pharmacists, duly examined according to the provisions of the Pharmacy Act of 1852, and registered under the proposed Act, shall be permitted to open shop in like manner in Ireland, as in England, without being liable to prosecution or infliction of penalty; and that if there be any obstacle in the Apothecaries' Act of Ireland to prevent the licensing by the Apothecaries' Hall of Ireland of pharmacists in Ireland, that that obstacle should be removed, giving reciprocity of practising pharmacy throughout the United Kingdom.

In reference to the introduction of a clause rendering it compulsory on pharmacists to follow the formulary of the British Pharmacopœia, the Committee observe that the obligation to compound according to the formulary of the British Pharmacopœia is provided for to some extent by sections 2 and 3 of Act 25 and 26 Vict. c. xci., which are as follows:—

Sect. II.—"The exclusive right of publishing, printing, and selling the said Pharmacopœia shall rest in the said general Council, subject to this proviso: that it shall be lawful for the Commissioners of the Treasury from time to time to fix the price at which copies of the said work are to be sold to the public."

Sect. III.—"The British Pharmacopœia, when published, shall for all purposes be deemed to be substituted throughout Great Britain and Ireland for the several above-mentioned Pharmacopœias, and any Act of Parliament, order in Council, or custom relating to any such last-mentioned Pharmacopœias shall be deemed, after the publication of the British Pharmacopœia, to refer to such Pharmacopœia."

Your Committee regret that this Act of Parliament, or the above sections, were not printed in the last edition of the Pharmacopœia, as they were in the first, and suggest to the Council the propriety of giving them publicity.

Your Committee are, however, of opinion that the above sections are not sufficient to enforce the desired object, and recommend that a provision should be introduced into the Bill to render it imperative on all registered pharmacists to dispense medicine in strict accordance with the British Pharmacopœia, unless, when otherwise specially directed in written prescriptions.

Your Committee beg to call particular attention to the provisions of this Bill, which would register indiscriminately every person who may be at the present time engaged even partially in the business of chemist and druggist. The proposal in this Bill goes farther than the corresponding proposal in the Bill of 1865, inasmuch as it would qualify for registration every assistant and every apprentice of two years' standing. To such extensions your Committee strongly object.

In a measure which constitutes a registered body, to which would be committed the power and responsibility of dispensing medicines which may be poisonous, or injurious, or worthless, if not properly prepared and from pure materials, some better plea for indiscriminate registration should be adduced than the protection of vested interests. The health and safety of the community are surely of more consideration than the vested interests of traders. Your Committee therefore recommend that the legalised right to dispense medicine should be confined to members of the Pharmaceutical Society, and to such other existing chemists and druggists as the Council of that Society may recommend for the privilege of registration.

On the question of inserting a stringent clause in the Pharmacy Bill to prevent pharmacists from practising any branch of Medicine or Surgery, your Committee observe that they would be liable, in common with all other unqualified persons, to the penalties provided in the Medical Act of 1858, but your Committee are of opinion that such provision is not sufficient, and that a provision of a similar kind to that recommended by the Committee of 1865 should be added to Clause 16 of the present Bill, after the words "Medical Practitioner," viz.:—"or entitle any person registered under this Act to practise Medicine or Surgery, or any branch of Medicine or Surgery."

SALE OF POISONS.

Your Committee, as already stated, are informed that the provisions of the Arsenic Act have become a dead letter; and if such be the case, they would not recommend that the provisions of the said Act should be embodied in this Bill.

Your Committee are of opinion that Clause No. 1 of the present Bill would sufficiently provide for the regulation of the sale of poisons, if the same power were extended to the General Medical Council as to the Pharmaceutical Society, viz.:—to represent to the Privy Council what in their opinion should be inserted in Schedule A as poisons, and, from time to time, to make such other representations to the Privy Council for the protection of the public as may seem advisable.

With regard to the omission of opium from the list, your Committee are of opinion that opium should be inserted either at once, or under the provisions of Clause 1; and that the reasons which have been put before this Committee, viz.:—that regulations as to the sale of opium would interfere with the trade profits of druggists in certain parts of England—constitute, in the opinion of your Committee, the strongest grounds for inserting opium in the list of poisons.

With regard to the sale of opium and other poisons in Ireland, there is already in force in Ireland an Act, 31 Geo. III., cap. 34, applying to the sale of arsenic, &c.; and it may be advisable, in the next session of Parliament, to consider the expediency of extending the provisions of that Act, or of the present Bill, to that part of the United Kingdom.

Dr. RUMSEY said he regretted the Committee had only had the opportunity of conferring with the representatives of one of the bodies which were promoting this Bill—namely, the Pharmaceutical Society; the other large body—the chemists and druggists of the country—they had not yet been able to communicate with. He also regretted that it did not appear practicable to adopt the Pharmaceutical Society under the Act of 1852 as a basis of legislation. It would then have been necessary merely to prohibit the use of the title of pharmaceutist by those who were not on the register, dealing with them just in the same way as unregistered Practitioners of Medicine were dealt with by the Medical Registrar—not prohibiting such as were now in business to continue their occupation, but not allowing them to be on the Register, which would give them a sort of legally established position in the country. The number of chemists in the country was very much larger than it was stated to be by the Pharmaceutical Society, who put the number at between 6000 and 7000, whereas, taking the census of 1861, there were found to be not less than 16,000 males entered as belonging to the occupation. No doubt many of them would be assistants, but still the difference between 6000 and 16,000 was rather astonishing. The Committee were unanimous in desiring not to interfere, further than was necessary for the public health and safety, with chemists and druggists now in business. The Apothecaries' Act of 1815 had been quoted on behalf of existing interests, but that did not apply to the present proposal, because it did not create a registration of members, but merely protected existing members from any interference.

Mr. COOPER said there was a register kept at the Apothecaries' Hall for the purpose.

Dr. RUMSEY was sorry the great principle of supervision had been omitted in the present report. Perhaps it was prudently done, but he was bound to say it was a principle which the Council had already laid down in a report adopted by them. Add to that the fact that England was the only country in the civilised world where pharmaceutical chemists were not subject to control, and he thought he sufficiently justified himself in calling the attention of the Council to the matter. With regard to Mr. Sandford's statement that the provisions of the Arsenic Act had become a dead letter, after having the advantage of hearing a statement of Mr. Simon upon the subject, he could not admit the truth of the assertion. He believed that those provisions had exercised a most salutary effect in curtailing the unlimited sale of so frightful a poison as arsenic, and he would have liked to see in the report a recommendation for applying similar safeguards to the sale of other poisons. He was sorry to say that the Pharmacy Bill now under discussion did not give that power. It gave power solely to the Pharmaceutical Society, *with the consent of the Privy Council*, thus leaving the initiative with the Pharmaceutical Society. With regard to the sale of opium, the reply received from the Pharmaceutical Society was most curious and instructive—namely, it "was included in the first draft of the Bill, but the promoters of the Bill received such strong representations from chemists residing principally in Cambridgeshire, Lincolnshire, and Norfolk against interfering with their business—opium, as they stated, being one of their chief articles of trade—that the promoters felt compelled to strike opium out of Schedule A." It was a very remarkable thing that those three counties the Medical Officers of the Privy Council had shown to be distinguished for the highest rate of infant mortality in the kingdom, and they attributed this mortality and the degeneration of race that was going on in those counties to the enormous consumption of opium—yet, with that frightful fact before the community, the promoters of the Bill struck out the word opium in deference to the traders in those counties. He now moved that the report be adopted by the Council, following upon which some resolutions would be moved by Sir D. Corrigan on the subject.

Dr. QUAIN thought the report should be discussed paragraph by paragraph, because to some parts of it he felt bound to offer considerable opposition. For example, it was most desirable that the Act should extend to Ireland, but, on the other hand, that all chemists should adopt the British Pharmacopœia was most inconvenient. No one had greater desire to extend the Pharmacopœia than he had, but to adopt it indiscriminately and by force of law in that way would lead to very dangerous results. For example, many were in the habit of having old prescriptions made up; a chemist in such case might be guided by his reason and judgment; but under the proposed clause, as far as he understood it, a chemist had no alternative under the law but to use the British Pharmacopœia. He had consulted some of the principal chemists and druggists upon the subject, and they said it would be a most dangerous thing to insist upon the indiscriminate and compulsory use of it.

Sir D. J. CORRIGAN, in introducing the first resolution founded upon the report—"That the term pharmacist be introduced into the wording of the Act as synonymous with the terms compounding chemist, pharmaceutic chemist, chemist or druggist"—said the word "pharmacist" had been chosen by the Committee as more in accordance with the usage on the Continent, and also as a term which it was thought would in time supersede the variety of terms at present in use.

The resolution was seconded by Dr. STORRAR, and unanimously adopted.

Sir DOMINIC CORRIGAN, in moving the second resolution—"That, from and after the passing of this Act, 'pharmacists,' or 'dispensing chemists,' or 'druggists,' duly qualified to open shops or establishments in England for the compounding of medicines, shall in like manner be duly qualified to open like shops or establishments in Ireland, and shall not be liable to penalty or fine for so doing, and that in like manner persons licensed in pharmacy, and registered by the Apothecaries' Hall of Ireland, shall not be liable to penalty or fine for so doing in Great Britain"—said that, whereas the Bill provided certain poisons should not be sold by such and such persons unless they conformed to such regulations as to the sale of them as might be prescribed by the Pharmaceutical Society with the consent of the Privy Council, the Committee proposed to introduce the words "or by the General Medical Council," thus giving them power to initiate any steps they might think necessary.

Dr. ANDREW WOOD was pleased that a new class of dispensing chemists (who would not assume the power of prescribing) would, by this resolution, be introduced into Ireland.

In moving the third resolution—"That in clause 1 of the Pharmacy Bill, after the words 'may be prescribed' should be inserted the words 'by the General Medical Council or,' and that in clause 2, line 3, similar words should be inserted after the word 'and,' and again after the word 'thereupon' in line 7"—

Sir D. J. CORRIGAN said the object was to give power to the General Medical Council as well as the Pharmaceutical Society to suggest to the Privy Council such questions as this—that certain dangerous drugs should be put into Schedule A containing poisons dangerous to human life and health.

Mr. HARGRAVE seconded the resolution, and after discussion the resolution was put to the vote and negatived, as was also an amendment by Dr. RUMSEY that the words "the Pharmaceutical Society with the consent of" be omitted from the Bill—thus leaving the initiative with the Privy Council.

THE SALE OF OPIUM.

Sir D. J. CORRIGAN, upon this subject, moved "That 'opium' should be inserted in Schedule A." This was unanimously adopted.

DRUGGISTS' ASSISTANTS AND APPRENTICES.

The following resolution, moved by Sir D. J. CORRIGAN, and seconded by Dr. ANDREW WOOD, also received the assent of the Council: "That clauses 3 and 4 be so amended as to limit the registration of 'pharmacists' or chemists and druggists to members of the Pharmaceutical Society, and to such other existing chemists and druggists as the Council of that Society may recommend as fit to be placed on the registry."

THE NEW PHARMACOPŒIA.

Sir D. J. CORRIGAN moved "That all pharmacists shall be required to compound medicines according to the formularies of the British Pharmacopœia, unless otherwise specially directed in the written prescriptions."

Dr. QUAIN objected as before to such a clause, in consequence of the hardship and inconvenience which he was convinced from practical knowledge it would impose upon pharmaceutical chemists. It was a well-known fact that certain medical men did not use the British Pharmacopœia, and at the same time did not indicate that fact upon their prescriptions. Chemists at present knew, from the quarter whence the prescription came, that it was intended to be made up under the London Pharmacopœia. But unless this was distinctly stated, under the proposed clause, they would be compelled by law to dispense under the British Pharmacopœia and no other; and the responsibility of any mishap would be thrown back upon the medical man.

This resolution was also carried, and the next and last resolution on the subject was agreed to—

THE PRACTICE OF MEDICINE BY PHARMACISTS.

"That there shall be a clause introduced, providing that registration under this Act shall not entitle any person so registered to practise medicine or surgery, or any branch of Medicine or Surgery."

It was then moved, "That a deputation consisting of the President, Sir Dominic Corrigan, Dr. Rumsey, Dr. Leet, and Dr. Alexander Wood, be requested to place, without delay, before the Home Secretary, the resolutions of the General Medical Council in reference to a report of the Pharmacy Bill Committee this day considered by the General Council, placing in his hands both the report of Committee, and the resolutions adopted by the Council."

The deputation, as proposed, thereupon left the Council for the purpose stated, and returned at a subsequent period of the meeting, Sir Dominic Corrigan, in the absence of Dr. Rumsey, Chairman of the Committee on Pharmacy, reporting to the Council that the deputation had had an interview with Sir James Fergusson, Bart., Under-Secretary of State for the Home Department, and had handed to him the resolution of the General Medical Council previously agreed to, and that Sir James Fergusson had promised to give the resolutions and report of the Committee his best attention in the progress of the Bill through the House.

The Council having expressed themselves satisfied with the result of the deputation, the subject dropped.

Literature.

PROFESSOR MOSLER ON THE TREATMENT OF TYPHUS FEVER.[1]

A WORK on such an important subject as the treatment of typhus fever undoubtedly is, written by a teacher of clinical medicine at one of the largest schools in Germany, has a just claim on our immediate attention. On Professor Mosler's ability to treat his subject in such a manner as to make it profitable both to science and the practitioner, we need not dwell. But it may just be mentioned, that the author's researches on entozoæ and mykology have placed him in the foremost position amongst the authors of this department.

The work is divided in six parts, treating on the following subjects:—

1. Prophylactic measures, by means of which an epidemic in the district of Franzburg has been kept within its original limits, and soon quenched.
2. Statistics of cases of typhus fever treated in the Hospital of Stralsund.
3. Experiments on the contagiousness of typhus fever, and on the prophylactic measures derived thereform.
4. Description of barracks of the Greifswald University Hospital, and the results obtained therein, during winter, in typhus and other diseases.
5. Statistics of cases of typhus fever, treated in the University Hospital of Greifswald, during 1866-1867.
6. General remarks.

To treat on all parts separately and in such a manner as they deserve, would imply a reproduction of nearly the whole book. That being impossible, we must confine ourselves to two parts which we consider of the utmost importance, and leave with the reader the perusal of the book itself, if they feel more deeply interested in the subject.

The first of the two points concerns the experiments in respect to the contagiousness of typhus fever.

Professor Mosler maintains, acknowledging the correctness of Pasteur's researches, according to which fermentation and putrefaction are induced and conducted by vegetable or animal organisms of a lower order, that by influence of the same minute beings, animal and human substances may become infectious. This applied to typhus fever, our whole care must tend towards the prevention of the secretions and excretions of the patients, undergoing decomposition, by means of the products of which contagiousness is principally engendered. The most simple and the most convenient way of arriving at the desired end, is the immediate removal of the secretions and excretions from the wards, and the cleanliness of the patients, by putting them often into a bath. The whole procedure, as adopted in the treatment of typhus, by means of water, according to hydro-therapeutical principles, frequent change of linen, keeping clean all parts of the patient's body, prevents the development of a nest of contagion immediately around the patient.

Professor Mosler has experimentally shown the part played by lower organisms in decomposing secretions and excretions from patients labouring under typhus fever, to be really great, and that their origin and multiplication must by all means be prevented.

1st Experiment.—On 8th April, 65 C. cent. of blood from a patient suffering from typhus fever, whose morning temperature on about the sixth day of his illness was 40·3 C. in the axilla, were defibrinised and injected into the right jugular vein of a dog, after having emitted from the same vessel a quantity of blood, equal to that injected. Immediately after transfusion the animal became infirm on its legs, but gradually recovered, exhibiting only during the day of injection a higher temperature, thirst, and passed urine somewhat mixed with blood. On the next day, the dog was perfectly well, and continued so.

2nd Experiment.—A patient, whose temperature on the seventh day of illness was 40·5 C. at five in the afternoon, whose pulse was 130 in a minute, who exhibited numerous petechiæ and all other symptoms of typhus fever, was bled, and about 90 C. cent. of blood was drawn, at once defibrinised, and still warm, about 40 C. cent. of it injected into the left jugular vein of a dog; no abnormal appearances could be observed, and the animal continued in perfect health.

3rd Experiment.—On the 8th of April, a quantity of blood was taken from the right ventricle of a patient, who died from typhus fever. It remained twenty-four hours in the vessel, and contained after that time a very large number of Bactriæ. It was filtered, raised to a temperature of 31 R. and 60 C. cent., injected into the right jugular vein of a healthy dog. Immediately after injection, no perceptible alteration of the animal, but a few hours afterwards vomiting, intense fever, profuse diarrhœa set in, the animal collapsed rapidly and died after twenty-two hours. On post-mortem examination, the sinuses of the brain were found filled with blood, the same in the envelopements of the brain, the latter exhibiting some small extravasations. No catarrh in the lungs; on the surface of the anterior rim of the left lung, a few small extravasations were visible. A small hemorrhagic infaret, which, however, could not be shown dependent on embolism. Heart normal, liver normal, spleen voluminous, containing much blood, but soft. Kidneys congested. Bladder filled with fluid of a reddish yellow colour, containing albumen. Bowels remarkably altered, being thoroughly filled with a dark bloody mass; mucous membrane swelled, hyperæmic containing extravasations, even the stomach was filled with the same dark bloody mass as the bowels.

Small as the number of experiments is, and negative as are the results of the two first experiments, yet they sufficiently show the blood of a typhus-patient, when immediately transfused into an animal, does not under all circumstances produce typhus, but only acts as blood of any other patient suffering from some kind of fever, and experiments recently made by Frese have even shown that larger quantities of healthy blood produce fever symptoms, if a venesection has preceded infusion, from which fact Frese considers increased reception of products from physiological decay into the blood, as the cause of raise of temperature after bleeding, and after transfusions following such bleedings.

From the positive results of the third experiment, Prof. Mosler concludes, that the blood, as well as the secretions and excretions from typhus-patients, assume deleterious properties, when some time under the influence of the atmosphere, and when decomposed by lower vegetable or animal organisms. In fresh typhus-blood Bactriæ could not be discovered.

Some feeding experiments made with dejections from patients suffering from typhoid fever, are of great interest, and may briefly be mentioned.

4th Experiment.—On 31st October, 200 C.C. of typhus-stool from a patient suffering from typhoid fever, whose evening temperature in the second week of illness was 40·2 C., morning temperature 39·6 C., were given by means of a funnel, to a strong, healthy dog. No vomiting after infiltration. The stool has been evacuated during the night from the 30th to 31st October, and infiltrated on the 31st October, at 11 o'clock A.M. The microscope showed the usual elements of typhus-stool, but there were already numbers of vibriones. Reaction intense alkaline.

On the first of November, temperature in the rectum of the dog 39 C. On the next day the animal was perfectly healthy; no diarrhœa.

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[1] Erfahrungen über die Behandlung des Typhus exanthematius mit Berücksichtigung dabei erfor derlicher prophylakticher Maassregeln, für Aerzte und Sanitätsbeamte mitgetheilt von Dr. Fr. Mosler, ordentlichem Professor der Medicin, Director der Medicinischen Kilinck an der Universität Greifswald, Mit. 1, Tafel, Greifswald, Akademische Buchhandlung. 1868.

On the third of November, 25 C.C. of typhus-stool five days old, have been given to the same dog. The stool contained large masses of vibriones, reaction intensely alkaline. No symptoms perceptible during the first few days, but on the 9th November the animal declined taking food; had rigors, shiverings, was emaciated, and died on the 14th November.

On the post-mortem examination, ulcers of the intestines and other products were seen as are usually met with in cases of typhoid fever.

5th Experiment.—On the 28th November, 600 C.C. of fresh typhoid-stool was given to a dog, and all precaution taken to prevent the fluid being returned by vomiting.

On the 29th the animal was uneasy; took but little food; was very fœtid, but recovered the next day. Temperature measured in the rectum was not raised.

	MORNING TEMP.	EVENING TEMP.
26th November	38·8 C.	39·1 C.
27th „	38·6 C.	39·1 C.
28th „	38·9 C.	39·2 C.
29th „	38·6 C.	39·1 C.
30th „	38·6 C.	39·1 C.

No symptom of disease was afterwards observed in the dog. While repeating the experiment on another dog with stool which had been standing for five days, and containing large masses of vibriones, the whole quantity was returned by vomiting. Nevertheless, the dog fell ill, but ultimately recovered, which Prof. Mosler takes as evidence that the smallest quantity of stool, when putrefied, may give rise to disease.

(To be continued.)

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 22, 1868.

THE MEDICAL DEPARTMENT OF THE ABYSSINIAN EXPEDITION.

MEDICAL Officers in the army complain, with good reason, that their labours with our troops in all climates, and under every circumstance of military service, neither obtain for them the rewards and distinctions that are bestowed on military men, nor those that the more successful of their professional brethren in civil life receive. They justly consider that they are thus in a most unfavourable position in these respects; nor can exception be taken to the point of view from which they consider their position.

It is not enough to assert that in any improvements in their social status, pay and prospects on retirement have of late years been effected, nor to remind them that only within the present century has the custom been established of any notice being taken in "orders" by commanders of their services at all. These facts are not denied, although when contrasted with the improvements effected in the status of the medical practitioner in civil life, and in the condition of the army military officer, they hesitate to believe that, as compared to either, they have not been left behind. Knighthood and baronetcies have been conferred upon medical men practising in civil life; similar and far greater rewards upon generals employed in the different wars in which our troops have, during the last fourteen years, taken part. But as to the medical officer! let us look at the Army List, and we there find there is not among the names of those now on full-pay any distinctive honour beyond the Companionship of the Bath.

The omission of the Medical Officers attached to the army in Abyssinia in the vote of thanks to all other departments connected with that force, is an illustration in point, and has, in fact, given rise to these remarks. Under ordinary circumstances, to omit all mention of the officer at the head of an administration, implies censure of that officer, and of the department under him. Dr. CURRIE, fortunately for himself, had already established his reputation as an able administrator and first-rate medical officer, and had this not been the case the accounts given by correspondents with the force, not to mention the recognition of his services in the despatches of Sir ROBERT NAPIER, amply testify to the importance of the services that, on this occasion, have been rendered by him and the medical officers employed under his orders.

It is clear, then, that the non-recognition of those services, rests not with the General in command. No man knows better than Sir ROBERT NAPIER the value of an efficient medical department, and no man is more ready than he to give to each the credit to which he is justly entitled, whether he be military, medical, commissariat, or other "departmental" officer. How comes it, then, that among the principals whose services were acknowledged by Sir ROBERT NAPIER as having conduced to the success of the expedition, Dr. CURRIE has alone been excluded in the filtering process that the despatches underwent in their progress to concentration in the Houses of Parliament? With whomsoever the blame rests, the omission is a grievous mistake. The prospects of Army Medical Officers are already small enough in all conscience. Even with open competition there is some difficulty in "catching" a sufficient number of young men at ten shillings per day per head to fill existing vacancies; but, bye and bye, when the eyes of those self-same young men shall have been opened, when they see that they are shut out from the rewards of civil life, and not admitted to those prized so much in military, they will cease to take pride or to exert themselves in a position in which, whatever be their individual merits, whatever the services rendered by them, they meet with no other treatment than discouragement and absolute neglect.

THE ELECTION AT THE DUBLIN COLLEGE OF PHYSICIANS.

ON Friday next, the 24th instant, the President and Fellows of the King and Queen's College of Physicians in Ireland will proceed to elect a King's Professor of the Practice of Physic on the foundation of Sir Patrick Dun, under the provisions of the School of Physic Act of 1800, and of the amended statute—the School of Physic Amendment Act of 1867.

We have on more than one occasion adverted to this matter, and as our readers are by this time tolerably well acquainted with the facts of the case, we need not further advert to them now. We have every confidence in the electors, and we are convinced that each one will vote according to his solemn oath, and execute the trust reposed in him to the best of his judgment, and for the honour and dignity of our profession.

There is, however, one point in connection with this election to which sufficient attention has scarcely been given, in our opinion, and it is this, the important, very important, question—how long shall the Professor hold his office?

The newly elected professor, according to the terms of the statute, will be chosen for seven years only; and, herein, we think, lies a very important consideration.

Hitherto, it has been customary to re-elect the Professors of the School of Physic at the conclusion of their Septennial terms, the Act empowering the electors to do so; but there is nothing in the terms of the Act to give rise to the idea that these professorships are *de facto* tenable for life.

When once a gentleman has been elected on the old custom, mooting this question, so far as he is concerned, would, of course, have a personal aspect; and, therefore, we disclaim any reference to existing professors in these remarks. Our idea is, that this election ought to be clearly understood to be in the strict terms of the Statute, for seven years only, and not for life; and that, at the end of that time, there should be a fresh *bonâ fide* election, open to the retiring professor, as well as to all other candidates.

The advantages of this are numerous.

If the professor has been found to be a man of only ordinary ability, a more able man can be put in his place, without any real or implied censure on him; while, if he has been found to be very able in the discharge of his professional duties, he need not fear competition.

Again, if a man be chosen because he is senior and experienced, he will, when too senior, give place to others before he becomes a clinical bore to students; while, if a man be chosen because he is young and active, he will, in time, give place to other young and active men, who will thus be not excluded from office for a long life-time, but will have a stimulus to exertion, and a strong motive for preparation for such frequently occurring vacancies.

A candidate for such a place may be too old to be chosen for a life-time, but not too old to be chosen for seven years; and a candidate may also be too young to be chosen for a life time, but not too young to be chosen after the lapse of one septennial period.

The Benchers of the King's Inns elect their professors for three years only, and several of the Dublin University professorships are only for a term of years.

If a man be chosen professor, and given seven years to make a name and position, he may, if successful, very well give place to another, who could thus have a similar advantage. Whereas, if he did not make a name and position in seven years, the School of Physic could well afford to supply his place with a better man.

The Professor of the Practice of Physic should not be a lecturer in stereotype, whose very sentences, by unceasing repetition, become butts for the wit and satire of the student.

NOTES ON THE ABYSSINIANS.

No. IV.

In our issue for the 1st instant we noted the deaths and funerals, and some of the treatment given to the sick among this curious and ancient people. We shall now note some facts in their religion and superstitions which have bearing on medicine. By profession the great majority of the nation are Christians, and they will not eat of meat slaughtered by any but a Christian hand. Their fasts are more numerous, perhaps, than those of any other Christian people, more than two-thirds of the year being assigned to more or less abstinence. In their fasting it is not sufficient to abstain from animal food only; during fast-time they neither eat or drink anything until late in the afternoon, and this (observes Mr. Parkyns) "is a severe mortification of the flesh in a hot and enervating climate. Many of their fasts are of long duration. The time of day when it is lawful to eat is decided by the length of a man's shadow, measured by his own feet, and varies in different fasts. Thus, the fast of Advent is during the last ten days of the month of October, and the whole of November, and during each day of that time till a man's shadow measures nine and a-half feet. Beside, there are all the other long fasts, and all Wednesdays and Fridays, making nearly 260 days of fasting in each year."

On the morning of St. John's Day the friends of persons "possessed of the devil," who have in vain tried all the ordinary remedies, take the patients into the country, where they are placed at a point where two cross roads meet. Then, in each case, as instructions have been received from the wise, "a white or a red sheep is dragged three times round him, and afterwards slaughtered 'in the name of the Father, and of the Son, and of the Holy Ghost.' The sign of the cross is then marked on the patient's forehead with the blood of the victim, which is left where it was killed, and the whole party returns homeward, being careful on no account to look back towards the sheep, lest by so doing they should disturb the devil, who is supposed to have left the man, and to be busy in eating the mutton."

The most common diseases appear to be tænia, quinsy, leprosy, scabies, and fevers. Even at the risk of quoting at full length, we deem Mr. Parkyns' remarks on these subjects —coming as they do from a non-professional observer, too important to be omitted.

In chap. xxxvi., p. 273, he says:—

"Tænia, or tape-worm, is on this account certainly the first to be considered, for the whole Abyssinian population may be said to be afflicted with it. Out of above forty persons, male and female, whom I had as servants at one time, only two were exempt, and I should say that this was a rather larger proportion than would be found in a general average of the people. The cause of this complaint has been frequently made a subject of speculation. By many it has been assigned to the eating of raw meat; by others again, to the great quantity of cayenne pepper used by the Abyssinians. The natives are in the habit of taking physic regularly once every two months to relieve them of this malady, but as yet they have no means of completely curing it, the head of the worm (as they say) remaining as a germ, from which link after link is formed, till a future dose is required. In this I believe European doctors are in nowise superior to the natives, for they have lately introduced into the Pharmacopœia one of the Abyssinian medicines called kousso. This is the flower and seed of a tree which grows abundantly in some parts of the country. In Abyssinia a supply sufficient for a man's life may be procured for the value of 6d., while in Europe a single dose, and that a very small one, costs several shillings. Besides this, the Abyssinians use the bark of another tree and the bulbous root of a small plant which, if it be not our common wood sorrel, is very nearly allied to it. One of these—I believe the bark—is reckoned much more efficacious than the "kousso," but is seldom used, from being supposed to be highly dangerous in its effects. The one is called 'basinna,' the other 'muitcha-muitcho.' Neither of these, however, is used when the kousso can be procured. The dried flowers are ground or pounded as fine as possible, and a strong infusion made, of which the patient takes more than half a pint fasting. About noon, when it has taken the required effect, a good quantity of beer or tedge is considered beneficial, on which account, if the sufferer be a servant, he begs for a supply from his master, or any friends who may be dining with him; coming round at meals, holding in his hand a small cross made of two bits of stick or straw, and exclaiming, 'For the sake of Mary, for the sake of the Saviour,' &c., when a horn of liquor is usually given him.

"Next is the complaint called 'hannat,' which is a glandular enlargement in the throat, ultimately forming abscesses, which increase to such a size that, if no means to cure them be taken, the throat is completely stopped up and the patient suffocated; this, after the tænia, is perhaps the most frequent malady of the Abyssinians. The premonitory symptoms are violent pains in the head, back, and legs, and much dizziness. The following remarks, taken from my original notes, will exemplify the treatment adopted for it:—'Tisphitou' (one of my servants), 'on his return from Mai Quollaw, was seized with the hannat; not having any of the preventive medicine, they twice took a good deal of blood from his head, but with no beneficial effect. The night before last he was obliged to be carried into the hut, being nearly senseless; the other servants urged him to have his throat examined, but he seemed reduced to that listless, apathetic state of mind in which we see people who are suffering from violent sea-sickness, for he begged to be left alone and not bothered; on being expostulated with, and the danger of delay pointed out to him, he merely said 'Oh, never mind; let me alone.' However, a soldier who happened to be in the village volunteering his services, and professing to be a skilful operator, we forced the patient's mouth open, and held him while the examination was going on. The throat was almost entirely closed, and, had the man been allowed to remain till the morrow, he would in all probability have died. The soldier, however, made short work with it; for, thrusting in his hand, he tore the swellings with his nail, and the patient, having ejected a quantity of matter and blood, was pronounced out of danger for the time. On the advice of the operator I gave him a good dose of jalap, and he ultimately recovered, though he remained in a very weak state for several days. Since his illness almost all of our people have suffered more or less from this same complaint. The preventive medicine which I alluded to is a sort of root, which is chewed in an early stage of the malady, and seems, when taken in time, to be a certain antidote. One symptom is extreme furriness of the tongue. The disease of which Mr. Salt (*vide* Valentia's Travels, vol. iii., p. 80) doubts the existence in Abyssinia is unfortunately only too prevalent; I myself have treated many cases of it, generally with much success where it was taken in time; but occasionally I have seen some most horrible instances where it has been neglected—living specimens, quite as fearful to behold as any of the models in the Musée d'Anatomie at Paris. That the Abyssinians appreciate the difference between it and the scorbutic affection with which Mr. Salt confounds it, is evident from their having distinct names for it. In Tigrè it is called 'fintàta;' in Amhàric, 'kitting;' and in the Galla language, 'fànto.' I have already mentioned that among the native remedies the flesh or blood of the wild boar is reckoned as one, probably, as I said, from their having seen the lard used by Europeans in the composition of mercurial ointment. They have several others, but none productive of good effect. Near Metemma, in the Nubian province of Berber, there is a sort of whitish-coloured earth, called by the natives 'toureyba,' which is used as a medicine in these cases, and I have been assured (even by some European medical men) with a good result: in Abyssinia they possess nothing so valuable. There is an old Armenian named Gorgorious (Gregory), who administers to sufferers, at a considerable charge, what he professes to be a certain cure. This is nothing more nor less than a dozen or two pills, containing corrosive sublimate, the recipe for which he, no doubt, obtained from some quack in Egypt. Though a rather dangerous medicine, this preparation of mercury might, in many cases, if properly administered, be beneficial; but with our friend, who never troubles himself either to examine his patient, or inquire how long he has been afflicted, simply receiving his fee and desiring the sufferer to take so many per diem till the box is finished, it is a case of 'kill,' perhaps, oftener than of 'cure.' The natives, too, are very difficult to deal with, for they cannot be made to understand that, where one dose will do them good, two may be injurious; nor are the blacks worse in this respect than the Turks, Greeks, or Egyptians—of which I have had many proofs.

"There is a sort of horrible scrofulous disease in all these countries, which causes the loss of the hands or feet. The people of Sennàr call it 'judàm;' I forget the Tigrè name. Elephantiasis is not so common in Abyssinia as in the low lands to the north, nor is the Guinea worm. I have never seen any case of the latter in this country, except in a pilgrim who was merely passing through. In the provinces of Sennàr it is called 'fràntite,' and its origin attributed to the black soil of the country; it sometimes appears in the arms or body, but most commonly in the lower part of the leg. The only cure is to wind the worm gradually out, taking great care not to break it, which accident might be productive of very dangerous consequences.

"Scabies is very prevalent, but I am doubtful if it is the same as that which is common with us. It generally fixes itself on the elbows, where it forms a large sore difficult enough to get rid of. It does not seem to depend at all on the habits of the person or on contagion, for I have known Europeans to have it without any assignable cause.

"The various fevers of tropical climates are tolerably abundant in Abyssinia, though principally confined to the low marshy districts just after the cessation of the periodical rains. The natives seem to have but one name for any fever caught in the jungle ('nedad'), whether it be common intermittent ague or the fearful bilious jungle fever; while those of a low typhoid class, which occasionally visit even the most elevated towns, often as epidemics, are called 'mitàt.' Local bleedings, aperients, and emetics are administered in these; for aperients they have certain herbs, but not an uncommon agent for producing both purgative and emetic effects is a large quantity of 'ghee' (clarified butter) and honey. Dysentery, and the other complaints of the same family, are by no means uncommon. This is the disease which is most fatal to Europeans in these countries: several Frenchmen have died of it in Abyssinia. The natives chew a root, in addition to the above-named medicines, for this class of malady. The root has a pungent taste, between ginger and pepper, and I really believe it did me some good on one occasion, when, not being able to have recourse to my own drugs, I was obliged to put up with those of the country. Small-pox is, I should say, not so uncommon here as in many parts of the world: it has visited Abyssinia, as an epidemic, once or twice in the last fifteen years, but, judging by the number of those who bear its traces, I should say, not very severely."

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Notes on Current Topics.

Royal College of Physicians of London.

BEFORE this meets the eye of our readers, the annual meeting for the election of Fellows of this College will, in all probability, have terminated.

Without any feeling of personal disrespect to the gentlemen nominated, we trust that the Fellows will, for a second time within a brief period, remind some members of the Council of the existence of such things as "daylight and fair-play," by refusing to endorse the selection they have made; or, failing this always painful means of even enforcing a principle, we trust that they will, at least, render the Council powerless in the future, to inflict further injury upon their tottering institution.

Medical Department of the Privy Council.

MR. SIMON, the Medical Officer, has published his tenth report, which forms a volume containing a variety of interesting and valuable particulars, which we can only briefly notice. It consists of two parts or divisions. The first relates to public vaccination, and to the causes and extent of local outbreaks of disease, from which we learn that the work of vaccination has been so far satisfactory, that gratuities were given to 231 vaccinators, amounting to £1824—the largest being £67, 7s. 4d., and the smallest only 15s. 4d. Winterton, Guilford, and Terling, where typhoid fever has been the prevailing disease, are the places to which the inquiries have been principally confined. The filthy state of the locality, and the culpable neglect of sanitary measures, were found to be the chief cause of the epidemic, except in Guilford, where the immediate cause of the outbreak was the impurity of the water-supply. The second part of the report details what Mr. Simon calls the "systematic proceedings" which have been pursued, "with the object of increasing our exact knowledge of disease." They include "An Inquiry by Dr. Buchanan, on the Relation of Phthisis to Dampness of Soil;" "An Inquiry by Dr. Sanderson into the Innoculability of so-called Tubercular Disease;" and "A Report by Dr. Thudichum on the Chemical Researches he has made towards obtaining a precise knowledge in those chemical aspects of pathology, where at present there is almost utter darkness."

Medical Candidates for Parliament.

DR. CHADWICK, whose recent munificent donation to

Bolton we had the pleasure of recording, is to be the Conservative candidate for the borough. Our own wish to see more medical men in the House is too well-known for us to need to do more than announce this fact. We sincerely hope that in all parts the profession will be awake to its own interests.

Besides the other names we have mentioned, it is now stated that Dr. Walshe, of University College, London, would be willing to contest a borough in the Liberal interest. We heartily hope some borough will at once secure so eligible a candidate. The other candidates talked of still make no sign.

Aneurism in the Army.

THE late Dr. John Davy, Inspector-General, in his work on "Diseases of the Army" (p. 372) gives a series of statistics of aneurism, from which the following information as to the rate of prevalence of, and deaths by, that disease, has been prepared, both these being recorded so as to represent 1000 mean strength for one year.

The ratio of deaths by this disease is according to him—

In the Cavalry	·31
In the Infantry	·14

According to stations the rates of admissions and deaths were as follows, namely—

	Admissions.	Deaths.
Jamaica	·32	·13
Windward and Leeward Islands	·20	·11
Canada	·15	·07
Nova Scotia and New Brunswick	·11	·07
Bermudas	·26	·17
Gibraltar	·57	·39
Malta	·33	·23
Cape of Good Hope	·32	·11

The above statistics refer to different periods; thus, as regards Gibraltar, Malta, Bermudas, Nova Scotia, and Canada, they embrace the period extending from 1837 to 1847 both inclusive, but as regards the Cape of Good Hope windward and leeward islands, and Jamaica, the period from 1818 to 1836 both inclusive.

The records available for reference do not inform us as to the locality of the aneurism or artery affected; this circumstance is, however, of the less moment, inasmuch as traumatic aneurism, if affecting the limbs, is not often fatal; while idiopathic cases of the disease, whether occurring in the external or internal vessels, are those by which mortality is in the great majority of instances occasioned.

The series of departmental blue-books enable us to give similar information with regard to the prevalence of, and mortality by, this disease among the troops in the United Kingdom, and in each of the three Presidencies of India. From these we select the statistics of the five years from 1861 to 1865 inclusive, and find the averages of admitted and died per 1000 of mean strength per annum to have been—

	Admissions.	Deaths.
In Madras	·51	·16
Bombay	·47	·24
Bengal	·39	·24
And in the United Kingdom	·37	·35

With reference to the latter, it may be mentioned that the yearly rates of mortality during the period have varied considerably. Thus, they were in 1861, 0·27; in 1862, 0·24; in 1863, 0·37; in 1864, 0·57; and in 1865, 0·37.

The statistics of the disease given below, as they refer to Ceylon, China, and Australia, are obtained from the returns of those places for the five years from 1861 to 1865 inclusive.

Following the manner of comparison already pursued, we obtain the following ratios, viz.:—

	Admissions.	Deaths.
Ceylon	1·12	·67
China	·28	·22
Australia	1·16	1·16

From these figures we find the somewhat unexpected result that at the Cape of Good Hope, where diseases of the heart are usually believed to be very prevalent, the ratio of deaths by aneurism is considerably less than in the United Kingdom, while the greatest rate of mortality from this cause is observed at places having such very different climates and circumstances generally, as Australia and Ceylon.

The Lothians' Medical Association.

WE have received the second annual report of this important association, and have great pleasure in observing the progress it has made, and the vigorous attempt it has inaugurated of placing the profession in a better position. The dispensary system in Edinburgh has been thoroughly investigated, and from the effect already produced we augur well for the future of the Association. The Committee seem to have felt very strongly the evils of too much gratuitous medical aid, and they very properly urge the objections that have frequently been pointed out, to making whole classes of artizans dependant on charity for medical relief in time of sickness. The improvidence of the working-classes ought not to be encouraged, and undoubtedly much has been done towards rendering them paupers in spirit, by teaching them to look for medical aid in the shape of charity. The committee report that the abuse of charity at the Children's Hospital is most conspicuous:—

> "There the general 'well put on' appearance shows the character of the class; sometimes they come attended by their servant maids, and many acknowledge that they have regular family medical attendants. The special character of the Institution is doubtless the cause of this, but there is on this very account the greater need for care and discrimination. No objection can be made to their applying there, in the same way as the higher classes would go to a consulting physician, but the same care should be instituted in the one case as in the other, of trenching on general practice, and those who have, or can afford to have, a medical attendant, should not be permitted to attend regularly, or to be attended at their own homes.
>
> "The pauper class, it is known, are no unfrequent applicants at the dispensaries, but as no systematic inquiries are made, their character is only occasionally discovered."

THE removal of the Medical Club to more capacious premises has been inaugurated by a dinner after the orthodox English fashion.

Sir William Fergusson occupied the chair, supported by Sir Charles M'Grigor and Sir Ranald Martin. The usual loyal and patriotic toasts having been duly honoured, the Chairman gave the toast of the evening—"Success to the Medical Club." He remarked that although the Club was only in the second year of its existence, it had by careful management and prudent forethought, acquired a position which would bear favourable comparison with any Club in London of a similar age.

The want of such an institution had long been felt, especially when medical reform occupied so large a share of professional attention. A club of this kind must, necessarily, in time exercise considerable influence upon the politics of the profession, for there could be no social life without political life. The opinions of the profession could not fail, through the medium of the Club, ultimately, to obtain increased weight and importance.

It is not proposed to limit the membership of the Club to doctors, but to admit gentlemen connected with science and literature generally. It may fairly be anticipated that the Medical Club will ultimately become the favourite resort of the scientific men in the metropolis.

Since the first establishment of the Club the number of members have continued steadily to increase, and we now muster about 700 names on the roll of the Club. To carry out all the improvements still in contemplation, it has been decided next year to increase the amount of the annual subscription. This step has always been in contemplation, and its adoption has often been urged upon the Committee by members of the Club, but it has been thought desirable to delay asking for such an increase until we were in a position to offer increased accommodation.

Sir William was repeatedly cheered during the delivery of his speech, and the toast was received with the greatest enthusiasm. With it was associated the name of Dr. Lory Marsh, to whose untiring energy the profession owes the establishment and much of the success of its Club.

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OVER-POPULATION AND PUBLIC HEALTH.

At a crowded meeting of the Dialectical Society, held in the Medical Society's Rooms on July 1st—Vice-President, Lord Amberley, in the chair—a paper was read by James Laurie, Esq. (formerly Inspector of Schools), "On the Happiness of the Community as Affected by Large Families."

Among those present were Dr. Steele, of Guy's Hospital; Mr. Cowper, of London Hospital; Mr. and Mrs. F. Malleson, Mr. Stirling, of New York; Dr. and Mrs. Edmunds, &c.

The author of the paper showed by reference to history, both from that contained in the Bible and in other works, that the constant state of human society had been one of continued struggle for existence, which had been caused by the well-known tendency of all organized beings, including man, to reproduce their numbers more rapidly than food can be obtained. The law of population, he explained, had frequently been alluded to by ancient writers among the Greeks and Romans—for example, both Aristotle and Plato had been fully conscious of this important truth. But it was not until the immortal work of Malthus, written about the commencement of the present century, appeared, that the question had been clearly understood; and it was now one of the most certain acquisitions of science that the human race has the power of doubling its numbers, by the mere power of fecundity it possessed, in twenty-five years, or less, when supplied with the necessary food. As a consequence of this law, Mr. Laurie added, it was impossible to get rid of poverty in old and long-peopled countries such as this without a most careful limitation of the size of families; and he quoted from the great work on the "Principles of Political Economy," by Mr. J. S. Mill, to show many fallacies were entertained on this question, persons actually contending that paupers in the workhouse should be allowed to engender hereditary paupers. After explaining that emigration did not go nearly fast enough to take off the surplus population of Europe, and adverting to the cultivation of waste lands and other so-called remedies for over-population, Mr. Laurie ended by saying that the least disagreeable of all the ways of preventing over-population and poverty seemed to him to be the small family system prevailing, to a certain extent, in France and elsewhere.

Mr. McSweeney related a conversation he had had with a country labourer in Salisbury Plain, who said that he had only 8s. a-week, and on this kept a wife and three children. This deplorable state of matters was owing, in great measure, to the fact that the people of this country were a landless people, and to the existence of large tracts of country taken up by the hunting-grounds of the aristocracy. He maintained that new laws were required to make this evil cease.

Mr. Levy said the causes of the poverty and misery of the poorer classes were not fully realised by the majority of the members of society. He avowed himself a complete convert to the opinions put forward by the author of the paper, which, he believed, were undoubted truths. Mr. Malthus's law of population was the explanation of the poverty which existed in industrious countries. The different tenures of land much tended to obstruct a clear view of the subject. Thus, the cottier tenant of Ireland having always to pay a mere nominal rent, had no inducement to be prudent in the matter of multiplication of children, since his real rent was never more than he could afford to pay after furnishing a scanty meal of potatoes to his family out of the produce of the soil. As to the way in which the limitation of families should take place, he (Mr. Levy) did not think, with many, that each family should only have two or three children. Delicate persons would be better without any children, and the robust and capable ought to have the privilege of engendering a larger number than the average.

Dr. Chapman accepted the law of Malthus as a scientific truth, and thought there was no doubt that the human race was capable of doubling its numbers in circumstances in periods of twenty-five years by the mere powers of fecundity inherent in it. He thought, however, that the subject required also to be considered from a national point of view, and contended that if the superior races, such as the English, were to restrain their increase, the inferior races would fill up the vacant spaces on the earth to the detriment of the prospects of the race. The tendency to procreation helped us to keep down the inferior races, and thus, with the palliative of emigration, he thought that the "struggle for existence" was, on the whole, beneficial to mankind. Why not carry all our surplus population to the Colonies? The land tenure was capable of great improvement, and he held that the State should be the land-owner, which would be a great remedy for poverty at present. The principle of co-operation, too, would tend to palliate the evils of poverty. Lastly, he had, some years ago, emitted a theory, afterwards taken up by Mr. H. Spencer, that, just in proportion as the members of the human race became more cultivated, so did their tendency to reproduce themselves become lessened. Hence, probably, as civilization advanced, the mere animal propensities would become more easily kept in abeyance, and poverty, arising from our over-population, would cease.

Mr. Bradlaugh thought that no subject could possibly be more interesting than that before the society. He thought there was no doubt that population had a tendency to increase more rapidly than food could be obtained, and hence the frightful destitution which was so commonly witnessed. With regard to the inferior races, as Dr. Chapman urged, being alone kept from having large families, they were the very persons who at present had the largest families: and, again, no person would submit to be told that, because they belonged to an inferior breed, they should not have any children. The speaker said that many of the flower of the working classes in all parts of England were agitating this question; and he would add that, although the question of large families was a delicate one, the sufferings and misery of the poorer classes was so great that it was quite essential that the subject should be thoroughly gone into.

Lord Amberley said the subject brought forward by Mr. Lawrie was of first-rate importance. There was no doubt that prevention of over-population was by far the most satisfactory method of attacking the evil. How was this idea to be best spread among the poorer classes? He was glad to hear from Mr. Bradlaugh that the working classes were beginning to debate this vital point. Unfortunately the influence of the clergy in common with that of society, and the natural passions of mankind, were opposed to the prevention of over-population. He believed, indeed, that women would naturally have a stronger feeling against large families, had they any say in the matter, and if their opinions were more heard. He was truly glad to hear the credit of the discovery given to the illustrious Malthus. Like all other discoveries, there was something wanting in the working out of the details of Malthus' views, and in the ways in which over-population could be prevented with the least pain and discomfort. He ventured to think that the propositions of Mr. McSweeny, that the evils of over-population could be remedied by taking the hunting-grounds of the nobility, were erroneous. If it would do so, he, for one, did he possess such a park, would gladly part with it to do away with poverty; but, in fact, population would swallow up such small gifts in a few years, and leave only fewer open spaces for all to enjoy. Emigration was good, but not rapid enough to relieve the pressure caused by rapid multiplication. The practical conclusion from all of which seemed to him to be, that Mr. Malthus was correct, and that, if ever we are to escape, as a nation, from poverty, it must be by the limitation of the size of our families. He (Lord Amberley) objected to celibacy; we all naturally objected to war and famine. Well, then, the only remaining alternative seemed to him to be small families; and after all it turned out to be a medical question how this could best be accomplished without injury to the health. He wished much he could hear the proposals of the medical men in the room as to the best means of limiting numbers. In America ladies were in the habit of keeping back their families, but the methods they employed seemed to him to be dangerous to health. Hence he should much like to hear a discussion as to whether some innocuous measure might not be discovered. It was remarkable that the subject should have first been taken up in America, where it was not so much required as it was here.

Mr. **Rigby Smith** observed that he was completely convinced of the truth of the Malthusian law of population, and also quite convinced of the inadequacy of any alteration in the rapidity of emigration to cope with the rapidity of increase of the race. He, therefore, believed that the existence of large families was an immense evil. He would add that, at present, it was by no means the best portion of the race which increased and multiplied too fast; it was precisely the opposite of this. Witness the celibacy of the barristers and of the upper and educated classes, and the rapid multiplication of the uneducated classes.

Dr. **Charles Drysdale** said he would not assume that all in the room agreed with the law of population, according to Malthus. He believed it was but proved by the following facts:—During the years from 1790 up to 1810, there was scarcely any emigration into the United States of America, and yet the population there nearly doubled itself in these twenty years. Now, in Great Britain the greatest rapidity of multiplication ever known—*i.e.*, from 1800 to 1853, had caused the population to double only in 53 years. In France the rate of increase of late was almost null. In Turkey it was calculated that it would require 555 years for the population, at its present rate of increase, to double itself. Now, it was evident that if in France, for example, the population did not double itself so fast as in the United States from 1790 to 1810, it must be because it was checked in various ways. And, on enquiry, it would be found that in France, as in England—(1) Marriages were contracted later than in America. (2) Wages were far lower in France than in the United States. (3) There were far more prostitutes in France than in the United States. (4) There were fewer children to a family in France than in England, or, *a fortiori*, in the United States. Lastly, a vast number of children died from privations and poverty. If any person would calmly survey these facts, he could not, Dr. Drysdale thought, avoid the conclusion come to by Mr. J. S. Mill, Lord Amberley, and others—namely, that since it was perfectly impossible for the inhabitants of old countries, such as this, to double so fast as in new states, they should earnestly endeavour to find out what was the least disagreeable way of checking their over-population. The sorrows attending poverty, the diseases caused by bad living, the fevers and consumption caused by overcrowding and town life, were deplorable and distressing to contemplate, and so were the fearful pestilences, such as the plagues and cholera which so decimated the ill-fed districts of our European cities. Then, again, wars were hideous evils, and would not cease as long as misery was so common. The wretched and the poor were ever the tools of tyrants, and that fraternity which all the good desired would never arrive so long as men were so poor. He, therefore, admitted with Lord Amberley, that the question was mainly a medical one—viz., how could married persons limit the number of their offspring without injuring their health? He thought this question required much calm thought and discussion, and meanwhile would only state that in France, a few years ago, he had in one hotel met with two young couples both married about 5 years, and both without children. On interrogation the same answer was returned by both husbands, that they were not rich enough yet to afford children. This was one solution of the difficulty of over-population, if not the best.

Mr. **Nasmyth** contended that the over production of children was, in a great measure, dependent on fashion. It was the present fashion in England to have large families, whilst in France, as everybody knew, a great number of persons thought it absolutely wrong to have more than two or three. This reduced the question to one of education, and he contended that it was disgraceful to educate children, as was done without any knowledge of physiology and anatomy. It seemed to him as if this were done simply for the purpose of keeping up a priesthood of medicine, and the sooner it was altered the better.

Mr. **Davis** contended that the cause of the poverty of the poorer classes in this country was not that they had too many children, but that the land laws were bad and required alteration.

The debate was adjourned until the 15th July, at the motion of Dr. Roberts.

Summary of Science.

(*Specially edited and Compiled for the Medical Press and Circular.*)

By C. R. C. TICHBORNE, F.C.S., F.R.G.S.I., Etc.

[The Editor of this Summary wishes it to be understood that he is not responsible for the ideas, theories, or the correctness of statements made in any of the papers quoted in the compilation.]

DR. CRUM BROWN'S PAPERS ON CHEMICAL CONSTITUTION AND ITS RELATION TO PHYSIOLOGICAL ACTION.

The investigations of the above gentleman and Dr. Frazer are intended to open a most important field of inquiry, but one of which there is none so difficult or so hidden in its manifestations. The mode in which these gentlemen proceed is the following:—They take a certain class of compounds the physiological action of which is well-marked (strychnia, brucia, thebaia, morphia, codeia). These alkaloids contain a similarly situated atom of nitrogen, which is capable of being changed as regards its atomicity or relation. The salts of these alkaloids do not differ from the alkaloids themselves, because the combination is not of a very stable kind, and because the acid produces no particular molecular change in the alkaloid itself. They therefore combined the strychnia with methyl, and produced a stable compound—methyl-strychnium, first studied by How and Stahlsmidt. Large doses of thirty grains of the methyl-strychnium salt produce no action upon rabbits when administered by the stomach; fifteen grains killed, however, when injected by the skin. But instead of violent tetanic convulsions, a condition of general paralysis is observed.

On examination, paralysis was proved to have been produced by the destruction of the power of the terminations of the motor nerves to receive the stimulus and transmit it to the muscles.

Strychnia produces tetanic convulsions by exciting the nerve-centres in the spinal chord; but the methyl compound produces paralysis, and does so in a very remarkable way.

The same change is produced in every alkaloid examined which has an action like that of strychnia.

ANALYSIS OF POTABLE WATER.

Some considerable discussion has arisen in scientific circles upon the above subject. The analysis of water has been thoroughly investigated by Dr. Frankland, who read before the Royal Institution a *resume* of his experiments, from which we have culled the following important observations:—

The author, in his lecture, exhibited the test usually employed for determining the nitrogen existing as nitrates and nitrites, which, as he said, is called combined nitrogen. But it is not organic nitrogen, although it has in most cases been derived from organic matter. It is also necessary to determine how much nitrogen is present as free ammonia. This is done by what is called Nessler's test.

Dr. Frankland divides the mineral portions of the water into three subdivisions, viz.:—

1. Soap-destroying substances.
2. Mineral compounds, constituting chiefly the skeleton of the decomposed sewage, or manure.
3. Poisonous substances, such as arsenic, copper, and lead.

The first communicate to water its hardness. Medical arguments have from time to time been advanced, now in favour and now against both hard and soft water—*i.e.*, it has been stated that hard water is necessary for the formation of bone, &c. Again, M. Belgrand states that the inhabitants of the hard-water districts of France notoriously suffer from carious teeth. But as regards the enormous advantages of soft water for washing and manufacturing purposes, there is no difference of opinion.

The saving of soap, by the introduction of the Loch Katrine water, is estimated by Dr. Frankland as £36,000 annually. "My own experience," says the author, on referring to the hardness of the London water (which is temporary), "leads me to the conclusion that the advantages of temporary over permanent hardness has been considerably overrated. In reality water used for domestic purposes is even when used hot, either not heated to the boiling point, or is boiled far too short a time to remove more than a small proportion of its temporary hardness. Thus, water drawn from the kitchen boilers of the Athenæum Club, was usually almost as hard as the cold water with which they were supplied." We give three examples from a list of some of the waters, as representing the importance of the hardness of waters :—

Soap destroyed by 100,000*lbs. of water.*

Thames water	212
Glasgow (Loch Katrine)	4
Lancaster	1

The putrescible nitrogenous organic matters present in water, consists of the mineral compounds constituting chiefly the skeleton of decomposed sewage, or manure. The putrescible nitrogenous organic matters present in water or in the soil through which water percolates, undergo gradual oxidation and decomposition, by which their carbon and hydrogen are converted into carbonic acid and water, and their nitrogen into ammonia, nitrous, and nitric acid. The last three constitute a record of previous contamination with putrescible nitrogenous organic matter. Dr. Bence Jones has, however, demonstrated that rain water always contains about ·032 parts of ammonia in 100,000 of water, therefore, this amount must be deducted from that found on analysis, as nitrogen derived from ærial sources. The remainder, if any, represents the nitrogen derived from putrefied nitrogenous matter in the water.

The following paragraph is of considerable importance, and we therefore give the author *verbatim*:—

"To express this (sewage contamination) in terms of some known standard, I employ average filtered London sewage, which contains 10 parts of nitrogen in the form of putrescible organic matter in 100,000 parts. Thus, a water which contains one part of nitrogen in 100,000, as nitrous acid, nitric acid, and ammonia would contain in 100,000 parts the remains, or skeleton of, an amount of putrescible organic matter equal to that contained in 10,000 parts of averaged filtered London sewage. Such a water, therefore, is said to have a previous sewage contamination of 10,000 parts in every 100,000 parts. But it may be asked is this a true record of the previous history of the water in this respect. I believe that this nitrogen as truly represents a quantity of previously existing putrescible organic nitrogenous matter, as that the bones of a megatherium demonstrate the previous existence of an individual of that species—just as chemical and mechanical agencies have broken up and dissipated the remains of millions of animals during long geological periods—so does the action of growing plants, and, perhaps, also of living animals, remove from water in a few hours or days some portion of this skeleton of previous putrescible organic matter. Thus, by storage the East London Company reduced the sewage contamination of the River Lea from 2000 down to 230 parts in 100,000.

These skeleton compounds are in themselves innoxious, but inasmuch as they show, that the water has been in contact with animal refuse, they bring a heavy charge against it.

Refuse animal matters are known to contain what is hurtful to human life. This hurtful matter is believed, on good evidence, to consist of spores, or germs of organisms; which are capable of producing in man such diseases as cholera, typhoid fever, and dysentery.

No practical process is known by which these spores, once introduced into water, can be again removed, or can have their vitality destroyed. Filtering will not do it; boiling, even for several hours, cannot be relied upon for the destruction of such germs, some of which have recently been shown to retain their vitality after four hours' boiling.

As regards the third class, or poisonous substances, such as arsenic, copper, and lead—these substances are only likely to occur in waters connected with mineral works.

Dr. Frankland states that the presence of a minute quantity of phosphate of lime prevents the water from acting upon lead.

Mr. Simmons, the medical officer of the Privy Council, says—that the person who contracts cholera in this country is, *ipso facto*, demonstrated with almost absolute certainty to have been exposed to excremented pollution, that what gave him cholera was mediately, or immediately, cholera contagium discharged from another's bowels. Excrement, sodden earth, excrement reeking air, excrement-tainted water, these are for us the causes of cholera. That they respectively act only in so far as the excrement is cholera-excrement, and that cholera-excrement, again, only acts in so far as it contains certain microscopical fungi, may be the truest of all true propositions; but whatever be their abstract truth, their separate application is impossible. Nowhere out of Laputa could there be serious thought of differentiating excremental performances into groups, diarrhœal and healthy, or of using the highest powers of the microscope to identify the cylindro-tænium for extermination. It is excrement, indiscriminately, which must be kept from fouling us with its decay. The way in which the southern districts of London have gradually gained comparative immunity from cholera, in proportion as their two water companies have ceased to distribute sewage-tainted water among them, is a matter of history.

BLACK VARNISH.

The Paris correspondent of the *Chemical News* mentions the following curious optical experiment. In a litre of alcohol, 12 grammes of aniline blue, 3 grammes of fuchsine (red), and 8 grammes of naphthaline yellow are dissolved. The whole is soluble, or nearly so, in less than 12 hours. One application renders a white object ebony black; the varnish can be filtered, and will never deposit afterwards. The three colours are not destroyed, for each can be separated by analysis with their characteristic properties.

CARBOLIC ACID.

Dr. Glover, of Millbank Prison, was sent down to Terling by the Home Secretary, to superintend the application of disinfection by carbolic acid to this town. His visit was in consequence of an epidemic of intestinal and typhoid fever prevailing in the village. In his report, he says that incredible quantities of fœcal matter had accumulated in uncovered cesspools, open ditches, &c., and had soaked into the soil. A strong solution of carbolic acid was distributed over the entire village. Large quantities of the solution were poured into the cesspools, and it was freely applied to the filthy yards, courts, and stagnant ditches, by which many of the houses were surrounded. Many of the inhabitants at first fancied the smell of the acid produced headache, and for some few days the medical officer and inspector of nuisances were most unpopular people in Terling. We can well understand this, as in the report it is described that the village was soaked with acid, and the atmosphere became highly charged with its vapour.

Out of a population of 900 persons 300 had been attacked by typhoid fever since 4th December, and of this number 41 died. Fresh cases continued to occur daily up to the end of February, while only two persons have been attacked since the 1st of March. The carbolic acid was first used on the 17th of February. The author of this Summary is only too glad to adduce another practical instance of the value of this powerful antiseptic, which he considers he was instrumental, in a great measure, in bringing before the Dublin public.

SOLUBILITY OF OXIDE OF IRON.

M. Jeannel states that the principal cause, if not the only cause, of hydrated sesquioxide of iron being more or less insoluble in water is due to the presence of a small quantity of sulphates. A new compound indefinitely soluble, which might be named ferric chloroxide, is easily obtained in solution or in the solid state. This compound is represented by perchloride of iron, $Fe_2 Cl_3$, and an indeterminate quantity of sesquioxide of iron, $Fe_2 O_3$. M. Jeannel says that he has prepared in the cold a stable aqueous solution, containing nine times the iron contained in the officinal solution. This solution would be found specially advantageous in checking hæmorrhage. The solution possesses in the highest degree the property of coagulating albumen. It is decomposed by sulphuric, citric, or tartaric acid, and is even decomposed by a few drops of concentrated nitric or hydrochloric acid.

GAMGEE'S EXPERIMENTS UPON BLOOD.

On using nitrites as a reducing agent, arterial blood assumes a chocolate colouration, and the spectrum, when viewed, is found to have been converted from that of scarlet cruorine to that of acid hæmatin. When sulphate of ammonium, or a reducing solution of iron is added to a blood solution, which has been acted upon by nitrites, all effects of their action disappear, and the solution again possesses the spectrum of oxidized blood-colouring matter, although precautions have been taken to exclude atmospheric air. The continued action of the reducing solution then leads to the reduction of the blood-colouring matter, which, when shaken with air, again yields the perfectly normal spectrum of blood. It would therefore appear that when nitrates act upon the blood-colouring matter, they do not decompose it, nor thrust out or remove the loose oxygen with which it is combined.

The gases of both normal blood and blood treated with nitrites were boiled in vacuo, their amount estimated, and their composition determined. It is shown that when blood has been acted upon by a nitrite, the amount of oxygen which can be removed by ebullition in a very perfect vacuum is immensely diminished, the greatest difference being perceived when the nitrite has been in contact with the blood during the longest period of time.

Although blood which has been acted upon by nitrites has, to a great extent, lost its power of absorbing oxygen, it still retains the property, which normal blood possesses, of ozonising the atmosphere. Oxygen-nitrite blood reacts with guaiacum paper exactly like normal blood, and when added to a solution of peroxyde of hydrogen it causes an evolution of oxygen.

The changes in the optical properties of blood are shown to be due to the formation of compounds of the nitrite used with oxidized hæmoglobin. These compounds, with the exception of that with nitrite of silver, presented the same crystalline form, colour, and spectrum wherever the nitrite was employed. The author obtained compounds with nitrite of sodium, potassium and silver, and nitrite of amyl. From the researches of Hoppe, Leyler, and Preyer, hydrocyanic acid possesses the property of forming compounds with oxidized hæmoglobin.

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Foreign Medical Literature.

AN ABSTRACT OF DR. WESTPHAL'S PAPER ON THE GENERAL (PROGRESSIVE) PARALYSIS OF THE INSANE.

UBER DEN GEGENWARTIGEN STANDPUNCT DER KENNTNISSE VON DER ALLGEMEINEN PROGRESSIVEN PARALYSE DER IRREN.

By Dr. WESTPHAL,

LECTURER AT BERLIN.

(*Journal für Psychatrie.* 1868.)

THE disease is known under various terms as paralysie générale incomplète (Delaye), paralysie générale des aliénés (Calmeil), paralysie générale progressive (Requin, Sandras), folie paralytique (Parchappe), etc. Westphal first reviews the clinical symptoms of the disease, and afterwards the anatomical lesions. Respecting the former, we find certain disturbances of motility which formerly were considered as complications of the mental disease. They were afterwards brought into closer connection with the psychic symptoms to form one group of symptoms of the disease (entité morbids).

As regards the *psychic* symptoms, the mania of ambition (Grössendelirium) was formerly, and even recently by some English writers, considered an indispensable stage (Bayle), which was followed by mania and dementia. But Westphal considers this opinion as erroneous, as all forms of mania are found in paralytic patients, viz.: melancholia, hypochondria, idiotism, etc., even one individual may suffer from them in turns. We might possibly assume a stage of depression preceding that of maniacal disturbance, as common in mental disease, by ranging passing states of anxiety and uneasiness under the head of depression, but even in the beginning the psychic symptoms differ from common cases. In common hypochondria or melancholia the intellectual faculties are not impaired in the commencement, but if a cure does not obtain, they after a certain and perhaps considerable time get lost in a rapid manner. But all the paralytic patients suffer from mental weakness in the beginning.

Further, melancholia, mania or hypochondria, are not always present, but only a certain weakness which increases gradually till it reaches idiotism. Next to these symptoms we find headache, often of a violent character, and neuralgic pains, most likely of cerebral origin. Though the mental faculties [illegible] a constant progressive impairment, there are exceptional cases where improvement seems to take place for a time.

The disturbances of *motility* regard principally the tongue, especially so far as the language is concerned, the muscles of the face, the extremities, and often also the sphincters of the bladder and rectum. The most characteristic and easiest to recognise is the impairment of the language. In the beginning a slight occasional difficulty is observed, though the language is fluent, as if the patient stumbled over a word, but this is so slight that it is overlooked; in other cases, the language becomes altogether more slow, emphatic-like, as if the patient spoke with a certain caution, and as if in a state of slight drunkenness. Later the language becomes stuttering and at last only inarticulate sounds are heard. The tongue may be seen tremulous, later the power of volition over it gets lost, for instance the patient when ordered to show it jerks it out and in. Similarly the muscles of the face are affected, the masticatory ones act involuntarily, and the teeth are fletched. Paralysis of the tongue and face on one side are rare, and follow a fit, they are of a passing character. The voice looses its timbre, becomes sometimes nasal without paralytic lesions of the apparatus becoming evident.

Complete paralysis of the muscles of the eye is not observed, but duplex vision is frequent. Inequality of the pupils is of no value for the diagnosis, an exquisite myosis is often found, so that the pupils are not larger than pins heads.

The limbs.—Some spoke of paralysis or imperfect paralysis, especially of the lower extremities, others (Bouilloud) objected to the term paralysis as motility and sensibility are retained, but the movements lack inordination. They are irregular and comparable to those of animals whose cerebellum has been removed. Westphal believes both opinions founded on fact, and consequently adopts two classes of paralysis, which may be followed up clinically. The first comprises those patients who have the gait of tabetic patients, they sway to and fro when the eyes are closed. The second ones do not lift the feet properly when walking, they have a shuffling gait, making small steps and with widely separated legs. It is to be noticed that all the patients when in bed are able to execute movements, only at a late stage also this faculty is lost.

But though the disturbances of motion are usually more general, it happens sometimes that more or less complete paralysis of one limb or one side of the body occurs. These patients suffer at a later stage from involuntary evacuations of bladder and rectum; but it is not clear whether this is owing to paralysis or idiotism. In some cases, the disturbances of motility are so little manifest that we might speak of *latent* paralysis.

The impairment of *sensibility* is more difficult to describe and elucidate, as the answers of the patients are not reliable.

Elepsiform or *apoplectic* fits play a considerable part in the development of the disease. Loss of consciousness may be complete or incomplete—and giddiness, tumbling to one side, convulsions or passing paresis of one side of the body, or both. The language especially is defective after the fits, by the facialis and hypoglosus suffering. The psychic state is much worse after a fit.

Nature of the disease.—Bayle considered it a chronic meningitis, the symptoms depending upon different stages—viz., stage of monomania, mania, and dementia. But Westphal showed that, in reality, they do not exist. L. Meyer based the symptoms on the condition of the temperature, acute attacks being accompanied by high degrees of temperature. But Westphal thinks that the maniacal fits are in no distinct relation to the temperature, which is often increased by inflammatory diseases, and the temperature also varies without any known cause. Westphal also denies that purulent meningitis can be deduced from the presence of the whitish spots in the membranes. He also objects to Parchappe's affection of the cortical substance, especially the median one, as not proved. Rokitansky believed in hyperplasia of the cortical substance with amyloid degeneration. Westphal spoke of transformations of the walls of the blood-vessels which thicken. Robin and Lockhart Clarke examined the adventitia of the vessels, and came to the conclusion that in most cases that which had been considered pathological was a normal state, the latter believed to have found ectasiæ of the vessels. Virchow had seen them previously, and not considered abnormal. Westphal admits that the brain of the insane has sometimes a dark violet colour owing to congested blood-vessels, but he does not consider it necessary to admit newly-formed blood-vessels for explaining this condition, with some others (Mettenheimer, L. Meyer). Moreover, the cortical substance is often very pale.

Westphal once saw genuine inflammation of it in its first stage. A phthisical patient had symptoms of congestion with transient loss of consciousness, he got a little better, but worse again on the second day of the evening of which he died. A portion of the right hemisphere was found enormously swelled at the post-mortem, and there were numerous small blood extravasations. Such condition is never found in the brain of paralytic patients.

Others considered changes of the ganglion cells as originating the disease, but Westphal cannot confirm either Meschede's congestive imbibition, or Tigge's cellulous hyperplasia, or Virchow's and Mannkoff's fatty degeneration. Westphal admits that he is unable to give any explanation respecting the substance. As for the membranes, they often offer changes, but these are also found in other nervous diseases. Atrophia cerebri is likewise associated with progressive paralysis, but not less with other affections.

Westphal, without denying that Toffe drew first attention to the affection of the spinal cord in a more general manner, and without special cases, believes to have first clearly demonstrated that the cord is generally diseased in paralysis. He subdivides the affections of the cord thus: (1) Affection of the posterior tract from the neck down to the lumbar region. (2) Affection of the posterior portion of the side tract to the same extent. (3) Mixed affection of the posterior tract, and the posterior portions of the side tract. Pachy meningitis may or may not be associated with these lesions. The posterior tract wastes, owing to a considerable loss of nerve elements, they are replaced by a substance of connective tissue, which is interposed between the nerve tubes. The latter are either narrow, or of normal size, or very broad. This condition is most pronounced at the periphery of the posterior tract, especially in Goll's tracts (Keilstränge). There is no constant difference between the superior and inferior portion of the tract. This state is found in the medulla when hardened. In fresh specimens fatty granules and corpora amylacea may be found. Things are otherwise in the second and third affection. Free corpuscule cells are in fresh specimens, and the condition of chronic myelitis obtains. In the first-named class, generally the upper portion only of the posterior tract suffers.

The degeneration may be followed into the medulla oblongata, but does not reach beyond the fourth ventricle.

The connection between the affection of the medulla and the brain is not yet demonstrated. No constant extension of a morbid process from the brain to the cord, and *vice versa*, could be deduced from the anatomical changes, nor from the clinical symptoms during life. We may only assert that the psychic disturbance is generally observed at a later stage than the affection of the spine. Where psychic symptoms are the first, it is even more difficult to prove that the spine gets degenerated at a later stage, because the latter affection may exist latent for a long time. We are, therefore, at present entitled to consider both affections as independent from each other. Tabes dorsalis (locomotor ataxy) or grey degeneration of the posterior tract (Westphal's affections, No. 1) was formerly considered an independent affection of the spine, without the brain suffering, but Westphal believes it only relatively independent, as it occurs in the said peculiar connection with brain disease, with typical symptoms. The atrophy of the optic nerve, as observed in locomotor ataxy, and in progressive paralysis, points in the same direction. Epileptiform and apopletic seizures were likewise observed in grey degeneration, without mental disturbance, and with it. Therefore Westphal concludes that a certain disposition obtains of the nervous system, in consequence of which sometimes the spinal, at others the cerebral portions, at others, again, peripheric nerves suffer in succession, or simultaneously.

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Correspondence.

REFORM IN THE MEDICAL COUNCIL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Reform has been the cry for years in the political world, and I think the medical world may echo the same, with not only fairness to themselves, but with justice to the public—inasmuch, as what tends to advance medical interest, must react beneficially on them likewise. In general medical politics there is ample scope for reform; but when we consider the manner of election of the representatives in the Medical Council of the various universities and licensing corporations, reform is especially needed, if it were only for one thing, "to get the general practitioner represented."

The major part of the profession consists of general practitioners, and this class—for whom the Medical Council was thought to do, or rather it was anticipated it would do, a very great deal—is entirely ignored, having no representative in such Council: because the councillors representing each university and college are elected by the various officers who compose the committee or council of such corporations, to the entire exclusion of the holders of their various degrees or licenses. Now, such representatives being generally either pure physicians or pure surgeons, they are well calculated to look after their own interest or the *interests of the corporations they represent;* but what do they know? What can they know! of the everyday wants of the general practitioner of medicine and surgery? The general practitioner ought to be represented in the Medical Council. How is it to be done? I see by your admirable leader of this week, Dr. Andrew Wood proposed direct representation by increasing the number of councillors from men chosen by the profession, which must add to existing expenses; and surely they are large enough already—nay, too large, if compared with the real good the medical man has received for his £5 registration fee. Quackery is as rife as ever, and the public are very little wiser in matters medical now than they were prior to 1858.

Dr. Andrew Wood's proposal is fair and just, and he deserves the thanks of the great body of medical practitioners for it; but, for my own part, I hope to live to see the day when the proposal of Dr. Prosser James, to allow those who hold the diplomas of the various corporations to elect the representatives of such corporations, will become the law of the land. It is only fair and right that the Doctors and Bachelors of Medicine should each have a vote for electing the representative of their university in the Medical Council, and the Fellows, Members, and Licentiates of the three Colleges of Physicians and Surgeons, not forgetting the Faculty of Physicians and Surgeons of Glasgow, and the two Apothecaries' Halls, should enjoy the same privileges. If such were the case, I think the profession would reap great and decided benefit. Men would stand a chance of being elected, who might fairly be depended upon for doing justice to, and advancing the interests of, not only the select few, the chosen of the various corporations, but of the hard-working—in many cases overworked—and underpaid general practitioners. It might be that such representatives would not be afraid of speaking boldly on many points of medical reform. In this one particular, as in all others affecting the well-doing of the medical profession, Dr. Prosser James has always shown that he has the interests of the medical man at heart; and now since he has been requested to become a candidate to represent the Universities of Edinburgh and St. Andrews in Parliament, I can only wish him every success, because I feel sure he will be the right man in the right place, and I sincerely hope and trust that all who have a vote for either universities, and who would like to see the profession well represented in the House of Commons, may come forward and vote for him—well bearing in mind that the more medical we have in Parliament the better, and now when we get a candidate so well up in the requirements of the profession, it would be a great pity not to secure his election, say nothing about the loss to the medical world.—I am, sir, yours, &c.,

Henry W. Williams, C.M., M.D.

THE CARMICHAEL PRIZE ESSAYS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In the report of the proceedings of the Medical Council (in your number of July 8th), your reporter states "that Dr. Alexander Wood suggested that my letter on the recent '*illegal*' award of the Carmichael Prize should be referred to the Lunacy Committee, and that this recommendation afforded considerable merriment." Your readers will scarcely believe me to have been *so* "daft," as to have expected that this matter would have been investigated by this *corporate* council; their game is not among the *Tritons*, but I think it would have been more becoming on the part of Mr. Hargrave, the representative of the Dublin College, if he had *courted* inquiry instead of *suppressing* it.

I ask you in common fairness to publish my letter sent to you last week, and let your readers judge for themselves.—Yours obediently,

Edwards Crisp, M.D.

29, Beaufort-street, Chelsea, July 9, 1868.

The following is a copy of the letter above referred to:—

THE LATE ILLEGAL ADJUDICATION OF THE CARMICHAEL PRIZE ON MEDICAL REFORM AND MEDICAL EDUCATION TO ONE OF THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS OF IRELAND, MAY 1, 1868.

TO THE PRESIDENT AND COUNCIL OF MEDICAL EDUCATION.

Gentlemen,—In September, 1862, when your proceedings were closed to the medical press, I placed before you the leading points connected with the illegal adjudication of the triennial prize of fifty guineas at the Royal College of Surgeons of England, and the illegal non-adjudication of the Carmichael prizes by the Royal College of Surgeons of Ireland, believing that it was your special province to investigate such matters as related to *medical education*, and to scientific progress. As you have probably forgotten the circumstances, you will, I trust, pardon me for directing your attention to the subjoined brief recapitulation. In the first example, a prize was given to a gentleman (one of the adjudicators being his colleague) for an essay full of vital and unmistakable errors, nearly all of which essay (nineteen twenty-fifths) had been published before. This gentleman did not comply with one of the printed directions of the Council, and on thirteen different occasions, as shown by the pamphlet I placed before you, told his colleague, that he was the author of the essay.

The other example, which has an important bearing upon the complaint I now place before you, was that of the Carmichael Prizes which, according to the will of Mr. Carmichael, if not thought worthy by the Council in 1854, the grant might be *postponed* until 1859. I place the word *postponed* in italics. "The adjudication to be made by the Council. The competitors to send in their essays three months before the first Monday in May, upon which day the Council shall pronounce judgment" (see Mr. Carmichael's will, *Dublin Medical Journal*, 1850, p. 409).

Notwithstanding these injunctions, the Council deputed three of their number to adjudicate, and although there were several candidates, Dr. E. Lee,[1] an old medical reformer, and one faculty advocate, Mr. Dale, of Plymouth (both which gentlemen have published their essays), Dr. Ansell, myself, and others, all I believe Englishmen, the prizes were illegally withheld, and no public report made by the three adjudicators. In your reply to my letter, you said "that the matter did not come within your province." I now make bold to bring the subject in a new dress; one in which the corporate habiliments are of the same colour, but the hue is more glaring and offensive.

In 1862 I protested against the legality of the proceeding: the leaving a political matter, to the judgment of *three persons*, especially in a country like Ireland where politics and religion exercise such a potent influence. Mr. Carmichael (as shown by his will) *never intended that the adjudication should be left to a small section, but to the council at large.*

But, gentlemen, as regulators of medical education, and as censors of medical honour, what think you of the recent adjudication of this prize to an *adjudicator*, one of the Council of the College, who in his *corporate capacity* (Medical Press and Circular, May 6th, p. 410) moved that the amount of the prizes should be doubled; but who, to use the words of the same Journal, tried for this prize in his *private capacity* (June 17th, p. 525.) According to the will of Mr. Carmichael, *not a word is said about the power of doubling the prizes after* 1859.

Gentlemen, these are the first[2] Carmichael prizes that have been awarded, although they bear so materially upon medical education and the good of humanity; they are to be competed for, according to the will of Mr. Carmichael, every four years, and it is for this reason that I bring this subject before you again. As I have said before, it is one that especially comes within your province—*Firstly*, Because it particularly relates to *medical education;* and, *secondly*, because those who have the power to sit in judgment upon others, should be careful that their own acts should be free from corporate taint and corruption.

Professor Syme, one of your Council, in speaking of the Swiney Cup adjudication by the elect of the London College of Physicians, said in his essay on "Medical Reform," 1850, "That a College that supported their own President on, and identified themselves with, the perpetration on such an outrage on decency and propriety, could not be safely trusted with any power of controlling the members of a liberal profession." I am sure that on the present occasion I shall have the Professor's support.

But let me in common fairness ask how many of the Council of Dublin College may, in "their *private capacities*" compete for the prizes in 1871? especially if the amount be doubled by themselves or their friends (£400, £200)? How can the Council, as directed by Mr. Carmichael, decide the question, if *even one of their body* become a candidate for the prize?

In justice to myself, I may add, that I have no pecuniary interest whatever in this matter, my essay now at the Dublin College of Surgeons (to be published by Dr. Mapother, the gainer of the first prize), and also the one sent in 1859, went far too deeply into corporate abuses, and into grades and distinctions in the very chambers of death, to lead me to expect even a commendation or an honourable mention. Indeed, according to the three adjudicators, who reported to the Council (Medical Press and Circular, May 6, p. 410), and whose judgment it would be treasonable to question, it, with the two other unsuccessful essays, "*did not come up even to the present advanced position and requirements of the profession.*"

I again ask you as a Council of Medical Education, and, to use the appellation of your President, as a "Commonwealth of Medicine," to investigate this important matter, so that future candidates for these prizes may know the amount of money they have to contend for, and the amount of corporate interest they have to contend against? Waiting your reply—I am, gentlemen, your obedient servant,

Edwards Crisp, M.D.

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GUY'S HOSPITAL, LONDON.

At a cost of about £30,000 the Directory of Guy's Hospital have determined on still further enlarging its capacity by accommodation for 160 new beds. This number is to be evenly distributed over four storeys, and the Ophthalmic department of the Hospital is to be transferred to the lowest of the four.

REJECTIONS AT THE LONDON COLLEGE OF SURGEONS.

Those who complain that the standard of medical education is lowered from the standard at which it should rest, can hardly charge the Royal College of Surgeons of England with accepting from its candidates an insufficient amount of professional information. Students appear, however, to have become imbued with a different idea, or else they are callous to the disgrace of being rejected for their ignorance, for the proportion of the "referred" to the "passed" candidates increases every year.

We are informed that out of 71 students who offered themselves at the last Anatomical or first half examination at the College, no less than 23 were sent back.

Whether teachers or students be responsible for this state of things, it shows a very dangerous indifference in the matter of education, and requires the most earnest attention of the profession.

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Medical News.

The Public Health.—We extract the following weekly returns from the Registrar-General:—In the week that ended on Saturday, July 11, 4354 births and 3168 deaths were registered in London and in 13 other large towns of the United Kingdom. The annual rate of mortality was 26 per 1000 persons living. The annual rate of mortality last week was 25 per 1000 in London, 19 in Edinburgh, and 16 in Dublin; 23 in Bristol, 26 in Birmingham, 27 in Liverpool, 36 in Manchester, 27 in Salford, 29 in Sheffield, 21 in Bradford, 30 in Leeds, 24 in Hull, 27 in Newcastle-upon-Tyne, and 27 in Glasgow. The deaths registered in London during the week were 1505. It was the twenty-eighth week of the year, and the average number of deaths for that week is, with a correction for increase of population, 1379. The deaths in the present return exceed by 126 the estimated amount. The annual rate of mortality was 23 per 1000 in West London, 23 in North London, 25 in Central London, 28 in East London, and 26 in South London. The deaths from zymotic diseases were 582, the corrected average number being 430. Nine deaths from smallpox, 31 from measles, 39 from scarlatina, 14 from diphtheria, 42 from whooping-cough, 59 from fever, 300 from diarrhœa, and 19 from cholera were registered. The deaths from diarrhœa differ little in number from those in the preceding week. In the week which ended June 6, the deaths from diarrhœa were 27, in the four following weeks 31, 66, 171, and 286 persons died, and last week the deaths recorded were 300.

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[1] See his letter, Medical Press and Circular, June 24th, p. 549.

[2] Four periods have elapsed since 1850.

STATISTICS OF INSANITY—The report of the Commissioners in Lunacy lately issued records 33,213 patients in the various institutions of England and Wales on the 1st of January, 1867, against 31,917 in the previous year. The inmates were distributed as follows:—25,680 in county and borough asylums, 2282 in registered hospitals, 2546 in metropolitan licensed houses, 2097 in provincial licensed houses, and 608 in naval, military, and State criminal asylums; of these numbers 27,361 were pauper lunatics, and 5852 private lunatics. Since January, 1867, 3572 were discharged as recovered, and 3365 died, including 25 by suicide. Of the 33,213 remaining in January, 1868, 3884 were deemed curable, 435 were found lunatic by inquisition, and 675 were criminals. In Colney Hatch Asylum the patients numbered 2036 on the 1st of Jan., 1867; the deaths during the year 1867 were 174, and the number discharged as recovered was 105; the admissions during the year were 306. On the 1st of January, 1868, there were 2035 patients, only 62 of whom were deemed curable. The principal causes of death were paralysis, epilepsy, phthisis, pneumonia, bronchitis, and exhaustion after mania. The mortality was lower than usual among females, but higher among males. No less than 380 applications for admission were refused from November, 1866, to November, 1867. The average numbers attending chapel were 270 men and 367 women; and not more than 300 altogether attended the general entertainments. In Hanwell Asylum the patients numbered 1723 on the 1st of January, 1867; the deaths during the year were 177, and the number discharged as recovered was 102; the admissions during the year were 344. On the 1st of January, 1868, there were 1723 patients, of whom 87 were deemed curable. At the visit paid by the Commissioners to this asylum in Dec., 1867, the records of employment showed that 789 of the patients were employed—viz., 239 men and 550 women; of the former, 60 worked on the farm and land, and 55 at trades; of the latter, 235 were engaged in needlework, 91 in the laundry department, and 23 in the kitchen, dairy, and bakehouse. The chapel attendance on Sunday was about 550. The asylum was much overcrowded, and the necessity of making further provision for the pauper lunatics of the county is a matter of pressing urgency.

MALVERN HOSPITAL.—The stranger, on approaching the Rural Hospital, will at once see that it belongs to the public—or that it is a public institution set apart for their use, but what he cannot conjecture unless some outside show be made. The building stands, as we before said, on elevated ground, and is surrounded with a rough stone wall, except in the front, and that is built and ornamented with red and blue bricks. There are two entrance gates, one for foot passengers and the other for carriages. The building and grounds occupy nearly two acres. That in front will be laid out with grass, shrubs, flowers, &c., and will contain a drive for carriages. The ground at the back will be used as a kitchen garden where the vegetables required by the servants and inmates will be grown. Round the building which is constructed with brick and Bath stone dressing, the latter used very sparingly, there is a protection wall to the foundation to keep it dry. The basement storey up to the ground line is of Malvern-hill stone, with brick quoins, and above are lines of red, white, and blue bricks. The arches and tympanum are set out with white and blue bricks, each arch being varied in style. The entrance to the building is by a flight of stone steps, over which is a hooded porch made of wood and covered with tiles, similar to those on the main building, which are capped with ornamental ones on the ridge. Over the entrance door is a fanlight leaded, the quarrys being of Cathedral glass. The door being opened, a vestibule or passage is entered six feet wide. It is stuccoed in imitation of Ashlar work. The floors of the vestibule and corridor are laid with Godwin's tiles, which he put down at half price. Passing down the vestibule, and on turning to the right, the corridor leads to the large ward for men. This is 17 by 26 feet, and 15 feet high, well lighted, and ventilated on north and south with cold air, and on the east with hot air. There are all necessary conveniences, water-closet, hot and cold water, and pipes for gas, when that is brought so far on the road. This room will accommodate four beds. Near to this is a smaller ward, similarly filled up, 13 by 16 feet, for two beds, and opposite this is the bath room, 9 by 11 feet, with all necessary appliances. The east side of the building will be occupied by men, while the west side will be apportioned to the females, and is in most respects similar to the men's side. Over the corridor and vestibule are groined arches, which give a light and elegant appearance. Opposite the entrance is the operating room, 20 by 14 feet, which is conveniently fitted up. It has two closets and a cupboard, one with hot and cold water, and one where the instruments will be kept. The ventilation and light are very efficient, as a large quantity of the latter comes in from a skylight. In the north west end of the corridor is a flight of steps leading to the basement part of the building, which is fitted up for attendants and nurses. The housekeeper's room is 17 by 26 and 9 feet high. It has convenient cupboards, piping for gas, and grate. It is flanked by a beer and wine cellar, fitted with zinc and glass, and necessary shelves and trams. The kitchen is 18 by 16 feet, and has a capital range with appliances for sending hot water all over the building. Out of it is a door leading to the scullery, where the force-pump, boiler, &c., are found. Adjoining this is the mortuary, coal celler, and small closet, the latter being flanked by a larder and visitors' waiting-room. The woodwork of all parts of the building is of the best red pine. The frames of the doors are stopped, champhered, and stained, while the panels are uncoloured, the whole being varnished.—*Malvern News.*

CINCHONA IN JAMAICA.—We learn upon reliable authority that there is every prospect that the attempt which is being made to add an important staple to the resources of the island of Jamaica in the cultivation of cinchonas will be attended with success. Under the direction of Mr. Robert Thomson operations were at first confined to propagation, which was undertaken in a systematic way in the early part of 1866. In March of the following year progress had so far been made that there were some 800 plants fairly growing. It was then decided to cultivate the trees on a more extended scale. With this view, plantations of from 100 to 200 acres were marked out in the Blue Mountain range and propagation was again carried on in contiguous sites ranging as regards elevation above sea level from 3500 to 6500 feet. The fact that certain plants, few in number it is true, had been growing here and there since 1861, and that one or two of these had actually attained the height of 20 feet, proved that the island in some parts was well suited to the growth of certain cinchonas. At the present time, as the result of the growth of cuttings and of seed furnished by Dr. Hooker from Ceylon, there are about 25,000 plants in vigorous growth. In May, 1867, a score of cinchona simarubra were transferred to a site of an altitude of 3700 feet, when they were about six inches in height; at the beginning of the present year they had actually grown to that of three feet. The larger number, however, of the 25,000 were in pots, 500 only had been planted out at a height of 5200 feet. Mr. Thomson, we understand, is fully impressed with the opinion that the cultivation of the cinchona will be "highly remunerative." He is not prepared to say which species is likely to be most luxuriant, but he has every reason to believe that the ultimate success in Jamaica "will not yield to that of India." These facts are of great interest, not only in regard to the increasing demand for quinine, but the commercial and consequent social improvement of the island. Should the government experiment be successful no doubt the landowners of the island will follow the example set them, and undertake the culture for themselves.—*Standard.*

TESTIMONIAL TO DR. JOHN HARLEY.—On Friday last a few of his old students presented this distinguished physician with a copy in silver of the Cellini Vase, bearing an appropriate inscription, on the occasion of his retirement from King's College, London, as Lecturer on Physiology in the evening class department. The testimonial was accompanied by a very flattering address. Regret is expressed on all sides at the inconsiderate manner in which Dr. Harley has been treated by the Medical Board of King's College, and it is pleasing to find the Doctor's students resenting the slight put upon him.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 29, 1868.

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REMARKABLE AND CURIOUS CASE OF FOREIGN BODY IN THE LARYNX:

SEVEN ARTIFICIAL TEETH (SET IN GUTTA-PERCHA) HAVING ENTERED THE WINDPIPE DURING A FIT OF EPILEPSY: IMPENDING SUFFOCATION: TRACHEOTOMY PERFORMED: FOREIGN BODY EXTRACTED: DEATH THE RESULT OF A VIOLENT EPILEPTIC SEIZURE.

By HENRY GRAY CROLY, F.R.C.S.I.,
LICENTIATE OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS;
SURGEON TO THE CITY OF DUBLIN HOSPITAL;
LECTURER ON CLINICAL SURGERY, ETC.

At 11 o'clock on the night of the 9th of July of the present year, I received an urgent message from Mr. Lyon, of Patrick-street (general medical practitioner), requesting me to visit Mr. ———, a *dentist*, aged 30 years, residing in Parliament-street, who had missed a set of artificial teeth from his own mouth, on recovering from an epileptic fit in the afternoon of that day, and who was then suffering from urgent dyspnœa.

Having placed in my pocket the instruments and appliances required for tracheotomy, I drove at once to the residence of the patient, and found him sitting up in bed suffering from croupy breathing.

In reply to my questions, he spoke in a whisper; I ascertained, on inquiry, from his wife, the following facts: Her husband had been the subject of severe epilepsy for sixteen years; he lost his teeth early in life, and before his marriage had an artificial set, which she was in the habit of removing when he was seized with a fit. The clasp of the upper set was broken, and through negligence had not been repaired; he was frequently attacked with epilepsy when in the act of operating as a dentist; he dined heartily at four o'clock on that day, and at five o'clock had a violent fit, and on recovering could not find the upper set of teeth belonging to the front of his mouth; he felt uneasiness in his throat; lost his voice, and had some difficulty of breathing; he searched his bed and room for the teeth but could not find them, and yet he would not believe that he had swallowed them. His wife sent for Mr. Lyon shortly after the occurrence, who, finding the patient's symptoms becoming serious, requested that I should be sent for. I proceeded to examine the patient in the following manner: I first passed the forefinger down to the entrance of the windpipe to ascertain if the foreign body lay across the opening. I then examined his chest carefully with the stethoscope, but could not discover any alteration from the natural respiratory murmur. I next drew forward the tongue, and introduced a long curved forceps into the larynx; this produced alarming dyspnœa. The patient vomited large lumps of meat and potatoes. I informed the patient and his wife that I believed the teeth were lodged in the windpipe, and that an opening should be made without delay into the air-tube to prevent suffocation. I also stated that if he got an epileptic fit while the foreign body lay in the windpipe he might be suffocated.

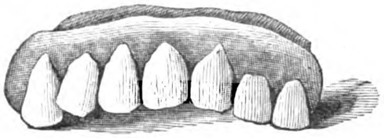
I had the advantage of a consultation with my able friend Mr. Porter, now President of the Royal College of Surgeons. He agreed with me as to the imperative need for immediate operative interference. In his presence I again attempted to feel the foreign body, with the aid of a long curved forceps, but was obliged to desist, in consequence of the urgent dyspnœa and struggling of the patient.

The necessity for the operation was fully explained to the patient and his wife. They agreed to our proposal, and I then proceeded to operate.

The patient was placed on his back on a table, as near as possible to a jet of gas which was over the mantel-piece. His shoulders were raised, but he suffered considerable dyspnœa when his head was brought backwards. His beard having been shortened, and the integument over the trachea steadily fixed, I made an incision in the median line with a scalpel, commencing about half an inch above the sternum, and extending nearly as high as the cricoid-cartilage. The fascia connecting the sterno-hyoid and sterno-thyroid muscles was divided on a director, and then, with the handle of the knife and the end of my forefinger, I quickly reached the tracheal fascia, which I scraped through with a director. Scarcely a drop of blood was lost. Enormous veins (the inferior thyroids), almost as large as goose-quills, were seen lying parallel to the trachea—these, with the sterno-hyoid and thyroid muscles, were carefully retracted by Mr. Porter. Having laid bare the rings of the trachea, which was very deep and small, I seized and raised the tube by means of a small hook, and with a narrow-bladed knife I cut a circular piece out of the trachea, as large as a sixpence.

The dyspnœa was relieved, and the air passed through the wound with a loud hissing sound. The windows were thrown widely open, and the patient sat up. I proceeded to search through the wound alternately with my finger, a bent probe, and a curved forceps, in every direction, but could not touch the foreign body. This proceeding caused urgent dyspnœa.

Soon after, the patient was seized with one of the worst epileptic fits which I ever witnessed. His face became almost black, and his features were hideously distorted. The air passed freely through the artificial opening during the fit, as evidenced by holding a lighted candle to the wound. The flame was blown out three times in succession. We dashed his face with cold water, and I raised with a hook the opening in the trachea, and kept it raised on a level with the wound. The mucus was carefully removed with a small sponge and feathers. The fit lasted about a quarter of an hour, and we feared that he would have expired in it. He recovered, and I again attempted to find the foreign body. On introducing the end of the little finger, I touched a hard substance lying at the left side of the larynx, close above the wound. I tried to seize it in a polypus forceps, but it slipped upwards towards the mouth. I then caught, and was enabled to remove, the set of artificial teeth, as represented in the accompanying woodcut. The patient was shortly afterwards seized with another epileptic fit, in which he soon expired.



The annals of Surgery afford numerous instances in which foreign bodies, of various forms and size, have accidentally entered the air-passages, amongst the most remarkable of which are the case of Brunel, the celebrated engineer, into whose larynx a half-sovereign slipped, and which, by a combination of artistic and scientific skill, was happily expelled thirty days after the accident—tracheotomy having been performed by Sir Benjamin Brodie; Houston's case, in which a large molar tooth entered and passed through the larynx during the operation of extraction; also cases of buttons, pease, fruit-stones, portions of bone, &c.; but, perhaps, the case now related has no parallel, in which so large a foreign body as seven artificial teeth, set in guttapercha, entered the larnyx and passed through the rima glottidis, and lodged at the junction of the larynx and trachea.

That a foreign body had entered the air-passage during a fit of epilepsy was evident in this case from the croupy breathing, urgent dyspnœa, and aphonia, corroborated by the fact that the artificial teeth belonging to the upper jaw were missed by the patient after the epileptic seizure, and could not be found. The stethoscopic signs were negative, in consequence of the foreign body having been fixed in the long axis of the trachea (as was afterwards ascertained in the removal of the teeth), and thereby not fully obstructing the entry of air into the lungs.

The necessity for bronchotomy was obvious, and was sanctioned on consultation with Mr. Porter. The danger of spasm of the glottis in this case was imminent and twofold, either from the foreign body being forcibly driven against the rima glottidis during expiratory efforts, or during a return of the epileptic seizure. I accordingly performed the operation of tracheotomy, ably assisted by Mr. Porter.

Such a procedure, at midnight, on an epileptic patient, having a fat neck, with enormous large veins, and a small and deeply-seated trachea, was a serious undertaking, and, so far as the operation itself was concerned, was perfectly successful. Death was obviously caused by prolonged and violent recurring epilepsy.

THE FOOD QUESTION.

By HENRY MAC CORMAC, M.D.

This question, its discussion and solution, comes, or ought to come, especially within the competence of medical men. I think it needs no insisting upon that the working-classes of these countries are not adequately nourished, thereby impairing or losing, so far as it depends on nourishment, the safeguard against disease of body and mind, which a sound habit of body ensures. The working-classes are adequately nourished nowhere. But many of the wealthy themselves, particularly women and children, and men who have much "head-work," as it is termed, are not at all sufficiently nourished, whether as regards quality or quantity. It is a great question, is the food question, and one that well-deserves patient care and attentive consideration. *In limine*, the appetite for and assimilation of food, largely depend on air, exercise, cleanliness, and variety. The art of cookery, irrespective of procuring proper sustenance of any kind, may, as regards the immense majority of the people of these lands, be well regarded as in next to a savage state. We do not devour our food raw, indeed, but the aid of art is very imperfectly called in. The cookery books are, one worse than the other, crude, ridiculous, and impracticable. There is a general *rationale* or principle of cookery which the authors of these treatises know nothing at all about, and which, nevertheless, should be prefatory to every treatise on cookery. The French have not arrived at the consummation or climax of the cooking art, nevertheless, they have arrived at a degree of empirical skill which, though somewhat exaggerated, is not the less perfectly surprising. If a French teacher of practical cookery were attached to every school, as well as a teacher of French, it would do a mint of good. I think Thomas à Kempis a wonderful book. I have read it several times, and hope to read it again. Nevertheless, Brillat Savarin would be productive of more *material* happiness at least. Dear Thomas was an ascetic of the first water, but Savarin was a cook in a very high sense, and certainly shows the importance of being well "done for" in the dining line. And, really, I do not see, I should like to know, what a man is good for that gets no dinner, or, at least, no adequate one. I have perused Soyer, Francatelli, and several other French treatises, but they are all, Jules Gouffé (which I have *not* as yet read), I fear inclusive, highly empirical, and no more calculated to teach cookery than treatises on the piano, or on swimming, alone, are calculated to teach swimming or playing on the piano. There must be practice. But practice, after all, is a poor thing without principles, and the cooks who write are hazy in the extreme on the subject of principles. They do not, in fact, Brillat Savarin, in a certain limited sense, excepted, know anything at all about principles.

Now, principles in cookery are like principles in everything else, the very lights and guides of the world. What we need are principles coupled with efficient practice; in fine, principles and practice, sound principles and sound practice. For the infant, the best food is, first, mothers milk, the healthy milk of a healthy mother. The next thing it needs, is the healthy milk of a healthy animal—say a healthy cow, or ass, or goat. Farinaceous matters and animal solids will come in due time. The various "foods" and "substitutes" are perfectly inadequate. Good cow, or goat, or asses milk, a little of the bruised yolk of a good egg, or a little good recent beef-tea, one or all, is the only approximately good substitute or substitutes that I know of, and one and all they are inferior, in its own time and place, to good mothers milk. For the mothers milk is prepared by the cunning hand of Nature, and for the creature it is designed for, is the best of all possible nourishments. And why is it so, simply because it is thus designed by the Maker of the infant. It contains, as to artificial "food," the azote, the carbon, the water, the sugar, the fat, the casein or fibrin, the phosphates, the carbonates and the sulphates, the iron, the lime, and, in fine, the various matters needful to build up the infant, wholesomely, blood and bone. Now, the mans food, *mutatis mutandis*, is the childs food. He must have the same ingredients, so wondrously combined in the mothers milk, that the babe has, agreeably, sufficingly, and variously served up to him. If any ingredient be absent or bad, or insufficient, he is sure to suffer, and in effect does suffer, grievously. The whole art of cookery, then, is to procure these diverse food ingredients, and to present them in an agreeable and sufficing form to the palate of the human being that is to make use of them. In the first place, the water must be pure. It must not be loaded with foreign matters or with living organisms. The food should be varied. Though milk no longer prove the exclusive sustenance, good milk, variously prepared, is an excellent ingredient of adult regimen. Wines, spirits, ales, tea, coffee, chocolate, each and all of them good of their kind, and in the guarded measure which sound sense dictates, have their uses. Bread comes next, good bread, to good water. Bread, too, should be varied, well prepared, and well cooked. Rice, barley, rye, wheat, Indian corn, with some foreign grains, separately or mixed, constitute the desirable ingredients. The grains, also, may be prepared whole. In the form of bread, the grains should be good of their kind, well mixed, well baked, carefully and cleanly manipulated. Wheat has the singular peculiarity that the inner or internal husk may be ground up, and incorporated with the bread. The advantages are great. There is a surplus of nitrogen gained, then there are the extra phosphates. Lastly, the bran particles obviate the constipation or costiveness which white bread promotes, and which proves in various ways so frequent a source of injury and distress. Whole meal bread, well baked and prepared, will sustain life alone, white wheaten bread will do nothing of the kind. Working men and women suffer very much from the bad white bread which they now so exclusively use, and which is really inadequate to the wants of the living organism. Some, however, very superfluously, I think, object to the bran particles. They say they irritate the bowels. Admitting that, as thus, the bran particles are objectionable, at least, in some persons, wheat has recently been ground down by the Messrs. Chapman into a perfectly smooth and homogeneous flour, by which all the nutritive properties of the bran are retained, while the roughness and grittiness appertaining to the bran in ordinary are entirely obviated. *Probatum est.*

As we are constituted, animal food, fish, flesh, fowl, variously and agreeably prepared, seems, if not absolutely, at least approximately, requisite. It is to the preparation of these, variously combined with pulse, vegetables, and fruit, that the art of cookery is considered more especially to apply. In fact, the animal foods, as prepared, and coupled with those derived from the vegetable worlds, mineral and vegetable condiments inclusive, *must* contain the ingredients of which mothers milk or the egg yolk is the so perfect standard. If they do *not* contain these ingredients, the animal frame perishes or becomes inadequate to the performance of the various requirements of this life. The cook would need to be something of a physician, the physician somewhat of a cook. Into the preparation of foods, it is here out of the question to go. I have, at least, signalised some of, nay, the leading *principles* which the consideration of the preparation of food should comprise. Milk, water, bread, animal fibre, along with wines, fruits, and vegetables, constitute the food of man, a varied bill of fare truly. There is, however, one dish to which I must advert ere I have done, as it much concerns the welfare of working-men, and all men, in fact, are, or at least ought to be, working-men. That is the Stew. With good bread, good water, good milk, good wine, good fruit, grains, pulse, and vegetables, and a *good stew*, any man might live, and live well. And, really, I do not think that any human being should have a more restricted fare. Every working man and working woman should, at least, have this. If I could have my will, I would have the Legislature or, at least, some public body, to offer a thousand pound prize, with approximately smaller prizes, to him or to them who should devise the best stew or stews. And having devised such stew or stews, I would have the process taught in every family and in every school. It would prove a more important problem, solved, than the philosophers stone, even the solution of the north-west passage, or the finding of the longitude. With a good stew, daily, and the other ingredients I have mentioned, disease of body and mind and material unfitness, generally, would have received a sore blow and great discouragement. The "Irish stew," the Spanish "*olla*," the French "*pot-au-feu*," and "*bouillibaisse*," or fish stew, and the "Indian curry," are all approximately good dishes. And there might, perhaps, be something better. Some years since I published a receipt for a stew. Hopefully, some one else will do yet better, and a very great good might thus be effectively and finally consummated.

UREA AND URIC ACID: THEIR RELATION TO HEALTH AND DISEASE.

By B. KELLY, M.D., L.K.Q.C.P.I.

(Continued from page 74.)

Considerable controversy has long existed, and still exists, respecting the topical formation of carbonate of ammonia in albuminuria. Frerichs is of opinion that this substance is always generated in the circulation, from the decomposition of urea, and not in the stomach and intestines, as Barreswil, Bernard, and other physiologists maintain. But, apart from the high authorities opposed to the theory of Frerichs, there are many considerations which militate against the correctness of his views. In the first place, I cannot well understand why ammonia should be so readily formed in the blood of uræmic patients from the decomposition of urea, when we know the latter substance constantly exists in greater or less quantity in the blood during health, without giving rise to a similar metamorphosis. Were Frerichs' theory, moreover, perfectly sound, albuminuria would cease to be the formidable and fatal disease it really is, for all the urea generated in the system would be gradually changed into carbonate of ammonia, and be steadily eliminated by exhalation from the lungs. This is the usual manner in which this agent is removed from the economy, when injected into the veins; and the same, doubtless, would ensue in albuminous nephritis. When, however, the urea accumulates to such a degree as to require to be excreted by the gastro-intestinal mucous membrane, it becomes readily transformed into ammonia by contact with altered mucus and other vitiated secretions which abound, under such circumstances, in the stomach and bowels. The new-formed carbonate is then capable of being absorbed, precisely in the same way, and with similar effects, as when given as a medicine by the mouth; so that its presence in the blood in cases of uræmia is by no means conclusive evidence that it had originally been formed in the vascular system.

As to the nervous accidents—amaurosis, deafness, convulsions, &c.—which are said to depend upon the existence of ammonia in uræmic blood; there is good reason, on the contrary, to suppose that these symptoms arise rather from the loss of albumen, coupled with an excess of retained urea in the system, and the consequent escape of the serum into the connective tissue of the body. Ammonia has been injected in large doses, by way of experiment, into the jugular veins of healthy animals, without producing any graver accidents than acute pain and jactitation, which, however, soon subsided. Even in the cases cited by Frerichs in corroboration of the former theory, in which convulsions, stupor, &c., followed the introduction of carbonate of ammonia into the vascular system, the animals speedily recovered the shock, and soon regained their usual health and vigour. The escape of the serum, consequent upon the abundant excretion of albumen by the kidneys, is virtually tantamount to one or more copious general bleedings, for the blood becomes thereby depleted of two most essential constituents, not to speak of numerous saline substances scarcely less important. The mere presence of the serum in the meshes of the areolar tissue, or in the cavities of the chest and abdomen, is of no more avail to the healthy nutritive functions than if it were totally eliminated from the body. And as the blood in such cases has lost its plasticity and endosmotic power in a great measure, it remains permanently altered in quality, and deficient in normal proportion. Bleeding, we know, when carried to excess, will produce all the symptoms following in the train of albuminuria—amaurosis, deafness, convulsions, coma, and death.

In gout and rheumatism there is a remarkable disparity in the final disposition of the uric acid and urates, so abundantly generated in both these diseases. In the former the acid, with its compounds, exhibits a peculiar tendency to collect, in the form of tophaceous concretions, in and around the diseased joints, as though these parts were the laboratories in which they had been fabricated, while only a comparatively small portion of them is eliminated by the kidneys. In rheumatism, on the contrary, the articulations never become the seat of similar deposits, it matters not however long the disease may have continued, or how swollen and painful have become the joints; whereas the sweat and urine point to the proper emunctories, and bear ample testimony to the free removal of the morbid products from the system.

The acidity of the urine, as it appears, does not depend upon the amount of uric acid and urates, but rather upon the quantity of acid phosphate of soda held in solution in this liquid. Liebig, after emphatically enunciating this fact, advances a step farther, and states that as lactic and acetic acids are rapidly formed in the urine after its excretion, its acidity, therefore, does not always depend upon the acid phosphate of soda alone, but also upon free *hippuric* and lactic acids. It is not necessary, however, that urine should contain grape sugar in order that lactic and acetic acids be produced by fermentation—their presence in this liquid being sometimes traceable to the decomposition of an azotized extractive matter in union with a substance resembling dextrine, if not in physical, at least in chemical characters. Furthermore, when the perspiration, which also contains free lactic and acetic acids, is suddenly checked by cold, or by inflammatory action, these substances are thrown back upon the blood, and are eliminated by the kidneys. Then, again, the amount of carbonic acid, dissolved or suspended in the urine, is sometimes so considerable as to give it a decided acid reaction, and it generally exists in sufficient quantity to keep the phosphates, even when abundantly excreted, soluble in this fluid. After micturition, however, the greater portion of the acid escapes, owing to its volatility, when the phosphates become precipitated in the form of a whitish, flocculent deposit. Upon the application of heat, the carbonic acid is more thoroughly expelled, and hence we often see a copious sediment of earthy phosphates produced, which, in the absence of the nitric acid test, is so liable to be confounded with albumen. These facts sufficiently account for the urine containing these salts being acid on emission, but soon after becoming neutral or alkaline, without having recourse to the more complex mode of explanation deduced from the development of ammonia by the action of putrid mucus upon urea, and the consequent precipitation of the neutral or acid phosphates.

Dr. Bence Jones, lecturing on the urine, says—"If the degree of acidity is slight, a large quantity of urate of ammonia may remain in solution; if the acidity is considerable, then even a small quantity of urates may give a precipitate." The thicker and more turbid the urine in such cases, the more acid, generally, will be its reaction, and *vice versa*. From this we may reasonably infer that urate of ammonia and other urates, whether they exist in small or large quantity, are precipitated by a highly-acid urine; whereas a sparingly acid, neutral, or alkaline liquid is favourable to their solution. The knowledge of these facts is most important, for by it we not only get a clue to the formation of urate of ammonia and uric-acid calculi, but also to their most rational and efficacious treatment. It may be mentioned in connection with this subject, that Heller attributes the acidity of the urine, so common in Bright's disease, not to the presence of uric and hippuric acids (for these substances are not always constant), but to uroxanthin.

Before concluding, I purpose saying a few words upon the oxalic diathesis, and its relation to urea, uric acid, and urates in the urine.

Great uncertainty still exists respecting the formation of oxalic acid in the system. That it effects an entrance therein after the use of sorrel, rhubarb, tomatoes, and other edibles normally containing it, either in the free state or in the form of oxalates, there cannot be a reasonable doubt; but to account for its spontaneous generation, so to speak, in the living organism, is a problem very difficult to solve.

Liebig, Frerichs, and Wöhler have obtained three distinct products from boiling together uric acid and the peroxide of lead, namely—oxalic acid, urea, and allantoin. They also affirm that the same play of chemical affinities, attended by similar results, is capable of being performed in the interior of the body. Other experimenters, less fortunate in their attempts, have failed to corroborate the truth of this theory. M. Gallois has only once succeeded, and that in his own individual case, to detect oxalic acid in the urine after the ingestion of a soluble urate into his stomach. Oxalic acid may then be formed in the system by the oxydation of uric acid in contact with some agent like the peroxide of lead, capable of yielding up its surplus, or feebly-retained oxygen; but, inasmuch as the presence of one or both these organic substances, either in the free or combined state, is incompatible with the alkalinity of the blood, and the consequent decomposition of sugar into water and carbonic acid, the question inevitably rises—what becomes of the sugar that is constantly poured into the general circulation through the hepatic veins. It must either suffer decomposition or combustion, or be eliminated by the kidneys. But we know it cannot be destroyed in the blood unless the alkalies abound in sufficient quantity for that purpose; and I am not aware that oxaluria and diabetes are ever concomitant affections.

All the elements to which the nitrogenous constituents of the food and tissues of the body may be reduced by ultimate analysis are capable of being oxidized under certain favourable conditions, to their highest possible degree. Thus carbon, sulphur, and phosphorus, become converted in the system into carbonic, sulphuric, and phosphoric acids. Why may not nitrogen also be changed into nitric acid, by the synthetic power of animal chemistry? By once admitting the possibility of the formation of this acid in the economy, we could readily account afterwards for the production of oxalic acid and oxalates in the system, and for the simultaneous absence of sugar in the urine, when otherwise we should reasonably expect to find it in that liquid.

The fact that oxalate of lime is found much more abundantly in the urine after a copious meal, than in that passed in the morning, would seem to lend additional force to the hypothesis that oxalic acid is formed in the blood from the oxydation of hepatic sugar; for were it to originate from imperfectly assimilated food, or from disintegration of the elements of the tissues, the so-called *urina sanguinis* would, doubtless, contain the largest proportion of it. That the oxydising agent is nitric acid, or one of the same chemical series, is rendered probable when we reflect that free nitrous acid has been detected in the urine after the administration of the urate and other salts of ammonia, and, as the condition of system generally accompanying oxaluria, is also that in which the urate of ammonia is found in greatest quantity, and as this substance decreases, *pari passu*, with the diminution of the oxalate of lime in the urine, the proofs in favour of the hypothesis advanced become the more cogent and convincing.

According to Lehmann, oxalic acid and the oxalates are formed in the system, through the agency of the alkaline carbonates, vegetable salts, and carbonic acid, contained in many articles of food and drink, aided by certain conditions which morbidly affect the respiration. He considers, moreover, that the excessive amount of carbonic acid thus introduced from without, as well as generated in the body by the substances alluded to, prevents the absorption of oxygen, and the consequent oxydation of certain principles (which, however, he does not specify) existing in the blood; and, hence, he concludes the increase of oxalic acid in the urine. In proof of the hypothetical soundness of this theory, he cites the examples of emphysema and pregnancy, in which the oxalate of lime is occasionally found to exist in the urine as an adventitious product.

As to the formation of oxalic acid being due to a deficient oxydation, I would merely state that this assumption is opposed to the views of most other chemists, who trace its origin to an oxydation of uric acid. An alkaline condition of the blood, moreover, is unfavourable to its development. As to the presence of oxalate of lime in the urine of pregnant women (which Lehmann attributes to impaired respiration, from pressure of the gravid uterus), I deem it, at best, a mere coincidence; or it may possibly result, in such circumstances, from the death and decomposition of spermatozoa. Wolff, of Bonn, Donné, and more recently Bence Jones, and Ch. Robin, have drawn the attention of physicians to the somewhat novel but important fact, that oxaluria is a very common collateral complication in persons afflicted with spermatorrhœa. Indeed the latter goes so far as to declare in his lectures that the existence of the characteristic octahedral crystals in the urine is not only a concomitant, but even a pathognomonic, symptom of this affection. But whether oxalic acid results in such cases from the decomposition of the semen, or is generated in the system by reason of a special cachectic modification of the nutritive functions, induced by the loss of so vital a fluid, is very difficult to determine in the present state of medical science. Dr. Walshe has observed that the quantity of oxalic acid and its compounds is often increased in the urine during convalescence from typhus, rheumatism, and many other acute and chronic diseases in which the process of digestion had been seriously deranged. For my own part, I am strongly disposed to believe that the dyspeptic symptoms, the lassitude, debility, palpitations, and the whole train of nervous phenomena, so commonly met with in cases of oxaluria, are neither an effect nor a cause of that ailment, but are to be traced directly to the profound impression made upon the system in general, by the long continued loss of sperm, whether that waste had been induced by a voluntary act, as in masturbation, or by an involuntary sexual erethism, as in nocturnal emissions.

Dr. Schmidt, of Dorpat, altogether denies the possibility of oxalate of lime traversing the epithelial cells of the kidneys, and, therefore, has recourse to an ingenious explanation to account for its presence in the urine. According to him, the acid urine contained in the bladder and renal ducts, decomposes the soluble oxalate of albumen lime secreted by the mucous membrane of the parts, thereby disassociating the albumen, and precipitating the insoluble oxalate. In the same manner, he says, oxalate of lime is formed from the mucous secretion of the gall-bladder.

The assertion that oxalate of lime, as such, cannot overstep the barrier offered to its passage by the renal epithelium, seems opposed to the views of other competent and candid observers. Garrod has detected crystals of the oxalate of lime in the blood; and Golding Bird, while acknowledging the absolute insolubility of this substance in water, emphatically pronounces its solution in the urine, from the fact of its crystals presenting a transparent, lustrous form. He adds, moreover, that the epithelial cells have been found distended with the crystals of oxalate and uric acid in certain urinary deposits. According to Kölliker, on the contrary, the concretions of urates and calcareous salts, which accumulate so often in the uriniferous tubes of vertebrate animals, have not been demonstrated, as yet, with certainty in the renal epithelial cells. The mere fact of Dr. Garrod's having found oxalate of lime in the vascular system, does not prove, by any means, conclusively, that it subsequently makes its way through the kidneys into the urine. It would be quite sufficient, [illegible] to me, in view of the hypothesis already advanced, to recognise the formation of oxalic acid in the blood, and its immediate conversion or not, into a soluble potash or ammonio-salt, to account for its existence as an oxalate of lime in the bladder, seeing that calcareous matter is so abundantly met with on certain mucous surfaces, and more especially on those of the urinary organs.

The arguments of Professor Lehmann on this subject, are worthy of serious consideration. "That oxalate of lime," he says, "is at first actually held in solution in filtered urine, and that it does not, as C. Schmidt supposes, proceed from the mucus of the bladder, is a view which is supported by the experiment which I have often repeated, that in urine, which, after thoroughly cooling and freed from its mucus and urate of soda by filtration, the most distinct crystals of oxalate of lime might, after a time, be recognised, while no traces of them could either previously be detected in the mucus of the fresh urine, or found after the residue on the filter had been for some time in contact with water. The oxalate of lime," he further adds, "does not separate from filtered urine until after it has stood for some time." We thus see that the seductive theory of Schmidt respecting the formation of the product in question, from the decomposition of oxalate of albumen-lime by acid urine, is gravely controverted, if not completely refuted, by the result of the foregoing experiment.

In oxaluria the urine always presents a more or less marked acid-reaction, which is not so much due to the excess of oxalates, and acid urates, and phosphates contained in it, as to the presence of free uric acid. The proportion of urea found in such cases, varies widely from the normal standard, being sometimes more, sometimes less, than the quantity usually excreted in health. Its amount, however, generally bears a fixed relation to the number and size of the oxalate of lime crystals. Hence the density of the urine ranges from 1010 as high as 1030, and even 1040. The specific gravity, therefore, of oxalic urine is no criterion whereby to diagnosticate this serious affection, the only safe and reliable means for that end being the microscope and chemical analysis, taken in connection with the general condition of the patient.

A TWO MONTHS' SUMMARY OF CASES TREATED AT THE WESTMORELAND LOCK HOSPITAL.

By Mr. MORGAN,

SURGEON TO THE HOSPITAL, PROFESSOR OF SURGICAL AND DESCRIPTIVE ANATOMY R.C.S.I., AND SURGEON TO MERCER'S HOSPITAL.

During the last two months several cases of interest have been under treatment, as will be seen by referring to the tabulation given. Some allowance must be made for inaccuracy in history, considering the class concerned, but considerable pains have been taken to arrive at the nearest approach to a true record of the condition and previous history as to disease of each; the classification I have adopted will briefly afford some details of the phases and variations in succession which occur.

Five cases of chronic indurated sores have been under treatment, all presenting the same character of impassiveness, density, smooth surface, with little or no discharge, comparative insensibility to the application of escharotics, four of them being of considerable extent, varying in size from upwards of a crown-piece to a florin, auto-inoculation was tried on several occasions with negative results. From the insensibility and chronic nature of these sores, the patients endured them for a considerable time before seeking admission. One of these cases was treated in the hospital for this same sore eleven months previously, she left the hospital and pursued her mode of life for three and a-half months before seeking re-admission, all the time, without doubt, having this sore in existence, and in *statu quo*. Nearly five months ago the patient was re-admitted, having, in addition to the sore, a papulo-squamous eruption in clusters over the body, and no other constitutional sign but hardened inguinal glands on both sides.

The other examples of this sore are of 5, 7, 14, and 15 months' duration. In all there was hardening of the inguinal glands, and in one case a slowly suppurating dense bubo formed.

An intra-vaginal and uterine form of this sore was found in one case; the only *external* manifestation being hardened inguinal glands on both sides, and alopæcia.

Amongst the cases affected by primary sores for *the first time*, there have been ten of soft sores, three of which have already presented decided constitutional symptoms.

No case of indurated sore or with accompanying density of the inguinal glands was seen amongst those admitted as general patients who had been previously affected on one or more occasions, while there have been twenty-four instances of soft sore with or without constitutional symptoms, which, in some cases, were apparently due to the original infection, in others to the existing.

Phagedænic ulceration existed in three cases to an immense extent, from sixteen to ten months being occupied in repair. In one case, the urethra was destroyed up to its vesical termination. In others, an extensive sheet of ulceration was left, extending over the nates, &c. All the sufferers appear to have sought admission directly after being affected by the sore, which, from the first, showed a phagedænic tendency.

Two married women in the early stage of pregnancy have been under treatment, and two syphilitic children, whose mothers presented no sign of original or present taint.

GENERAL PATIENTS, HAVING BEEN PREVIOUSLY IN HOSPITAL.

Disease.	How often Diseased before.	At what Antecedent Periods.	What Constitutional Symptoms.	Observations.
Extensive soft sores	1	6 years	None	Hypertrophied labium and nympha, operated on and removed
Soft sore and vegetations	1	14 months	None	Had bubo with first sore
Soft	1	18 months	Papular eruption	
Soft	1 1	2 years 1 year	Severe joint pains	
Soft	1	3 years	None;	
Soft	1	6 months	None	With gonorrhœa and aphthæ uteri
Soft	0	6 weeks	Mucous patches and papular	Has gonorrhœa 18 months' duration
Soft	1	4 years	Papular	Had gonorrhœa 2 years ago
Soft	1	3 years	Papular and acne facei	Had gonorrhœa 18 months ago. Several fistulæ in ano. Operated on
Soft hypertrophied labia	1	8 years	None	Immense vegetations. Hypertrophied labia. Operated on
Several soft	1	18 months	Buboes suppurating	
Soft (extensive)	1 1	1 year 8 months	Severe pains	Hypertrophy of nympha. Operated on
Soft (several)	1	6 months	None	
Soft	1	3 years	None	Gonorrhœa six months ago
Several soft	1 1	1 year 8 months	Abundant papular eruption	
Several soft	1	4 months	None	
Large soft	4	In two years	None	Gonorrhœa five months since
Several soft	0	0	None	
Large soft	1	7½ years	None	
Soft	1	7 weeks	None	Twins, dead born, 4 weeks before admission. Primary existing at the time.
Soft (large)	1 1	3 years 6 months	Alopæcia only	Had gonorrhœa 12 months ago
Soft (several)	0	0	None	Had gonorrhœa 5 months since
Soft (large)	1	2 months	None	

PHAGEDÆNIC SORES.

Phagedænic—14 months, recovery	1 1	2 years with bubo 1 year with bubo	Gummata, exfoliations, nodes	Urethra destroyed. Operated on—plastic operation
Phagedænic—10 months, recovery	1	11 months	None	Most extensive over sacrum, &c.
Phagedænic—16 months, recovery	1	16 months	None	Most extensive over nates and sacrum
Phagedænic—not extensive	1 1	17 years 1 year	None	Had 8 healthy children

INDURATED SORES.

Extensive and chronic—11 months' standing	1	3 years	Papulo-squamous, pemphigus, syphiliticus	Not auto-inoculable
Extensive and chronic—7 months' duration	1	13 years	None, hard inguinal glands	Not auto-inoculable
Extensive hard—15 months			None, ulcerated rectum, hypertrophied labia	Not auto-inoculable; labium operated on and removed.
Small hard—5 months	1	8 years	None, hard, slowly suppurating bubo, iritis	Not tried
Hard on uterus and posterior wall of vagina—9 weeks' duration	0	0	Alopæcia, very hard inguinal glands	Not auto-inoculable
Chronic sore, extensive—14 months' duration	0	0	Extensive ulceration of urethra—No constitutional signs	Not auto-inoculable

1ST ADMISSIONS, NOT BEFORE DISEASED.

External Disease.	Constitutional Symptoms.	Duration.	Observations.
3 Soft	Roseolar, ulcer tonsil	2 months	Cachectic.
2 External soft 1 Intra-vaginal	None	5 weeks	
2 Soft	Abundant papular and pityritic	3 months	
3 Soft	None	3 weeks	Had gonorrhœa 3 months since.
Large vegetations	None	6 months	No primary observed.
1 Soft	None	2 months	Seven months; child since born, lived 24 hours; not syphilitic; has intra-vaginal growths.
1 Large soft	None	3 months	
Several soft	None	5 weeks	Non-suppurating bubo.
1 Soft	None	1 month	
Several soft	Cachectic, papular	3 months	Laryngeal ulcer at chorda-vocalis.
Large soft	None	2 months	None.
Large soft	None	1 month	None.

GONORRHŒA.

Disease.	No. of times affected.	At what Antecedent times.	Observations.
Gonorrhœa	4		No complications.
Do.	1 1	18 months ago 9 months ago	Has abscess of labium.
Do.	1 1 1	2 years 18 months 2 months	No complications.
Do.	1	5 months	Ovarian irritation.
Do.	1	6 months	Profuse discharge, and apthæ uteri
Do.	1 (sore and bubo).	8 years	Debilitated and purpuric.
Do.	1	1 year	Large abscess posteriorly.
Do.	1	5 months	Ovarian irritation and tumefaction.

CONSTITUTIONAL SYMPTOMS ONLY.

Primary Disease.	How often Diseased.	At what Antecedent Dates.	Observations.
None	1 1	2 years 18 months	Large vegetations
None	1 1	5 years 1 year	Pains cachexia, threatened phthisis
None	1	5 years	Slight pains ; exfoliations of cranium
None	1	1 year	Severe papular and ulcer tonsil
None	1	4 months	Mucous patches and papular
None	1	2 years	Deep coloured maculæ, pains, hard inguinal glands, ulcerated lip
None	1	8 months	Rupia and ulcers
None	1	4 years	None; ulcerated larynx, epiglottis ulcerated very considerably, ulcer of eyelid
None	1	18 months	Roseola and papular, no pains

MARRIED WOMEN AND CHILDREN.

Character of Present Disease.	Previous Disease.	Constitutional Symptoms.	Duration.	Observations.
1 Several soft sores	None	Roseola	6 weeks	4 months pregnant (first time).
2 Several soft	None	Mucous patches	6 weeks	Has had healthy children, the last 1 year old
3 No primary	None	Vegetations	2 months	Pregnant first time, 4 months
4 Ulcer soft, palate perforating	6 years	None	5 months	Has a healthy child 6 months old in arms, and three living
5 Discharge leucorrhœal	None	None	10 months	Slight prolapse of uterus
6 None	None	Copious papular, severe pains	2 months	Infected by pregnancy; had miscarriage 7 months

CHILDREN.

One, six weeks old, very weak and despaired of, covered with papules making good recovery with mercurial treatment.

One, seven weeks, abundant papula, but a strong child, making a good recovery with mercurial treatment.

CASES OCCURRING IN THE PRACTICE OF

J. MARTIN, F.R.C.S.I., L.K.Q.C.P.I.

Mary Byrne, æt. 49, had a large tumour of eleven years' growth, of an oblong shape, about twelve by five inches, and running from the upper edge of the left scapula, along its posterior edge. The weight being inconvenient, and the size of it interfering with her comfortably lying in bed, she desired to have it removed. This I did by two elliptical incisions; two small vessels required ligature ; the edges of the wound, 13 inches in length, were brought together by iron wire sutures ; nine-tenths of the wound were healed by first intention, and at the end of ten days she returned home, a spot about the size of a sixpence being unhealed. The tumour weighed, after removal, 3 lbs. 12 ozs., pure adipose, with intersecting fibrous bands.

Mrs. S. B., æt. 65 years, had a tumour on the back of the left thigh, immediately above the upper angle of the popliteal space for 17 years, which she concealed, until ulcerating about two years ago, it became so painful that she wished its removal. The base being circular, and the integument over the tumour in an unhealthy state, I removed it by two elliptical incisions, the sides of which, however, could not be brought into apposition. No vessel required ligature. The wound healed by granulation with singular rapidity. The mass, when removed, weighed 18 ozs. of fine white adipose.

Mary Green, Killcommon, æt. 27 years, while pregnant of her second child, was attacked with a growth of epulis on the gums of the first and second molar teeth, lower jaw, left side. Having nursed for nine months, her health being much impaired, she consulted me ; the epulis then being about the size of a large walnut. I made her wean the child, and put her on a course of chalybeate tonics. Two months after I removed both teeth, and cut down, with a saw constructed for the purpose, on each side of the epulis, then removed the intermediate parts with a cutting pliers. It healed quickly, and now, after 18 months, has not returned.

This operation was performed two years ago. Since I sent the above to press I have heard that she has had another baby, has nursed it for four months, and that during the past three weeks the hypertrophy of the gums has set in again, and slight enlargement at the seat of the former epulis.

Mrs. Brennan, æt. 28 years, Co. Kilkenny, consulted me for an epulis, about the size of a hazel nut, on the gum, under the right canine and first bicusped teeth, lower jaw, both were loosened from their attachments, there being a general hypertrophy of the gums. She was rather debilitated from nursing during the previous 9 months. I made her wean the child, and put her on a course of iron and quinine. I then extracted the teeth, cut down with Hey's saw on each side of the epulis, and removed it with a cutting pliers. It healed quickly, and under the use of iod. potass, liquor arsenialis, and iod. ferri., the gums resumed their natural state, and she recovered perfectly.

This operation was performed two years ago, and the patient has remained quite well until very lately. Since I sent the foregoing for publication I have heard that she had another baby about three months ago, and nurses it, and that during the past three weeks some slight enlargement has shown itself in the old seat of the disease, and that all the gums show hypertrophy.

It is remarkable, both these cases having occurred during the cachexia produced by nursing.

MORBID CONDITIONS OF THE THROAT IN THEIR RELATION TO PULMONARY CONSUMPTION : THEIR DIAGNOSIS AND TREATMENT.

By S. Scott Alison, M.D. Edin.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, LONDON, AND PHYSICIAN TO THE HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, BROMPTON, AND THE SCOTTISH HOSPITAL.

No. III.

The symptoms which enable such conditions of the throat to simulate tubercle of the lungs are many, and the physical signs are not very few which give rise to the same result.

Cough is one of the symptoms which is calculated to deceive in the diagnosis. This is almost always present, and is generally frequent, occurring in the morning, and repeating throughout the day. Sometimes it occurs at night, but this is comparatively seldom, and the patient may sleep many hours uninterruptedly. The cough in its character is generally short and dry, and is rarely marked with long, violent, and repeated expulsions of air from the chest. The cough-sound sometimes resembles a subdued hissing issuing from the glottis; sometimes the sound is an abrupt explosion one, single, or at least distinctly divided. The sound also combines, in many cases, a ringing, metallic-tube character. Sometimes the cough assumes a decided loud, snappish, dog-barking character. In cases of morbid narrowing of the trachea, the cough assumes a constrictive sound distinctly traceable to the trachea.

"Hemming" is a frequent attendant of simulating throat affections. In some cases the local voluntary muscular effort which produces this noise is almost unceasing. From early morning till the moment of sleep it is to be heard, and while it seems to afford only a little relief to the patient, or serves to bring up only a very small amount of mucus from the larynx and the lower part of the pharynx, it succeeds in causing great and wearing-out annoyance to those placed about the patient. In most cases this "hemming" is comparatively faint, but in some others it assumes a very harsh character, and may more properly be called "hawing," from the similarity of the sound of the muscular effort to the coarse sound of this word when pronounced in the ordinary or coarse, prolonged manner. This variety of hemming is almost intolerable to the ear at all raised above that of the ordinary savage.

Sneezing, which I find is a rare accompaniment of pulmonary consumption, is not an infrequent attendant upon throat disease, simulating the more grave affection of the lungs

Sputum.—Sputum to some amount marks the throat affection simulating pulmonary consumption. Generally the sputum is moderate in quantity. It is brought up with difficulty for the most part. Judged of by the patient's feelings, it appears to come from the glottis, the larynx or trachea, or from the posterior part of the mouth—*i.e.*, the pharynx. In ocular appearance it is often mere thickish froth, with minute air-vesicles, and white in colour. Very often the sputum, still scanty, is formed, so to speak, of so many lobules, coherent, somewhat transparent, destitute of air-vesicles, and having small points of black material studded throughout, the general aspect being that of washerwoman's prepared starch, but presenting a certain nodulated appearance. It may be said also to resemble prepared or boiled sago. This sputum is the secretion of the glands situated in the trachea, and at the bifurcation of that tube. The black particles are not composed merely of soot and other extraneous bodies deposited from the inhaled atmosphere, but is in part an organic production—a carbonaceous corpuscle, much larger than the mucus one, well worthy to be submitted to the microscope by the student.

In some cases the sputum is pretty copious, and consists of mucus of a gelatinous or glutinous character, having only very few air-vesicles. The colour is usually faint yellow, or green. This is expectorated with a full, easy cough. The tubercle corpuscle and the elastic curly lung fibre of course are absent.

Hæmoptysis, though a form of sputum, is usually treated of separately. For the most part, in throat disease simulating pulmonary consumption, the hæmoptysis is slight, and appears continuously for some days to intermit and then to appear again. It seldom comes on without coughing or hemming exertions. It is usually scanty, appearing in quantities sometimes amounting to a drachm, of a florid colour, and in a liquid form. Generally the blood is of a bright arterial colour, and simply tinges frothy mucus, or streaks yellow or green mucus. In some cases of throat affection simulating tubercle of the lung which have been treated by me in the hospital, blood has been expectorated to the extent of an ounce or two in that institution, and under close inspection; and in some of the cases, more especially of young women in whom the catamenia had been irregular, it has been stated that, on one or more occasions several ounces of blood have been expectorated. In the case of some young men with highly congested fauces the same thing has been related.

The discharge of blood from the throat and adjacent parts has generally taken place at the time of coughing; but in some examples the blood has come without any respiratory effort, and this, too, takes place chiefly in the morning, on awaking. The blood is generally arterial, but I have seen it dark and coagulated. When dark and coagulated inspection of the fauces has not unfrequently detected dark clots adhering to the posterior wall of the pharynx, and the mucus membrane itself in a highly roughened and congested state.

The blood issues from various parts; in most cases it proceeds from the highly injected mucous membrane of the trachea, often, I believe, near its bifurcation. I have frequently heard fine crepitation over the trachea in such cases. The tonsils are sometimes the seat of the discharge. More frequently the blood comes from the pharynx. In such cases the blood may sometimes be observed *in situ*. I have, at the present moment (Feb. 4), a young woman in the hospital, affected with chronic hemiplegia, suffering from throat disorder simulating phthisis, on the posterior wall of whose pharynx I observed, on the first examination, a large clot of black blood resembling a fungous growth. This was got rid of in a day or two. The patient had been sent to the hospital under the impression that she was suffering from lung disease, a certain amount of emaciation, cough, and general debility, leading to this idea. No evidence whatever of departure from the healthy condition of the chest signs was procurable, in this case, excepting a moderate amount of harsh respiration at the apex of the lung, and a certain amount of unduly prolonged expiration in that quarter, all due to disorder of the trachea and adjoining parts.

The discharge of blood in many cases is greatly promoted by a morbid state of the circulating mass.

The Voice.—The voice has been generally affected in the class of cases under consideration, but this has usually been to a moderate extent. In a few cases, however, the change in the voice has been very great. Sometimes the change in the voice has been only occasional, but in some, and in the more grave examples, it has been almost permanent.

The conditions of the voice most frequently noticed in these cases are weakness, huskiness, indistinctness, continuous hoarseness and discordance. There may be almost total loss of it.

The weak voice is often connected with mere congestion of the trachea and larynx, some tumefaction and dryness of the parts. The *loss* of voice is generally mixed up with œdema of the glottis, paralysis of the muscles and ulceration.

A total but temporary loss of voice is liable to occur in the case of females, when they have been exposed to mental excitement, and this condition is occasionally remarked under mere moderate changes of temperature, and moisture of the atmosphere, and under the influence of moral causes. I have now in the Rose Ward (May, 1868), a young woman sent to the hospital for chest disease, who has no appreciable disease there, whose voice is scarcely audible, and this depends merely on a dry condition of the larynx and glottis, and some temporary debility of the muscles of the larynx. The laryngoscope shows no organic alteration. Galvanism has been employed but without any beneficial result.

The general health in the cases of disorder of the trachea and adjacent parts which simulate pulmonary consumption is generally disturbed, and this disturbance is one of the chief reasons for the entertainment of the opinion that tubercle of the lung is present. The chief forms of disturbed health with which I have met, are the following :—

Emaciation.—Emaciation is generally present and to some material extent. In some cases the patient is merely rather thinner than before, but in others the loss of flesh is marked ; the roundness of the body is lost, and is replaced by obvious angularity and stringiness. It is this loss of flesh, conjoined with cough, which first suggests to the relatives and friends of the sufferer the suspicion of consumption, and it is this which causes the medical attendant to fear the presence of tubercle in the lung. In most, but by no means all, the examples of disorder of the trachea and other parts of the air-tube apparatus, which have seriously simulated consumption of the lungs, this loss of flesh has been present. It is right, however, to say that cases of simulated tubercle of the lungs have come into the hospital in which not only no emaciation was observable, but cases have been admitted from time to time in which the patient was not only in fine condition, but in respect of muscle and fat above the average.

The loss of flesh in such cases is less remarkable than the almost sudden regaining of it in the hospital. Very few of the patients have remained above a very short time under treatment without gaining a great increase of weight. Two or three pounds in weight have been gained in the course of a week or two by young females. As much as a stone in weight has been the increase in the course of two months. It was only a few days back that a young girl, sent in as consumptive, affected only with tracheal congestion, marked by cough, huskiness of voice, and some loss of flesh, was found to have acquired no less than 17 lbs. This great increase of weight forms a valuable piece of testimony in favour of the healthy condition of the lungs, and of the restriction of disease to the air-tube apparatus. But it is never to be forgotten that this testimony is not conclusive by itself, for I have known cases of tubercle of the lung, with cavity, to be marked by a very great increase of weight, as much as two stone in the course of a few weeks. The *permanency* of the increase of weight in disorders of the upper air-tube apparatus is worthy of note. The improved weight remains, but in cases of tubercular excavation it is otherwise in general. Within a week or two of leaving the hospital it is common for the tubercular patient to lose many pounds, and I have commonly noted, on the re-admission to the hospital of tubercular patients, who had gained much increase of weight, a remarkable and obvious emaciation and that the period of a year of comparative exposure, inferior diet, and non-attention to exhausting symptoms, had sufficed to cause a loss in weight of one or two stone, not now to be readily rectified for the second time, or at all to be replaced.

There is seldom present, in the class of cases under consideration, a material increase in the rate of respiration. But there is a difficulty of respiration both in the act of inspiration, and in that of expiration; and this is referred, without hesitation by the patient, to the throat. The act of inspiration is prolonged, and so is the expiration through the trachea. In tubercle of the lung the respiration is generally quickened.

The Circulating Organs.—The heart's action is seldom accelerated, and the pulse is usually of moderate rapidity, and is regular. In tubercle of the lung the pulse is usually quickened, and the heart more or less excited, except in chronic cases.

Digestive and Supplementary Organs.—In mere disorder of the trachea and adjoining parts, the digestive organs are seldom morbidly affected. The vomiting in early tubercle of the lung, and the persistent diarrhœa of the same disease in its latter stages, are seldom simulated, but these conditions are sometimes present.

The Skin.—The integument of the body in the simulating disorders, is generally healthy. There is no approach to the harsh and dry condition of the chronic form of tubercle of the lung in the wasted patient, nor to the moist, and soddened, and heated skin of the lung-tuberculated patient, suffering from the disease in its active form, and accompanied with irritative fever.

The hair, in examples of disease described above, simulating pulmonary consumption, seldom suffers, which is different from what is observed in phthisis, in which disease it is seldom long unaffected, becoming weak, and falling out to a great extent, especially in acute cases, to the great vexation of the patient, particularly the young female.

The temperature of the surface of the body, in the simulating disorders, is seldom heightened, and in this respect we note a difference in connection with tubercle of the lung, for in this disease the temperature is usually increased, as has been recently very fully established by many pains-taking physicians.

Generative Organs.—The disorders of the generative organs common in tubercle of the lung, are seldom noted in mere simulating complaints of the trachea. The catamenia are comparatively seldom suppressed, less frequently than they are in tubercle, and the debility of the male sex, common in tubercle, is also seldom or never observed in the minor disorders.

St. Pancras New Infirmary.—The Poor-law Board have given their sanction to the plans for the St. Pancras New Infirmary at Highgate, and have empowered the [illegible] to raise a loan of £40,000 for building the same.

Hospital Reports.

KING'S COLLEGE HOSPITAL.

Cases under the care of Dr. BEALE, F.R.S.

(From brief notes by Dr. Tonge.)

Anæmia.—J. D., æt. 25, prostitute. Admitted March 1; discharged April 13. In hospital 43 days. *Much relieved.* Has drunk freely for last 2 years; very anæmic; basic systolic bruit over heart; occasional attacks of pain in chest. Never had rheumatism.

Iron, aperients, belladonna plaster.

Anæmia.—Frances F., æt. 16, bookfolder. Admitted May 24; discharged June 1. In hospital 9 days. *Very much relieved.* Previously ill, 14 days; faintness, palpitation, and dispnœa on exertion; pallor of skin and mucous membranes. Faint basic systolic bruit; tongue furred; appetite bad. Herpes zoster on right side.

Liq. ammon. acetatis, chloric ether, and liquor cinchonæ (7 days). Then quinine and iron.

Cephalalgia—Anæmia.—H. G., æt. 36, dairymaid. Admitted November 9; discharged November 10. In hospital 1 day. *Made out-patient.* Frontal headache, 3 years; pain in lumbar spine, 2 years; giddiness and shortness of breath on slight exertion; basic systolic bruit; sleeps badly; tongue furred.

Quinine, sulphate of iron, sulphate of magnesia, dilute sulphuric acid, and inf. of quassia.

Cancer of Liver (?).—W. C., æt. 53, innkeeper. Admitted July 13; discharged August 13. In hospital 31 days. *Unrelieved.* Has lived freely; sores on outer side of left foot 12 months; has lost flesh slightly of late; liver enlarged, slightly nodulated near gall-bladder; slight jaundice; no dropsy; tongue red.

Dilute nitric acid and bark. Haust sennæ co.

Tubercular Peritonitis.—J. J., æt. 20, druggist's assistant. Admitted January 7; discharged January 9. In hospital 12 days. *Worse.* Always temperate; previously ill, 5 months; pain, swelling, and tenderness of abdomen; costive bowels and loss of flesh; subject to piles. Œdema of feet and ankles, 1 week. Appetite good up to time of admission. Dullness on percussion all over abdomen; urine loaded with lithates; traces of albumen; no cough, hæmoptysis, or night sweats; no hereditary predisposition; 12 days later, has lost flesh much, and vomited constantly since admission; vomit now coffee ground. Pulse 125, thready. Is evidently sinking. Discharged at his own request.

Carbonate of soda and dilute hydrocyanic acid; aromatic spts. of ammonia, chloric ether, and decoction of bark; ice; effervescing mixture; brandy 4 oz.

Phthisis.—F. W., æt. 39, carman. Admitted, March 26. *Died* on April 16. In hospital 21 days. Cough 4 years; worse in winter; diarrhœa and night sweats 2 months; loss of flesh 3 weeks. On admission much cough and greenish expectoration; great dyspnœa; constant purging; flattening; dulness; prolonged expiration and bronchial breathing under left clavicle; elsewhere coarse crepitation, rhonchus, and sibilus; legs slightly œdematous; urine turbid with lithates; 6 days later, gurgling and pectoriloquy at left apex; 11 days later, dulness and amphoric blowing over left infra scapular region.

Quinine and Iron. Cod-liver oil. Syrup of iodide of iron and cod liver oil. For diarrhœa, opium, sulphate of copper, and extract of logwood, and opiate enemata.

Phthisis.—W. R., æt. 33, bricklayer. Admitted May 29. *Died* on June 26. In hospital 29 days. Acute rheumatism 9 years ago. Almost constant diarrhœa for 8 years. cough and shortness of breath 6 years; two years ago lumbar pain and hæmaturia recurring once or twice since; worse 10 days. On admission rather thin; breath short; liver tender; pulse 104; respiration 36; physical signs of emphysema; dulness and fine crepitation under left clavicle; large crepitation over lower posterior half of left lung, with dulness at base; elsewhere rhonchus and sibilus. Pus and phosphates in urine; no albumen; occasional lumbar pain; diarrhœa. Became weaker, and died on June 26.

Post-mortem.—Left apex adherent; two vomicæ in its posterior part; abundant miliary tubercle in left apex and right upper lobe; scattered tubercle elsewhere in lungs; recent lymph on pericardium; tubercular cavities filled with pus in left kidney.

Chloric ether, squills, and carbonate of ammonia (17 days). Opium and logwood (8 days). Then chloric ether and sesquichloride of iron.

Phthisis.—S. H., æt. 24, footman. Admitted August 16. *Died* August 22. In hospital 6 days. No family history of phthisis; loss of flesh 6 weeks; dyspnœa on exertion 4 weeks; cough and expectoration 3 weeks. On admission chest not very resonant; slight comparative dulness under left clavicle; small crepitation over anterior lobes of lungs, especially at left apex; sputa frothy, viscid and muco-purulent; slight œdema of legs; pulse 120.

Phthisis.—Emma H. Admitted May 13; discharged May 18. In hospital 5 days. *Unimproved.* Caries of upper part of sternum. Early phthisis.

Quinine; sulphate of iron and sulphuric acid; cod liver oil.

Phthisis.—Ellen M., æt. 12. Admitted June 29; discharged July 23. In hospital 24 days. *Relieved.* Bronchial breathing and gurgling crepitation over back of lungs. Not much emaciation. In King's College Hospital before for whooping-cough and strumous pneumonia.

Aromatic spts. of ammonia and chloric ether. Cod liver oil.

Phthisis.—Robert E., æt. 24. Admitted March 17; *died* on March 23. In hospital 6 days. Became worse soon after discharge from King's College Hospital in October last. Vomited one pint of blood about a month ago. Stools afterwards pitchy. On admission very emaciated; face flushed; pulse 120, respiration 50; over front of left lung dulness, gurgling crepitation, bronchial breathing, and pectoriloquy; over front of right coarse crepitation, bronchial breathing, and bronchial voice; spleen greatly enlarged; much nausea and vomiting. Death on sixth day after admission.

Post-mortem.—Lungs, especially the left, stuffed with tubercles and riddled by cavities; spleen large—not tubercular—waxy (?).

Sulphuric æther and aromatic spts. of ammonia; dilute hydrocyanic acid and mist effervescens; pepsine; brandy 6 oz.; turpentine stupes.

Phthisis.—Mary C., æt. 31, married. Admitted June 13; *died* on July 25. In hospital 42 days. No family history of phthisis. Previously ill one month. Cough; rapid wasting, and loss of strength. On admission very emaciated, pallid, cheeks flushed; pulse 114, respiration 36; diminished expansion of left chest, and gurgling crepitation under left clavicle and at back of lung; dulness and harsh breathing at right apex; nummular expectoration, streaked with blood; tongue slightly furred.

Quinine and dilute sulphuric acid; cod liver oil.

Phthisis.—D. J., æt. 54; laundress. Admitted January 21; *died* on January 30. In hospital 9 days. Cough and expectoration; loss of appetite and œdema of legs 5 weeks; erysipelas of legs 3 weeks. On sixth day after admission scarcely any redness of legs remaining, but delirium; dry brown tongue; retching and vomiting; pulse feeble, 126. Death 2 days later.

Post-mortem.—Much tubercle in upper lobes of lungs; lower lobes gorged. Three or four large tubercular ulcers with thickened edges in ileum—one at junction of upper two-thirds with lower third of ileum, had perforated the bowel. Pus and turbid serum in peritoneal cavity. Liver large—very fatty.

Aromatic spts. of ammonia, chloric ether and decoction of bark. Brandy 12 oz. Fomentations to legs.

Phthisis.—R. F., æt. 30; wire-worker. Admitted January 26th; discharged February 29th. In hospital 34 days. *Much relieved.* No family history of phthisis. Loss of flesh five years; gave up work six weeks ago. Diarrhœa one week. Pale and thin; left chest dull all over. Flattening; cracked pot sound; bronchial breathing; coarse crepitation; and pectoriloquy under left clavicle. Crepitation at left posterior base and apex. Right lung normal; pulse 130; six days later, amphoric breathing and metallic tinkling at left apex; gained weight while in hospital.

Sesquichloride of iron; dilute muriatic acid; chloric ether, and calumba. Cod liver oil.

Phthisis—Hæmoptysis.—J. N., æt. 15, butcher. Admitted January 28th; discharged February 8th. In hospital 11 days. *Relieved.* Small-pox 10 years ago. No family history of phthisis. Cough and expectoration three months. No loss of flesh. Profuse hæmoptysis on day before admission. On admission, dulness; large crepitation, and rhonchus under left clavicle; crepitation over left supra-spinal fossa. Free from hæmoptysis four days later.

Tannic acid and inf. rosæ. co.; turpentine inhalation; sesquichloride of iron and quassia; cod liver oil.

Hæmoptysis.—W. H. J., æt. 18; mathematical instrument maker. Admitted February 20th; discharged February 27th. In hospital seven days. *Recovery.* A brother died of phthisis. Cough two years; sputa streaked with blood one month ago. Attacks of hæmoptysis on January 29th, February 16th, and February 20th. On admission pallid; crepitation at right base behind (two days); expiration at right apex prolonged; no dulness; pulse 84, somewhat irregular. Very faint systolic bruit, loudest at heart's apex. No return of hæmoptysis while in hospital.

Gallic acid and inf. rosæ. co.; turpentine inhalations and stupes; afterwards squills, chloric ether and sesquichloride of iron.

DR. STEEVENS' HOSPITAL.

HOLT'S OPERATION FOR STRICTURE: DEATH FROM PYÆMIA EXHIBITING REMARKABLE FEATURES.

Under the care of Mr. HAMILTON.

Although the treatment of stricture by Holt's method is now generally allowed to be a valuable addition to the surgery of this disease, still it cannot be denied that it is attended with some risk, and in the adoption of a practice which has many strenuous advocates, the observation of unfortunate cases must afford a valuable lesson.

T. F., æt. 62, a pensioner, of dissipated habits, was constantly in the habit of coming to hospital with retention of urine, on exposure to cold or the commission of any excess. On some of these occasions considerable difficulty was experienced in passing a small catheter. A very tight stricture was found at the anterior part of the bulbous portion of the urethra. The difficulty of introducing instruments was frequently much increased by spasm, and the mucous membrane was always in an irritable condition. Having often expressed a desire for some permanent relief, it was determined to adopt the method of Holt. He was accordingly kept quiet in bed for some days, and the urethra dilated with cat-gut bougies, until Holt's dilator could be readily passed into the bladder. The operation was performed on Saturday, June 27th, the strictures having been burst. A catheter, No. 8 size, was passed into the bladder, the patient was treated with quinine and opium, as directed by Mr. Holt.

June 28th.—He has had some shivering during the night; he complains of severe pains in the lower limbs, with hyperæsthesia and partial loss of motor power; passes water freely and without pain; there is no tenderness or fullness in the perinæum; pulse 120, and feeble. Ordered wine and beef-tea.

29th and 30th—Appears better, but still complains of soreness and complete loss of power in the lower limbs; no rigors or sweating; no tenderness in the perinæum.

July 1st.—Very much worse; the pulse at wrist scarcely perceptible; complains of pain and powerlessness of the lower extremities; tongue dry and brown; the surface of the body is covered with an eczematous rash, having a dark areola; the mental faculties are perfectly clear; he complains of irregular pains in the chest and abdomen. The respiration became very difficult some hours before death, which occured at ten P.M.

Autopsy, twelve hours after death.—The eczematous eruption still remains on the surface. The inferior wall of the urethra has been burst at the point of stricture into the corpus cavernosum. Some pus issued from the bottom of the fissure on pressure. The cavity of the bladder was small, but its coats immensely hypertrophied, with numerous sacculi leading off from it; the ureters were much dilated; the kidneys tolerably healthy; the surface of the lungs was thickly studded over with an eruption identical with that on the surface of the body; the liver and other intestines were likewise spotted in a lesser degree; no deposit of pus could be discovered in any part. the muscular system seemed perfectly healthy; no abnormal appearance of the joints was discernable. The features of this case are interesting in some respects. The fatal termination must be attributed to a form of systemic infection, but there are many peculiarities in the symptoms, the paralysis of the lower limbs, the sensibility of the skin and muscular pains, the absence of rigors, sweating, or delirium, the appearance of the eruption on the surfaces of the body and viscera, are all uncommon. There can be little doubt that pyæmia is the chiefest source of danger in this operation, and the occurrence of suppuration in such a structure as the corpus cavernosum, must be a condition specially favourable for its development.

CITY OF DUBLIN HOSPITAL.

CASES UNDER THE CARE OF MR. CROLY.

Case 1.—RETENTION OF URINE IN A CHILD, CAUSED BY A CALCULUS IMPACTED IN THE URETHRA: REMOVAL OF CALCULUS BY OPERATION.

S. W., aged two years, a coachman's son, was carried to the hospital by its mother. Mr. Croly was in the extern prescribing-room at the time, and on inquiry ascertained that the child (who was in great agony) had not passed any urine for 18 hours. On examination the bladder was found to be enormously distended, and there was partial priapism; the child had been treated by warm baths, stupes, and various medicines, without relief, before coming to the hospital. The mother also stated that the child had been delicate from its birth; had convulsions, and that his water stopped three days previously, but he got relief on that occasion from a warm hip-bath. The child had congenital phymosis. Mr. Croly made a small incision with a sharp-pointed bistoury (guarded by a director, curved near the point) at the upper part of the prepuce, and was then enabled to pass a probe into the urethra, which touched a hard substance, about an inch from the orifice. The urethra was so very small that it was found necessary to enlarge the orifice; this having been done, the calculus was seized with a small urethral forceps, and extracted; the stone was the size of a pea, and consisted of lithic acid; the urine came out with a gush, to the instant relief of the little sufferer, who was kept in the child's ward until the following day.

Mr. Croly directed the attention of the pupils to this interesting case, and mentioned the causes of retention of urine in early life—congenital phymosis being the most common; he impressed on them the necessity of making a careful examination in such cases, and not adopting routine practice, which was so uselessly tried in the present instance, previously to the child's admission into hospital.

Case 2.—IMPERFORATE ANUS (ATRESIA ANI): OPERATION.

A. C. was recommended to Mr. Croly by a medical friend. The infant had been dosed with castor-oil, and as no motion came from the bowels, the nurse, at length, sought medical advice. The doctor at once discovered that there was an absence of the anus. The child cried incessantly. On examination, a bulging was observed in the anal region—the integument was apparently dark-coloured, owing to the meconium. Mr. Croly placed the child in the lithotomy position, and made a crucial incision into the part. A large quantity of meconium escaped. The case terminated satisfatorily. Mr. Croly mentioned to the pupils that this case is an illustration of the simplest form of imperforate anus, in which the rectum is perfect, and merely closed by integument, only requiring for its cure careful incision. The more serious forms of this malformation, he said, consist of the gut ending in a *cul-de-sac*, or communicating with the urethra, bladder, or vagina; the rectum being totally absent in the worst variety of the malformation.

Case 3.—EQUINO-VARUS IN BOTH FEET: TENOTOMY: FEET STRAPPED INTO POSITION WITH SOAP-PLASTER.

A male child, aged six months, was admitted, with its mother, into hospital for the purpose of having the operation for club-foot (*equino-varus*) performed. Mr. Croly divided the tendons in the following manner:—The child was placed prone on the lap of one of the pupils, the left foot was grasped, and the heel raised, to relax the tendon. A tenotome was introduced, flatwise, at the edge of the tendo-Achillis, and passed superficially to the tendon beneath the integument. When the point of the instrument was felt (with the index-finger) to have passed the tendon, the edge was turned towards it, and the heel was depressed; by slight pressure on the back of the blade of the knife the tendon was divided, and the usual crackling sound was heard. The blade of the knife was again turned flatwise, and then withdrawn; a drop of blood escaped. A small compress of lint was placed on the puncture, and fixed with a strip of adhesive plaster. The tendo-Achillis of the other foot was divided in a similar manner, and as the tendon of the tibialis anticus was very tense, it was also divided subcutaneously (in each foot), about an inch above its insertion.

In three days, Mr. Croly strapped each foot into proper position in the following manner:—Long slips of soap-plaster were cut, the end of each piece was placed around the dorsum of the foot, so as to get a good purchase, and carried upwards and outwards, under the sole, and fastened to the fibular side of the leg. Straps of figure-of-8 shape were also alternately applied around the foot and ankle-joint.

Mr. Croly demonstrated, in a clinical lecture, the various forms of talipes, and the method of treatment suitable to each case. He advised the operation to be performed in very early life, before the bones of the foot become altered in shape. He exhibited dried specimens of feet affected by talipes, in which the neck and head of the astragulus were much distorted.

The treatment by strapping was strongly recommended, and the various boots in use were also fully explained to the class.

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Literature.

SPINAL DISEASE.[1]

A SUBJECT that has long been particularly interesting to the general practitioner, and that has had much light thrown upon it by those who have taken it up as a specialty, is that of spinal disease. When, therefore, Dr. Little, who is the father of Orthopædy in this country, undertakes to give a *résumé* of his experience in the treatment of spinal curvature and weakness, there is little for the critic to do but announce the fact, inasmuch as the authority of the writer is such that few would venture to question it, while to lay all its conclusions before our readers would require too much space, and involve some injustice, as too much of the book would have to be reprinted.

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[1] On Spinal Weakness and Spinal Curvatures; their Early Recognition and Treatment. By W. J. Little, M.D., late Senior Physician London Hospital, &c. London: Longmans, Green, and Co. 1868.

Those questions on which reasonable differences of opinion have prevailed, are all fairly and carefully considered, and no one will take exception to Dr. Little as the judge, who is best able to sum up the matter. The founder of the Royal Orthopædic Hospital, he is also the founder of the school of orthopædics in this country, and has for many years unquestionably been its head. From him there is, so to speak, no one to whom to appeal, and we are consequently so much the better pleased to have his summing up in a small compass like this well-written work. We regret that we should find our experience coinciding with Dr. Little on a point which we commend to our readers. He finds that the majority of medical men do not possess clear ideas of the pathology and diagnosis of spine affections. It is because we have so frequently found deficiency of knowledge with a desire to become acquainted with the subject that we are desirous of seeing this work very widely circulated.

The "early recognition and treatment" of such cases is of the utmost importance, since at later periods we cannot hope for cures, though the deformities may be evident enough. We, therefore, sincerely trust that those who may be called upon to treat such cases will not omit to master the lucid work before us.

The existence of a specialty of orthopædy is perhaps one of the best answers to those who object to specialism. It is impossible to deny that without some persons with large opportunities making this branch a special study, it could not progress. The general practitioner has not the time to elucidate the points that have been so ably investigated by the specialists. We do not say that other studies should be neglected. Dr. Little himself is an admirable instance of the true scientific position of the specialist. While for twenty or thirty years or more, he has been labouring in this department, he has also occupied himself with others. While perfecting orthopædics, he has been earning renown as Physician to the London Hospital, and Professor of the Principles and Practice of Medicine at its school; and although he has now retired from the general hospital as well as from the special, carrying with him the respect and admiration of colleagues and students, it is happily only to give more time to the cares of private practice, while he leaves the opportunity for younger men to follow in his footsteps. When all the specialities shall be studied after this manner, we may look for still greater progress. The combination of extensive study and experience of disease brought to bear upon one particular branch is the true solution of all specialities. It is this which elevates every branch as much as the mere routine practice of it degrades it.

We have left no room to enumerate the chief points treated on in Dr. Little's book. That is the less regretable since, as the author has condensed his observations into 120 pages, we may anticipate that all our readers will take an early opportunity of reading the book itself.

PLASTIC SURGERY.[1]

We have in a neat little volume from the United States, a reprint from a report in the transactions of the Illinois State Medical Society for last year, which does great credit to that western association. Dr. Prince has devoted much attention to plastics, and he is anxious not only to classify the subject on an easily intelligible plan, but so to speak of it that each division may have an appropriate name, and be easily designated. Certainly precision of language in surgery generally is most desirable, and in a branch which like this has been comparatively neglected, no better service can be rendered than contributing to such exactitude. Nomenclature should be guided by some definite principles, and classification should not be adopted in a hap-hazard way. Dr. Prince contributes towards rendering the description of plastics more easy and more precise. and therefore deserves the thanks of all interested. We should add that Dr. Prince's descriptions are profusely illustrated by woodcuts, and that the essay contains a full account of the present state of plastic surgery.

PATHOLOGICAL ANATOMY OF THE UTERUS.[2]

We are glad to announce that Professor Klob's *magnum opus* will soon be at the service of the English student in his own language. The first volume devoted to the uterus has already appeared, and the rest will no doubt soon follow. It is our transatlantic cousins who have undertaken this translation, and we are much indebted to them for it. It can be obtained in London from Trübner & Co. The translation is carefully done.

MEDICAL JURISPRUDENCE.[1]

We have lately studied the new edition of Dr. Guy's Manual of Forensic Medicine with particular care, and have now to pronounce upon it a very favourable opinion. Of all the books that the student may carry home, in the holidays, to refresh his memory on the subjects of the summer course, this is one of the best, and of those that should be studied by gentlemen preparing for their examinations, it is one of the most reliable.

The book has always been distinguished for presenting principles in a concise form, and not over-burdened with useless *minutiæ*. The condensation which the author achieved in his first edition has been amply rewarded by the call for a second and third.

In the new edition the number of illustrations are considerably increased, and some of the new ones are very striking.

As might be supposed by those familiar with Dr. Guy's labours, the subject of sublimation is presented very fully to the reader in a chapter which everyone should carefully peruse. Nearly half the manual is taken up with Toxicology, the growing importance of which, few will be ready to deny. We strongly recommend this portion of the work.

The chapter on the methods of procedure gives distinct directions, and in as small a compass as possible describes the practical duties that have to be performed. But if about to select as a specimen, the best chapter in the book, we think, we should take the last, which treats of the "Diagnosis of the Poisonous Alkaloids and Analogous Active Principles." Here is a subject in which every practitioner is interested, and it is worked out in the author's most careful and satisfactory manner.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 29, 1868.

MOVEMENT OF TROOPS IN INDIA.

AMONG the movements of troops to take place during the ensuing winter, the military papers intimate the following, namely:—C Battery 16th Brigade Royal Artillery, from Barrackpore to Saugor; D Battery 16th Brigade, from Barrackpore to Allahabad; 2nd Battalion 60th Rifles, from Fort William to Darjeeling and Benares; a regiment from England to Fort William (Cape Route corps). There may not at first sight be much in these brief notices to call for remark in this place; yet in reality they have a very important bearing upon the question of health and efficiency of our troops in India.

Experience had, many years ago, demonstrated the impropriety of retaining at Calcutta or other stations in the lower provinces of Bengal, troops, whether as recruits or entire regiments, newly landed in the country. The practice had therefore been abandoned, and every exertion made by the responsible authorities to push on towards the north-west provinces each regiment or "draft" as it arrived. In the days of the mutiny, when sanitary considerations had to give place to the life-struggle for supremacy, this very judicious rule had to give way to the necessity of the times; but now, when profound peace reigns from one end of the country to the other; when sanitation is a "household word" among the *authorities* in India, it does seem strange that, in ordering the retention in such places of young and newly-arrived soldiers, they thus recur to a practice which, as may be read by themselves in their own official records, had already been attended by most disastrous effects to health and life.

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[1] Plastics: a new classification and brief exposition of Plastic Surgery. By David Prince, M.D. Philadelphia: Lindsay and Blakiston. 1868.

[2] Pathological Anatomy of the Female Sexual Organs. By J. M. Klob, M.D., Professor at the University of Vienna. Translated by Joseph Krammerer, M.D., and Benj. F. Dawson, M.D. Vol. I. New York: Moorehead, Simpson, and Bond. London: Trübner and Co. 1868.

[1] Principles of Forensic Medicine. By William A. Guy, M.B., F.R.S. Third edition. London: Henry Renshaw.

On the amalgamation of the Indian and Royal Artillery, the two batteries just mentioned were for the first time formed. This was in the cold season of 1862. A few old soldiers were transferred to those batteries, and the numbers filled up by young men newly landed in India. The batteries were sent to Barrackpore, a low-lying station immediately adjoining a large tidal river, across which the prevailing wind blows *towards them.* The natural result followed; the rates of mortality and sickness among them speedily became so high that attention was drawn to them, and statistics showed that a station which had previously enjoyed a high reputation, had now the unenviable notoriety of having one of the highest death-rates of all in the Bengal Presidency. Such is the station from which the batteries are now about to be moved after a continuous residence of nearly six years.

Residence in Fort William, as stated before the Royal Commission, has for the recruit been *most disastrous.* No doubt everything that can be effected is done to place the troops quartered there in as favourable circumstances as they can be, and an example might profitably be taken in extending to places nearer home some of the sanitary measures that are there employed. Those measures do unquestionably conduce much to health, but they cannot wholly counterbalance the effects of the hot, moist, and exhausting climate; continuous exposure to terrestrial malaria, unwholesome emanations wafted towards the fort from the foul river, festering with corruption, that glides past its walls, not to speak of those from the surrounding ditch, a part of which is used as a latrine by the natives, and flushed by the tide. Neither can they effectually remove all risk from cholera, a disease which there is ever present, and ever ready to be lighted into activity under favouring circumstances; nor can they impose sufficient restrictions upon the facilities for vice and dissipation presented by the neighbouring bazaars and dens of iniquity that abound in Calcutta.

Surely, then, Fort William, abandoned as it has already been as a suitable station for young soldiers, and possessing these various elements of disease, is no better adopted for the newly arrived and inexperienced than it has ever been. It is quite the case that one regiment may escape without great mortality, or even two; yet those who practically know India are well aware that even if troops in the lower provinces escape an actual outburst of sickness, not only is the proportion large of men who have to be invalided on account of illness, but that the constitution cannot and does not become robust in those who during adolescence and early manhood have lived under such circumstances as in those more favourably situated.

It has been said that the system of overland transport of troops, requires that regiments should now begin their service near the sea, and "work upwards," so as to be the more readily despatched *via* Bombay on completing their Indian tour. This reason cannot be accepted. Nor, even had it any other circumstance to recommend it, ought it to hold good when clogged by the dire necessity, increased by the measure of retaining young troops in the very part of India where their risks of mortality are greatest, and their prospects of preserving health the smallest.

ELECTION OF THE KING'S PROFESSOR OF PHYSIC IN DUBLIN.

On Friday, the 24th instant, this election was held in the Hall of the College of Physicians in Dublin, the President, Dr. Churchill, in the chair.

The candidates were—Drs. H. Kennedy, Freke, Moore, and Foot, all Fellows of the College; and Dr. John Maule Sutton, of Cheltenham.

The following Fellows were present, were duly sworn by the Rev. Dr. Lloyd, Provost of Trinity College, and voted (by ballot) at the election:—Drs. Adams, Apjohn, Atthill, Banks, Barker, Beatty, Belcher, Burke, Churchill, Croker, Dwyer, M. Eustace, Foot, Freke, Gordon, Guinness, Rev. Dr. Haughton, Drs. Hayden, Head, Hudson, Jennings, Johnston, H. Kennedy, Law, Little, Lyons, M'Cready, Mollan, Moore, Ringland, Sinclair, Smith, Steele, Stokes.

The voting (we understand) was as follows:—

1st Ballot.—To select three out of five, each Fellow voting only for one candidate—Kennedy, 4; Freke, 9; Moore, 17; Foot, 4; Sutton, 0. Drs. Kennedy and Foot being equal, the President gave his casting vote in favour of the former, on the ground of seniority.

2nd Ballot.—To select two out of three—Kennedy, 3; Freke, 13; Moore, 18.

3rd, and final ballot.—Freke, 15; Moore, 19.

The President accordingly declared Dr. Moore duly elected King's Professor of the Practice of Physic in the City of Dublin, on the foundation of Sir Patrick Dun, and he was immediately sworn into office.

We have no doubt of Dr. Moore proving a worthy successor to his excellent predecessor Dr. Banks; and we are satisfied that the choice of the Fellows of the Dublin College of Physicians will do anything but discredit to the "School of Physic in Ireland."

SPECIALISTS AND SPECIALISM.

A few weeks ago we protested against the wordy war waged by some of our contemporaries against specialism in all its forms. We now repeat that protest, since the unjust accusations levelled against individuals continue to be repeated in a variety of forms. It is strange that we should so constantly see an exhibition of personal animosity under the pretence of discussing principles.

Nothing can make our profession so contemptible as the personal squabbles indulged in at the expense of truth. Nothing is more likely to deprive it of its just influence than the continual statement of one side of a question, and the obstinate suppression of the other. It is, indeed, lamentable that such injustice should prevail, and that men should be suffered to "stab each other in the dark," while pretending to expound public policy.

Yet it has ever been so. Medicine as a profession is divided against itself, and for that very reason is devoid of influence. It is not so with the sister profession of law. Who ever saw the same indecent rivalry and ridiculous jealousy between lawyers? Still less is this the case with legal writers and contributors to legal journals. The attempt to run down men who exercise any special branch of medicine is not more likely to succeed than the attempt to ruin special hospitals which has been made by the same parties.

Why, let us take an example or two of special institutions. Who will deny that Ophthalmic Hospitals have conferred immense benefits on humanity ?—that they have helped to bring ophthalmology to its present state of perfection. It is true that Travers, Lawrence, and other illustrious names, show that general surgeons may do much for a special branch, and have done much for Ophthalmic surgery, but yet the fact remains that the greatest progress for the last 20 years or more is to be traced distinctly to Ophthalmic Hospitals.

Shall we then, to please a clique, shut up these charities, and go back to the old attempt to grasp everything within the walls of one hospital ? The public, as we have often observed, has long ago answered this query in the negative, and we see no reason for challenging the verdict.

Another example—what about Consumption Hospitals ? Would our contemporaries destroy all the charities devoted to diseases of the chest ? Would they deny that men who practise scarcely anything else, are, to all intents and purposes, specialists ? Is it not a fact that these men have contributed largely to the progress of science—that they have even made important discoveries ? Why, then, this hostility, this petty jealousy of every institution; and this constant war with all specialists ?

There are reasons which it is not our purpose to-day to dilate upon. We repeat once more our protest against the injustice that is being perpetuated, and we challenge a verdict on the two classes of institutions we have mentioned—Ophthalmic Hospitals and Consumption Hospitals.

"NOCTES, CŒNÆQUE DOCTORUM."

"Do what we say, but not what we do," is a time-honoured adage or proverb, which has been attributed to the jolly monks of mediæval times, who followed the rule of St. Benedict, but who, for all that, on certain occasions, were wont to refresh themselves at night after the professional labours of the day ; to chant the psalm, "Qui habitat in adjutorio Altissimi" at Compline ; and then towards the conclusion of a good supper, to sing "We won't go home till morning."

Even so is it with some doctors, learned doctors—for all doctors are learned of course ; they solemnly warn their patients against late dinners, and extra good dinners ; against "made dishes," &c., &c. ; but few like good dinners better, or eat them oftener (when they can get them) than our brethren ; and must we confess it ? than ourselves !

In former days there was in Dublin a society, which was known as "the Medical and Philosophical ;" but which, for the greater part of a century, has existed as a medical dinner club, under the same name, we believe, though in the Dublin medical venacular it is jocosely called "the Philœsophageal." Also in the last century the Fellows of the Dublin College of Physicians every St. Luke's day at their annual meeting voted £100 to the President to purchase claret for their entertainment. For many years, this admirable custom has been abolished ; but although of late it has been not unusual for the President of that College to entertain his brethren, the Fellows, in his own house, yet it is due to Dr. Beatty, we believe, to state, that he, during his Presidency, inaugurated what promises to be a time-honoured custom, and gave a handsome banquet to the Society of which he was the head, in the College Hall itself.

The present President of the King and Queen's College of Physicians in Ireland (Dr. Churchill) maintained this wholesome usage by entertaining in the College-hall, on the evening of Tuesday, the 21st instant, the following Fellows: —Drs. Adams, Apjohn, Atthill, Banks, Beatty, Belcher, Burke, Croker, Cruise, M. Eustace, Foot, Freke, Gordon, Guinness, Haughton, Hayden, Head, Hudson, Jennings, Johnston, Sir Robert Kane, H. Kennedy, Law, Little, Lyons, M'Cready, Moore, Ringland, Sinclair, Smith, Steele, Stokes, and Travers.

In addition, the following guests were present:—The President of the Royal College of Surgeons in Ireland (Mr. Porter), the Right Hon. the Lord Mayor, (Sir William Carroll,) Licentiate of the College ; Dr. Dane, P.M.O. Dublin ; Inspector-General Mouat, V.C. and C.B.; and Dr. Churchill, junr.

Dinner being ready, and the guests having repaired to the Convocation-hall from the Library, which had served for an ante-room ; one of the Fellows, the Rev. Professor Haughton, M.D., "blessed the board" (we use the good old English phrase) in the language of colleges, that tongue which is in daily use in medical practice, and which is popularly and charitably supposed to be on the tips of the fingers of every M.D.

The form used was partly that of Trinity College, Dublin, with an extemporaneous addition by the Reverend Doctor, and was significant as well for the open advocacy of the use of Latin on public medical occasions, as for the assertion of the time-honoured relation of this college to its *alma mater*, Trinity College, Dublin, from which it sprang more than 200 years ago.

The dinner, which was supplied by Mr. Murphy, late of Mitchell's, was of the best description; and was, to use the cant gastronomic phrase, "replete with every delicacy of the season."

At its conclusion the Reverend Dr. Haughton said Grace, somewhat after the fashion of Lincoln's Inn. We give the two verses as recited by Dr. Haughton, that they may be placed on record, and used at future dinners as "the Dublin College of Physicians Use."

Dublin College of Physicians Use.

Benediction Before Meat.

Miserere nostri Te quæsumus, Domine, atque his tuis donis quæ de tuâ benignitate sumus percepturi, benedicito, per JESUM CHRISTUM Dominum nostrum.—*Amen.*

Grace After Meat.

Benedictus Dominus benedicatur, pro his atque omnibus ejus donis, per JESUM CHRISTUM Dominum nostrum.—*Amen.*

The President proposed the health of the Queen, and afterwards that of the Royal College of Surgeons in Ireland. To this latter the President of that body responded, and gave the health of the host, which was duly received.

Next the host gave "The University of Dublin," which was responded to by Dr. Stokes, who gave "The School of Physic, and Professor Haughton," the latter gentleman returning thanks. The toast of "The Queen's Colleges" was responded to by Sir Robert Kane, and that of the Army by Dr. Dane, P.M.O., and by Inspector-General Mouat, after which Dr. Beatty, by request, favoured the company with an admirable specimen of vocal music, "Sicut est mos," and the company retired after spending a very pleasant evening. Floreat Collegium Medicorum Regis et Reginæ in Hiberniâ.

Notes on Current Topics.

The Duke of Edinburgh.

ADDRESSES congratulating his Royal Highness on his recovery from the murderous attempt of the assassin, were presented to the Duke of Edinburgh by the Ancient Scottish Hospital, and by the Highland Society of London, on Tuesday, the 21st instant. The addresses were presented respectively by the Dukes of Montrose and Richmond. Many gentlemen attended, most of them appearing in the Highland costume. Amongst those present were several members of the medical profession—viz., Drs. Scott Alison, and Ramsay, Physicians to the Scottish Hospital;

Dr. Stuart Tulloch, and Dr. McKinnon, C.B., of Netley Hospital. We understand the Duke, though looking somewhat thin, appeared to be in excellent health and spirits, and that his expression was one of great intelligence and activity.

St. Andrews Medical Graduates' Association.

We have received the first volume of the *Transactions* of this association. It is somewhat tardy in making its appearance, but contains much interesting matter. The papers of last year's session, some of which we reported in full, and of the others gave abstracts, are here published, with the revision of the authors.

It is pretty clear that the volume has been kept waiting for one paper. This is scarcely just to other writers, and we would advise the editor on another occasion to be more severe, and omit altogether contributions that are not completed within a reasonable time.

There is a list of members and their appointments, but this we observe is not complete, as we could, from memory, make several additions and corrections.

The Registrar-General's Quarterly Return for Ireland.

It is but of late that registration in this part of the United Kingdom has reached anything like a reliable condition, and even now it is hard to say whether the returns can be, in all cases, implicitly trusted as indicating the actual state of things. There are feelings and influences at work which baffle the attempt to arrive at a degree of accuracy such as we attain in England. Still, making every concession, we have reason to believe that we may congratulate our Irish readers on the present condition of their country in a sanitary point of view. We refer chiefly to this, though there are other particulars in the report of equal concern, such as emigration, pauperism, the price of food, and others as well. From the estimate, it appears that the deaths in the first quarter of 1868, were fewer than in the same quarter in each of the previous four years, and less by five thousand than they were in the first three months of 1867. It will be remembered that there was a great difference in the temperature of the two winters thus compared, which may partly, perhaps mainly, account for the favourable difference recorded in the death-rate. Different medical men in various districts have supplied notes from which a large part of the return has been made up, and on their authority, it appears that the adoption of sanitary regulations has had its effect, in many places, in promoting the improved state of the public health. We cannot, however, but regret to state, on the same authority, that a large portion of the population are culpably neglectful in these particulars; exposing themselves and those who dwell around them to danger, by suffering every species of filth to accumulate and rot under the very walls and windows of their dwellings, and taking no care to avoid infectious disease, or to check its progress when it has made its appearance. We would urge upon every one in a position of authority or influence to use his power with his equals and dependants, and awaken them, if possible, to duties upon which their own and neighbours' lives may depend.

Prevention of Cruelty to Animals.

The Earl of Harroby took the chair at the annual meeting of this society, which was held at Willis's-rooms on the 18th instant. From the report, it appeared that 994 convictions had been obtained, being 200 in excess of last year. The report stated also that vivisection was decreasing in France, chiefly through the operations of the society. The noble chairman said he did not consider the increase of convictions as a proof of the increase of offences, but of the increase of detection by the officers of the society. He was glad there was a decrease of the practice of vivisection in France, and regretted that bull-fighting should have been introduced there. Another great scandal, he said, was the treatment of cattle in the vicinity of London. He hoped it was not too late, even in the present session, to make at least a beginning in a better system with respect to the slaughtering of cattle than that which for so many years had been the scandal of the metropolis. The Earl of Romney thought the rich and the poor were both alike in the matter of cruelty to animals. The one set the example, and the other followed it. He believed there was great thoughtlessness in the cruelty inflicted in many cases, and instanced driving by constantly pulling the reins and bit, the use of the whip, and the absurd bearing-rein, which unfitted horses for their work. Several others addressed the meeting, remarking, among other things, on the cruelty to cattle sent from the sister country, and to dogs by the use of the muzzle in the present sultry weather.

Accidentally Poisoned.

In the *Times* of July 20th, is recorded a melancholy instance of a young lady accidentally poisoned by an over dose of strychnine. It appeared that the deceased had been directed by her medical adviser to take at mealtimes five drops of liquid containing strychnine, and was supplied with a bottle in which was an ounce of liquid containing four grains of that poison. On Thursday evening, the lady put five drops of the liquor strychniæ into a small bottle of water, just like the one that held the liquor itself, then by mistake she took up, and carried down with her this last named bottle instead of the one containing the mixed drops, and when seated at the table, poured out and drank off its contents, which appear to have contained about three grains of strychnine. In ten minutes the poor lady was dead, with all the symptoms of poisoning by strychnine.

The coroner (Dr. Lankester), at the inquest, condemned the practice of vending poisonous medicines in ordinary bottles, a matter evidently still requiring attention, although many leading chemists always dispense poisonous remedies in bottles of peculiar shape, so that the bottle is known if taken up in a dark room. We would for our part venture to doubt the wisdom of allowing as much as four grains of strychnine (*i.e.*, one fluid ounce of the liquor strychniæ of the Pharmacopœia to be in the possession of any patient at one time; surely it would be better and safer to dilute the medicine, and give a dose of one tablespoonful or more in such a diluted state.

A movement has commenced for employing female nurses in lunatic asylums where males are at present employed. It is said that the change, so far as attempted, has proved beneficial to the patients. Drs. Maudsley and C. Browne support the innovation. The advocates of female labour would do well to watch this apparently suitable opening.

It is arranged that a Royal Commission shall investigate the state and operation of the laws relating to sanitary questions.

The Medico-Psychylogical Association has fixed its annual meeting for the 4th August, at the Royal College of Physicians, London. The same day the British Medical Association meets at Oxford.

The fee for registration for members of the General Councils of the Scottish Universities has been reduced by the House of Lords to £1. When the Bill left the Commons it was 30s. We believe the change is the result of the representations of the Scottish Universities' Union.

On the 10th of last month, as our readers are aware, Mr. Pim gave notice "that he would ask the Chief Secretary for Ireland when he would be able to lay upon the table of the House of Commons, the correspondence between the Treasury, the Irish Government, and Dr. R. McDonnell, late Medical Officer of the Mountjoy Prison, relative to the change in the medical management of that prison, by which he was deprived of that office."

We look anxiously for this correspondence, which we hope may clear the authorities from the suspicion of having "hunted down" a deserving public officer, merely because he did not run exactly in the groove they desired. We have, meanwhile, learnt with great satisfaction that, although the Lords of the Treasury at first declined to give Dr. McDonnell any compensation, on the ground that he did not give his whole time to the public service, yet, on the representation of Lord Mayo, they have reconsidered the question and granted Dr. McDonnell a pension. We look upon this as a good omen for the cause of the Dispensary Medical Officers, and hope that the Chief Secretary may remember that the same arguments which were applicable to Dr. McDonnell's case, and which caused him to exert himself so strenuously on his behalf, are equally applicable to the case we have mentioned.

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Foreign Medical Literature.

PROFESSOR BAMBERGER ON ACUTE POISONING WITH PHOSPHORUS.

(Reported by C. Arbo.)

Translated from the *Norsk Magazin for Lægevidenskaben*, xxii. Bind., 3 Hefte, Christiania, 1868, by

W. D. MOORE, M.D.Dub.et Cantab., L.K.Q.C.P.I., M.R.I.A.

HONORARY FELLOW OF THE SWEDISH SOCIETY OF PHYSICIANS; OF THE NORWEGIAN MEDICAL SOCIETY; AND OF THE ROYAL MEDICAL SOCIETY OF COPENHAGEN; SECRETARY FOR SWEDEN, NORWAY AND DENMARK, TO THE EPIDEMIOLOGICAL SOCIETY OF LONDON.

In the Prague Sessional Medical Report for 1866, is a lecture by Professor Bamberger on his investigations respecting acute poisoning with phosphorus, which, as a communication on the subject by one of the greatest medical celebrities of Germany, seems likely to throw some light on the rather obscure opinions which still surround it, and will, therefore, probably prove interesting to our readers.

Bamberger referred to the increasing frequency of these poisonings, due to the ease with which the agent is now procurable. Thus the reporter saw, during nine months' stay in Vienna, three cases of acute poisoning with phosphorus; the most frequent poisonings were with cyanide of potassium, of these, in the same space of time, eight instances occurred.

Without going further into the details in a forensic point of view, Bamberger wished to bring forward the difficulty of demonstrating the existence of phosphorus poisoning in the dead body, indeed sometimes it is purely impossible to demonstrate it.

When a long time had elapsed since the phosphorus had been taken, when a part had been again discharged by vomiting, and where what remained was, by reason of the great affinity of phosphorus for oxygen, changed into various products of oxidation, the chemical demonstration would be probably very difficult, and the anatomical changes produced by the poisoning, which might corroborate the correct diagnosis, would not in all cases be characteristically marked, or free from sources of fallacy. This is shown, among others, by those cases published by Rokitansky, and expounded as acute steatosis of the liver and kidney, as well as by the analogous cases published by Wagner, of Leipzig. Some of these were certainly referrible to phosphorus poisoning, while, with respect to others, this is doubtful, and it must, therefore, be left undecided, whether such an acute degeneration of the liver and kidneys may not depend upon other causes.

But the medical interest of the subject is still greater than the forensic. Phosphorus poisoning is characterised, as is well known, by a peculiar complex of symptoms: considerable depression of the nervous system, striking diminution of the activity of the heart, ecchymoses in all organs, jaundice; and fatty degeneration of the liver, kidneys, muscular structure of the heart, and other organs. If we endeavour to discover the cause of these phenomena, we must admit that the explanation of them is in many respects obscure and difficult. Leyden and Munk, who have worked out the subject in detail, and have instituted numerous experiments upon animals, have undoubtedly contributed to clear up the matter, but the results of their labours have also given rise to much doubt.

This had led Bamberger to again investigate the matter; in doing so he started from definite points of view, and proposed to himself certain questions which permitted him, with some probability, to expect a satisfactory result—namely:

1. In what chemical form does phosphorus act injuriously on the system?
2. What are the causes of the fatty metamorphosis of the organs?
3. What treatment is to be substituted for the almost wholly inactive plan hitherto in use, with a prospect of a better result?

Respecting the first point, physiologists had not been at all agreed, as the great variety of opinion expressed by the several writers sufficiently proves. At one time phosphorus, as such, was accused of being the poisoning agent; at another, the lower degrees of oxydation, as hypophosphorous and phosphorous acid. Schuchardt assumed that the phosphorus acted injuriously in the system by the formation of phosphuretted hydrogen. Munk and Leyden accused phosphorous acid of being the injurious agent. Schuchardt's view is, indeed, generally given up, as it is not conceivable, that from the presence of phosphorus in the stomach, any other than combinations of oxygen with that element should arise.

Munk and Leyden evidently went farthest in their opinion that the oxidation products of phosphorus, especially PO_5 acted injuriously; they asserted plainly that phosphorus in the stomach could exercise only a corrosive action, and had in itself no general effect. They based their argumentation upon the facts that

(*a*.) Phosphorus was not soluble in the body.

(*b*.) That it did not exercise any essential action upon organic substances, for example, blood.

(*c*.) That it was not demonstrable in any organ after poisoning had taken place.

Neither were the lower degrees of oxidation of phosphorus injurious, as in experiments upon animals with hypophosphorous acid they had arrived at results, essentially different from those obtained in phosphorus poisoning. On the other hand, by injecting phosphoric acid into the jugular vein they developed phenomena, analogous to those in phosphorus poisoning: diminution of the heart's action, ecchymoses and petechiæ, &c. They therefore assumed that *the first effect of phosphorus in the stomach was only local and corrosive, but that on the corroded part, oxidation forthwith took place with the formation of phosphoric acid, which entered the blood in the nascent state, and dissolved the blood globules.* The ecchymoses, the dissolved state of the blood, and the bloody urine in persons poisoned with phosphorus, are adduced as proofs thereof.

The starting point of these deductions was, in Bamberger's opinion, evidently false; for it is established by experience that general intoxication has occurred with phosphorus without the slightest corrosive action having been found in the stomach and intestines.

Neither did Bamberger, in numerous experiments upon animals, find any corrosion of the mucous membrane, and yet fatty degeneration in the organs existed in an extreme degree.

Neither was the second part of their assertion correct, that the blood globules were dissolved. Bamberger took, in animals after several days intoxication, blood from different vascular parts, but on microscopical examination, he found not the slightest difference from the blood of healthy animals. A similar negative result was obtained from freshly drawn blood, left for a long time in a cup in contact with phosphorus; not even did the blood globules immediately surrounding the phosphorus, exhibit any change. Nor, when the vapours of phosphorus were passed for a long time, by means of an aspirator, through recent blood, did the blood-corpuscles manifest any change, the blood became only of a lighter red, which might be regarded either as an effect of the oxygen in the atmospheric air passing through at the same time, or as the ozone action of the phosphorus.

It is true that in dead bodies after phosphorus poisoning the blood is found less coagulable, or entirely fluid; but this is not the case until a considerable change of the heart, liver, kidneys, and other organs has occurred, when the whole system is in a great degree implicated; and this alteration of the blood is then not to be regarded as primary, but as a result of the general affection of the organism. When the blood was taken from the animals experimented on at an earlier period, it was not at all changed.

The same is also the case in the different dyscrasias, as typhus, pyæmia; the alterations of the mass of the blood met with in the dead body are not present *à priori*, but are to be regarded as the result of the manifold disturbances developed during the course of the disease. The action of the phosphorus is therefore not to be compared with that of arseniuretted hydrogen, or of the mineral acids, which produce destruction of the blood-corpuscles, nor with that of carbonic oxide gas, which displaces the oxygen of the blood-globules, and enters into an inseparable combination with the hæmo-globuline, which gives the characteristic spectral phenomena. The alterations of the blood produced by phosphorus do not belong to the grossly material; they ought much rather to be classed with those still unknown changes, which the different contagions and miasmata, or the smallest quantities of certain poisons, produce in the blood.

With respect to phosphuretted hydrogen, hypophosphorous acid, and phosphorous acid, he found Munk's and Leyden's experiments decisive.

That phosphorus, as such, should produce the well-known effects in the system, was, as has been mentioned, denied partly for this reason, that investigators had not hitherto succeeded in chemically demonstrating its presence in the blood or in the organs. This, he thought, was due to the unsuitableness of the method of investigation, and it was desirable, therefore, to find one which should be reliable also for small quantities of phosphorus, and such is that quoted by T. Scherer, in his "Lehrbuch der Chemie."

Phosphorus, both in substance and in the form of vapour, reduces the oxides of the noble metals; strips of paper, moistened with a solution of nitrate of silver, become rapidly black with phosphorus with the formation of phosphuret of silver, phosphoric acid, and the separation of metallic silver.

Now, if we have an organic fluid—for example, blood—to examine for phosphorus, we must in the first place satisfy ourselves that no sulphuretted hydrogen is present, by testing it with nitro-prusside of sodium or acetate of lead. If no sulphuretted hydrogen be present, a strip of paper moistened with a solution of nitrate of silver is fastened to the cork in the bottle in which the fluid to be examined is, and this, if necessary, is slowly heated in the sand-bath. If phosphorus be present the paper is soon blackened. We may also convince ourselves of the presence of the phosphoric acid formed at the same time. On boiling the strip of paper in water, the nitrate of silver also taken up is precipitated with hydrochloric acid, and the residue is tested for phosphoric acid with molybdate of ammonia, which is a very delicate test of the presence of that acid. Fresenius and Neubauer have had to object to this method, that all the phosphorus is not taken up, as the greater part of it combines with the silver as phosphuret of silver, which is insoluble in water; aqua regia must therefore be employed, by which, however, the paper is destroyed, which itself, again, contains traces of phosphoric acid, probably combined with lime. To avoid this Bamberger employed heated asbestos, whereby not only a source of error was eliminated, but also the vapours of phosphorus obtained larger surface of contact.

To ascertain the law of diffusion of phosphorus, Bamberger instituted a series of experiments. A cylinder was filled with water and air, or with water alone; a small piece of phosphorus was introduced into it, and it was then tied over with an animal membrane (pericardium of a man, or a pig's bladder or vegetable parchment), and placed in connection with another cylinder filled with fluid. Not long after the outer fluid became turbid, presented the smell of phosphorus, and exhibited Scherer's reaction. Phosphorus, therefore, readily passes in the form of vapour through animal membranes; but phosphoric acid was also demonstrable in the fluid, when this was well steamed in the water-bath. The lower degrees of oxidation of phosphorous were not demonstrated, but they are in general difficult of demonstration in the presence of phosphorus and phosphoric acid; we can, however, scarcely doubt that the intermediate forms are also present.

Phosphorus behaves in blood, with respect to its diffusion, as it does in water, and Bamberger therefore expected to find the same in experiments on animals. He gave small granules of from 10 to 12 milligrammes of phosphorus daily, and usually observed for the first four or six days, no other phenomena than diminished appetite (a rabbit got even for 13 days 10 milligrammes daily, that is 130 mgrm., before it died).

(To be continued.)

Proceedings of Societies.

ST. ANDREWS MEDICAL GRADUATES' ASSOCIATION.

THE General Session of this Association was held on Monday and Tuesday, July 20th and 21st.

The Association met on Monday at the Freemasons' Tavern, when, in accordance with the resolution of the Council, the claims of the several candidates for the representation in Parliament of the conjoined Universities of Edinburgh and St. Andrews were to be considered.

On Tuesday some members visited the Church of Hempstead in Essex, where in the family vault lie the remains of Harvey.

The transactions of the Association were ready for distribution on the first day.

The discussion on Monday was the chief business of the Session, and there were about forty members of the society present.

Some preliminary business having been disposed of, the adoption of the report of the Council was moved by Dr. **GREENHALGH** and seconded by Dr. **NICHOLLS**. This report was drawn up on the previous Saturday at a meeting of the Council, at the house of Dr. Richardson, when ten members were present. It declared that the representative of the two Universities of Edinburgh and St. Andrews ought to be a medical man, and recommended Dr. Richardson as candidate.

Dr. **RICHARDSON**, who as president occupied the chair, then addressed the meeting. He said he was not very ambitious of parliamentary life, but he believed in calls, and if selected by the Association he should regard it as a call, and stand as a candidate; at the same time, he would not incur any expense. Those who sent him must defray the legitimate costs, and he would not sanction expending a penny more than was absolutely necessary. As to politics, he would not side with either Mr. Disraeli or Mr. Gladstone. He thought old foundations which had been proved to be good, should be retained in preference to making new ones. He believed the Association, numbering nearly 600 graduates, had the power to return a member if it acted unanimously, and thought that a medical man should be returned.

Dr. **DRYSDALE** regretted not to hear more definite views from Dr. Richardson, especially on the great questions of civil and religious liberty. He had heard at the preceding Council meeting that Dr. Richardson was not prepared to support Mr. Gladstone in the disestablishment of the Irish Church. Now, he could not conscientiously vote for any candidate who supported the establishment of the alien church of the minority in Ireland.

Dr. **SHORTHOUSE** said they wanted a medical man, and had nothing to do with the Irish or any other church.

Dr. **KING** objected to taking into consideration the politics of the candidate. He wanted a representative of medicine.

Dr. **O'CONNOR** said that a medical man, a member of the Association, had issued an address. As he saw him present, he would like to hear his views. He referred to Dr. Prosser James, and begged to inquire whether he was a *bona fide* candidate.

Dr. **PROSSER JAMES** replied that he was a *bona fide* candidate, and having the support of many graduates in all the faculties as well as of political friends, both in and out of Parliament, hoped for success. Unlike the President, upon whose scientific reputation he passed the highest eulogium, he was a party man. He did not think politics could be excluded from such a contest, nor could he admit that they ought to be. He would not detain them by repeating his medical politics, as he had forwarded a statement to every graduate of both Universities. He had hoped for the support of the majority of his medical brethren on the strength of his programme for reform in the profession. At the same time he could not forget that there were other faculties, and he knew he had lost some support by giving too great prominence to medical matters; although he had doctors of divinity and laws, as well as Masters of Arts working for him. He did not believe with the chairman that the Association could return their nominee. Why, they were only 500 or 600, and there were perhaps 5000 members of the University Council. Besides, this Association was not only medical, but was for one University out of two. The sister University was entitled to at least equal respect, and the graduates in the other faculties could not, and ought not to be ignored. No one loved his profession more, or would make greater sacrifices for it; but he could not make all social questions secondary to it. He did not scruple to remind them, that society did not exist for the sake of medical men, but medical men for society. On every general question he was as liberal as on medical ones. Indeed, it was only as a liberal he asked the suffrages of the constituency. As the Irish Church had been mentioned, he might repeat that he thoroughly supported Mr. Gladstone on that question. He thought farther that all churches would be better without State interference, and that it would be a good thing for all States to be untrammelled by any church.

Dr. **Edwards Crisp** thought general politics should not be considered, and suggested that the medical candidate most likely to succeed should be pushed by the Association.

Dr. **Martin** would not support any candidate who would vote against the Irish Church.

Dr. **O'Connor** thought it was too late for Dr. Richardson. The medical graduates could not enforce their views. He said the other candidates ought to be considered, as he did not think the medical ones were either of them likely to succeed. As to Mr. Campbell Swinton, he found that his chairman and vice-chairman were Professors Christison and Shairp, both men most bitterly opposed to the enfranchisement of the medical graduates, and the former of whom opposed all medical reform. He thought, therefore, the Tory candidate had no claim on the profession. Professor Playfair he considered a good candidate, liberal on most questions, and possessing such large support that he believed him very likely to succeed. He, therefore, asked the meeting to support him, and not by division let the enemy of the profession and the Conservative creep in.

Dr. **Rogers** regretted that Dr. Richardson's views were not like his own, advanced Liberal, but would support him.

Dr. **Sedgwick** said many had promised to support Dr. Lyon Playfair under the mistaken notion that he was a medical man.

Dr. **Dudfield** gave an account of the getting up of a requisition. Nearly 200 signatures were gained.

Dr. **Richardson** said he did not come forward sooner lest it should imperil the enfranchisement. He could not consent to taking a wedge out of the constitution by disestablishing the Irish branch of the Church. But for the clergy of that Church we should have had no literature. He then put the report to the meeting.

Dr. **Sedgwick** counted the hands held up, which were 26. The contrary was then put, and as no one held up a hand the motion was declared to be carried.

The meeting then broke up, some of the friends of Dr. Richardson remaining to concert measures on his behalf.

FORFARSHIRE MEDICAL ASSOCIATION.

The tenth annual meeting of this Association was held, on the 19th ult., at Forfar, Dr. Smyth in the chair. The following were present:—Drs. Smith, Steel, Murray, Maclagan, and Alexander, Forfar; Drs. Nimmo, Arrott, Christie, Crockatt, Begg, J. W. Miller, Rorie, Pirie, Petrie, Allan, Steven, and James Duncan, Dundee; Dr. Park, Broughty Ferry; Drs. Lawrence, Johnston, Officer, Watson, and H. Steele, Montrose; Drs. Alexander Guthrie, Mackie, sen., Hammond, J. Guthrie, and Mackie, jun., Brechin; Dr. Grant, Glamis; Dr. Simpson, Marykirk; Dr. P. Heron Watson, Edinburgh; and Dr. Andrew Smith, Staff-surgeon, Aberdeen.

It was decided to present a memorial to the Home Secretary, showing that it would be advantageous if the office of Poor-law Medical Officer were put on the same footing towards the parochial board as that of inspector—namely, the power of removal to be exercised only with the sanction of the Board of Supervision.

It was agreed to hold the next annual meeting in Dundee. Dr. Steel (Forfar) moved the appointment of the following office-bearers, who were unanimously elected:—President, Dr. Arrott (Dundee); Vice-presidents, Drs. Nimmo and Gibson (Dundee); Secretary, Dr. James Duncan (Dundee); Treasurer, Dr. Allan (Dundee); Council: Drs. Christie, Crockatt, Begg, J. W. Miller, Pirie, and Rorie (Dundee); Local Secretaries: Dr. Lawrence (Montrose); Dr. John Guthrie (Brechin); Dr. Alexander (Forfar); and Dr. Dewar (Arbroath.) Dr. Smith, President of the Association, brought forward notes of interesting medical cases. Dr. Lawrence (Montrose) read an exceedingly interesting paper "On Traumatic Cerebral Abscess." A discussion ensued, in which several members present took part. On the motion of Dr. Arrott, the thanks of the meeting were cordially awarded to those gentlemen, and to the President, for his conduct in the chair. The members afterwards met and dined in the County Hotel.

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RULES FOR REGISTRATION IN THE SCOTTISH UNIVERSITIES.

1. All Graduates of either of the four Universities may enrol as members of Council of their respective Universities.

2. All persons may also enjoy the privileges of Graduates who, previous to 1861, attended four sessions at any Scottish University, or three at one and one at another University, provided that two of the four sessions were spent in attendance at general classes. Four purely medical sessions will not suffice, and in making a claim for registration under this heading, it is necessary that a record as to years of attendance should be sent to the registrars.

3. All applications must be addressed to the registrar, and accompanied by a post-office order for 20s.

4. All those graduates who have hitherto paid annual subscriptions in lieu of composition fees, must now make up their previous payments to 20s., all such payments being allowed in deduction.

5. Electoral privileges give power to record votes by voting papers, at all University elections, including those for members of Parliament, chancellor, and assessors.

6. The register will be closed on the 1st of October.

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Correspondence.

THE GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—On Wednesday, the 15th of this month, I called your attention to the partial statement made by your reporter of the proceedings of the General Council of Medical Education and Registration, on Saturday, July 4, on which day Dr. Apjohn brought no less than three separate and distinct charges against my report of the visitation in reference to the examinations in Trinity College Dublin for the Degrees of B.M. and Mag. Chir., held in December, 1867, as being "untrue," which I replied to on the instant before the Council, completely to my vindication, of which your reporter takes no notice. Dr. Apjohn's first charge was that the candidates were recalled after the close of the examination, and the names of the successful and unsuccessful candidates were announced. In explanation, I replied, all the candidates were called in, the names of the successful candidates were announced; what became of the unsuccessful ones? Surely their being paraded before those who were present and their names not called, was equivalent to a public announcement that they had not passed. The second charge was the Professors were the only examiners, by which I made it to be understood that no non-professional examiners not connected with Trinity College were appointed for that duty. *Such was the fact* up to December, 1867, when I visited that institution as a Member of the Irish Branch Council of the General Council of Education and Registration, *but since then* the University has commenced setting its medical house in order, and selected two other examiners in Surgery—Mr. Butcher and Mr. Wharton, from the Fellows of the Royal College of Surgeons in Ireland.

The third charge against my report being "*untrue*" was that the candidates were not tested in writing or dictating prescriptions; again I affirm, *such was the fact when they were examined orally* in the practice of medicine and surgery, and the oral or *viva voce* examinations which my report *specially* referred to, requires to be corrected in all future examinations for the medical and surgical degrees of Trinity College.

From my experience of the last meeting of the Medical Council, the word "*untrue*" is a favourite expression of Dr. Apjohn, and from a Member of the Council (July 1) to whom he used the same expression, he received a reprimand which he most justly merited and will not soon forget.

As the reporter of THE MEDICAL PRESS AND CIRCULAR is silent on this subject, affording me no information for ignoring my reply, I have consequently been obliged to vindicate myself from those most unmerited aspersions of Dr. Apjohn on my report of the examinations for conferring the degrees of B.M. and M.C. of Trinity College Dublin, in December, 1867. As a public journalist you will at once see the justice of inserting this in the columns of the next number of THE MEDICAL PRESS AND CIRCULAR.—I remain, sir, your obedient servant,

WILLIAM HARGRAVE,
Representative of the Royal College of Surgeons in Ireland on the General Medical Council of Registration and Education.

56, Upper Mount-street, Dublin,
July 24, 1868.

MEDICAL REFORM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The questions raised in your columns deserve all the attention of medical men.

It is plain that something must be done. Either the expensive and difficult reform urged by Dr. Andrew Wood and the Medico-Political Association must be effected, or else the easy and inexpensive proposal of Dr. Prosser James must be accepted. The beauty of this latter is that it would bring many other privileges with it.

It would be a reform of the corporations as well as of the Council.

Dr. Ashe is too trenchant by far, and when he uses the word "hoodwink," does injustice. For my part, I like the indirect plan, and thank our excellent representative, Dr. Paget, for taking it up in the Council. Although the plan had been fully explained by Dr. Prosser James, it would, perhaps, not have made the sensation it has, had not Dr. Paget leaned to it in his speech. Perhaps for that reason he should have given the author the praise due to him. This much I would urge—let the other universities and corporations be as liberal as Cambridge, and the indirect method would be fully established.

Dr. Ashe talks of the Senate here as if it were controlled by a committee.

No such thing; it is open and fair. Nothing can be done without the consent of the Senate, which includes all M.A.'s, and all doctors who keep their names on the books. Like Dr. Williams, in his letter in your last impression, I think the more medical men in the House of Commons the better; and I, too, wish Dr. Prosser James and his plan of indirect representation success.—I am, &c.,

CANTAB.

ON DINING.

"Ding goes the dinner-bell,
Tingle, ding dong,
Pray what can the matter be—
Dinner's so long.
Five minutes more to wait
For turkey and ham,
The juice of the ruddy grape
Is better nor jam."—*Old Song.*

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I agree with "Sanitas," dinner *a la mode* is verily dinner *a la* ———. Ah! I won't say it, but it verily is. I like to dine, however—who doesn't? A great wit, you remember—that doctor who said, "come, let us walk down Fleet-street," was asked his opinion on dining. "I like to dine," was his answer. He would hardly stand a "bolting" process of two hours' duration though, at a temperature of 212° in the shade, and "high pressure" all round. The term "dinner" ought to become obsolete. It is a barbarous, luxurious, luscious term, whose very sound as it strikes the tympanii, causes a tickle in the "inside," from long habit. I would humbly suggest that the term "compensatory process" be substituted, and that the "compensatory" should be availed of just as the promptings of nature suggest. "Man is the only animal that dines by rule," thanks to, well, say civilization; but we know there are "parties" so civilized by the process as not to be able to *stand* it to the end, and who become *prostrate* under its application.

It will be difficult, no doubt, to upset the universal dinner-table. There are, even in our very midst, thousands of persons, exclusive of Aldermen and T. C.'s., who would cling to dining table legs to the very death, were a bold attempt made to disjoint them.

"A meat tea," as "Sanitas" wisely suggests, repeated *ad lib.*, I meekly respond, would do very well to begin with; and no evening coats with morning continuations. "Crusty" old bachelor Perkins, who reads as I write, snamblingly adds—But who will commence this reform movement?

"Mr. Chairman"—Mr. Editor I mean, "I move that 'Sanitas,' whose mighty intellect and brilliant pen mooted the great question 'On Dining,' *do* give a 'compensatory process,' and thereby practically illustrate the point he has so sumptuously, (no! not sumptuously, there is too much of the pungence of the dinner-table about that term), so eloquently, yes, so eloquently, seeks to reform.". Please second this, and believe me to be, very faithfully yours,

SAINT PANCRAS, JR.

P.S.—Do you think this will "bring out" "Sanitas," as I like a good dinner "on the Strand."

THE CONTAGIOUS DISEASES ACT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Ever since about this time last year, I have watched with anxiety the proceedings of the different meetings held in connection with the Prevention of Contagious Diseases Act, in order to have its operations extended to the civil population, and I am sorry to see that nothing as yet has been proposed for the protection of these unfortunate women, of whom so much is said, and to whom so much blame is attached, without considering that they are the first victims of the immorality of men.

As it appears that it is intended to submit to the English Parliament, plans devised according to the French system, and as I think it right that the subject should be looked at in all its bearings, I beg to submit to the impartial consideration of your readers, and especially of the gentlemen forming the Committee, an extract translated from a chapter written on the same subject by Jules Janin—the French Charles Dickens.

"At the top of the Rue St. Jacques there is an hospital, but an hospital wanting both pity and respect. The surgeon himself despises his patients. The diseases there assume every kind of horrible forms, and names which are only hinted at in a low voice; it is more a prison than an hospital. The police is the queen and the mistress of it. It is not the Christian Charity but the Prefect of Police who opens the doors of this fatal asylum.

"I have seen in it young men, pale and livid, with a skin of an undescribable colour, and deprived of their senses and reason. Next to them were fathers of families, in mourning for their wives and children, whose death they had been the cause.

"A little further were some horrid old men, kept by the Faculty as curious specimens, and shown to strangers as being more horrible than any that they had in their own country—worthy subject of pride!

"I was going away when some one told me that the hospital was divided into two parts, and that upstairs were the women. 'Do you not want to see the women, sir,' they said, as if they were much more worthy to be looked at. In going up I met nurses infected by the babies they had taken to nurse. Some poor young country girls weeping, knowing nothing about their disease, and hiding their faces with their coarse apron.

"At the door of a ward was a young innocent-looking woman, the miserable victim of her husband. She was there, immovable, like a statue, waiting for a place in a bed by the side of some old prostitute. What! the woman nursing a baby. What! the young girl who gives herself up to her lover or her husband, they also are contaminated by this horrible disease. Poor women, hundred times more to be pitied than these other inmates downstairs.

"I entered a large room, there I found many women, some old habituées, who make the hospital their homes, and turn it into a house of pleasure and of rest; they were all laughing and playing at different games. Some were ornamenting themselves with a veil, or some bright morning gown. The youngest, half dressed, were comparing their youth and their beauty; others were uttering fearful oaths, or singing with a harsh voice some drinking songs of debauchery. The greatest part of these women were still young and handsome. Poor, miserable women! handsome enough to be still handsome in such a place, unfeeling enough to laugh and sing. They might have been the pride of a young man, the honour of a happy home, the companion of a strong man, and his help in his old age; but no. At the instigation of men they have given away all that, they have sold themselves for nothing. No! not for nothing; but for ulcers and diseases, all the precious gifts which they had received from God—comeliness, youth, cheerfulness, health, and happiness, they have lost all. Oh, it is horrible! horrible!

"At a given signal, all the games ceased, and a mournful silence succeeded to all the noise. Every woman fell in, and all walked in a line to the place where the surgeon was waiting for them. It was a small, low room, lighted by a single window, opening at the back of the house, the walls of it are of a dirty greenish hue, strangely ornamented with obscene figures, drawn either by the patients or the students. On a bedstead is a small paillasse, covered with a black cloth; by the side of the bed were, here and there, every kind of cutting instruments, and a small stove where several pieces of iron are getting red hot.

"Around the bed were several old women, who by their services had deserved to be present at the show, and on the only chair in the room sat the elegant operator, talking with his pupils about actresses and the news of the day. I joined these young rivals of Esculapius, and I may say, that I was the only one there moved and attentive.

"Through the half-open door, I was looking at all these women so thinly dressed, and waiting for their turn, with an impatience as if they had been at the door of an opera-house. Amongst them, were charming, youthful faces, with a melancholy smile on their lips, others with strong, marked features, black eyes and hair, it was a strange and varied assemblage of beauty.

"At the name of Henriette, I saw coming forward a young, handsome girl, keeping her head erect and a disdainful look in her eyes. She threw herself on the bed—everybody was silent; the operator took some curbed scissors and began cutting in the sound flesh.

"When overcome by the pain, the poor girl either moved, or uttered a faint moan, she was answered by words of anger and contempt; as for myself, I was admiring so much beauty reduced to such a degradation! When the operator had done with the scissors, he took the red iron, and burned, without any signs either of feeling or pity, all these bleeding sores, occasionally looking at his work as a young painter looks at his first landscape; then, with a harsh, unfeeling voice, he cried: get away you wretch and do not let me see you here again.

"She rose, pale, suffering, walking with difficulty, and disappeared.

"After a while, when I left the hospital, there, outside of the gate, on a heap of stones, sat two women, one was Henriette, the other the young married woman whose decency and grief had struck me. Both cured, as it had been said, both had been put out of the hospital, half-naked and dying with cold—Henriette without a home, the other not daring to go to her own. Henriette went back to the licensed house, where all the police regulations had not been able to save her from the infection, and likely to fall the victim of it again.

"At the same instant, several other girls came out; they were all laughing and talking aloud. At seeing them so gay, nobody would have imagined what these unfortunate girls had suffered.

"Touched with pity, and perhaps curious to see the house of the poor married woman, I took a cab, and asked her to get in.

"She was in such a state of mind as not to hear me at first; at last, she said: 'Oh, sir! my husband lives very far from this, I asked him to come and take me out of this miserable house, but he did not come; and without you I might have died of cold and shame.' Then, she got into the cab, but the nearer we came to her house, the more sad and anxious she became.

"'What is the matter?' said I. 'Why do you tremble so.' 'Alas,' she said, 'my husband! how will he receive me? How will he forgive the wrong he did to me?' and she looked so pale and livid. At last we arrived at the house. We went upstairs and knocked at a door on the second floor. A coarse voice said 'Come in.' I went in first. A man surrounded with boxes and papers stood up. He looked at his wife as if he had seen her a few hours before, without saying a word either of kindness or regret. Oh, the brutal man! He had red eyes; his hair fell flat on his neck and face, which was covered with large pustules. . . . .

"'Oh! miserable woman,' said I, 'what are you coming here for? you would be better where you come from.' She began to cry, and looked at me as to say, 'I know what awaits me here. Before long I will be again where you found me this evening.' Poor woman! Poor woman! who will protect and defend you?"

Now, sir, I think it is evident from the foregoing article, that the French themselves are of opinion that something is wanted besides this infamous police system.

Judging from the measures either proposed or already in activity in this country, one would say that everything is done to induce every class of men to addict themselves to their passions without impunity. If inquiries are made, it will be found that the most substantial support of these unfortunate women comes from married men, and although it is easy to guess what amount of misery it must inflict on the families of these men, yet nothing is proposed to counteract it. Perhaps, if special constables were appointed to do duty about the dwellings of these unfortunate women—they are generally congregated in some few streets—so it would not be difficult to have them watched, this simple measure would deter many men from frequenting these houses, in fear of being known or remarked.

At all events, it is to be hoped that the Committee will recommend such measures as will protect these unfortunate women, and prevent them, if possible, becoming the miserable subjects of the disgusting scenes so powerfully described by Jules Janin.—I have the honour, &c., E. L.

POISONOUS EFFECTS OF "CYTISUS LABURNUM."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As Physician to the Cashel Workhouse, I was lately called upon to treat a number of cases suffering from the poisonous effects of the "Cytisus Laburnum," which I send you an account of, with a few practical remarks, that may be useful to other medical men.

On the evening of the 9th instant, sixteen female school children, inmates of the Workhouse, ate a quantity of the laburnum-seeds. The ages ranged from three to twelve years; they were healthy children, and in good condition. None of them could tell how much they ate.

The symptoms that presented themselves were vomiting, anxiety, quick and weak pulse, pain in epigastric region, twitchings of the muscles of the face, eyes rolling, surface of the body cold, tendency to sleep, and drowsiness. All these symptoms did not appear in each case, though some did. I have therefore grouped them, as it answers my purpose at present.

I lost no time in getting the children away from confusion, and that excitement that naturally runs through numbers when they hear of a number of children having been suddenly poisoned. I had them sent to the infirmary at once, and doing all I could to allay their anxiety, treated them all with emetics. I selected mustard; it answered my purpose well. In some of the cases the aromatic spirits of ammonia, held to the nose for some time, was very grateful.

They all recovered. I kept them on milk-diet for two days, and discharged them from hospital quite well on the 11th inst., with the exception of one child I retained, who had slight ulcers on the arm.

The important points to be kept in view in such cases are—firstly, to remove as soon as possible the poisonous matter which is causing embarrassment of the system; and secondly, closely to watch any symptoms that may index the approach of the cerebro-spinal system becoming affected; and, whilst watching, all anxiety should as much as possible be allayed, for the use of the physician, as well as his patients and others, that his judgment may be cool and calm, and that all perturbing emotions and influences may be put aside. Unfortunately, in all cases this cannot be accomplished, for you will sometimes find or meet with an obstinate parent, or other person, who will think they have a right to interfere, and as you have not time to teach them of their ignorance, you must endeavour to mind them as little as possible, and not allow your attention to be taken off your cases. Steady, close attention is invaluable in such cases, and well the physician is repaid when he sees his little patients recovering from the deleterious influences of what he dreads will destroy them; and whilst closely watching, light increases, which assists him in comforting and cheering, as well as having relieved.

Here is a group of cases which show the necessity and the economy of attending to the general health and strength of children as they grow up, when we find them subject to such accidents and influences (often epidemic) that are liable to seize upon them in numbers.—I remain, sir, your obedient servant,

James Graham, M.D.

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Medical News.

Royal College of Surgeons of England.—The following gentlemen having undergone the necessary examinations for the diploma were admitted members of the College at a meeting of the Court of Examiners on the 23rd inst., viz.:—Messrs Brandford Edwards, L.R.C.P., Ipswich; J. D. Mason, Lewisham, Kent; T. J. Gittins, Barbadoes, West Indies; Francis Lett, Woolwich; Edward Colson, Great Hormead, near Buntingford; Richard Banks, Cockermouth, Cumberland; and C. E. Wing, Bury St. Edmunds, students of Guy's Hospital; Herbert Boyd, St. John's, New Brunswick, of St. Mary's Hospital; Leonard Smith, Cambridge-street, of St. George's Hospital; William Morris, Birmingham, of the London Hospital; M. W. W. Chorley, Leeds, of the Leeds School of Medicine; David Brown, Dublin, of the Dublin and Belfast Schools; Daniel Ainley, Halifax, of St. Bartholomew's Hospital; W. J. Scott, Cape of Good Hope, of University College Hospital; Robert Patrick, Bolton, Lancashire, of the Manchester Royal School of Medicine and Surgery; Tom Bates, L.R.C.P., Edin., Worcester, of Paris and Glasgow; and G. S. Walker, Islip, Oxon, of St. George's Hospital. It is stated that seven out of the twenty-four candidates failed to acquit themselves to the satisfaction of the Court, and were referred to their hospital studies for a period of six months.

Royal College of Physicians of London.—The following is the list of members nominated by the Council for election as Fellows (July 30th, 1868):—William Ogle, M.D., Cantab., Derby; Charles Alexander Lockhart Robertson, M.D., Cantab., County Asylum, Hayward's Heath; Thomas Harrington Tuke, M.D. St. Andrews, Manor-house, Chiswick; John Deakin Heaton, M.D. Lond., Claremount, Leeds; John Edward Morgan, M.D. Oxon, St. Peter's-square, Manchester; Walter Moxon, M.D. Lond., Finsbury-circus; John Hughlings Jackson, M.D. St. Andrews, Bedford-place, Russell-square; Reginald Edward Thompson, M.B. Cantab., South-street, Park-lane; and Edmund Symes Thompson, M.D. Lond., Upper George-street, Portman-square.

College of Physicians (London).—The following is a list of office-bearers proposed for election on the 30th inst.:—Censors: Drs. Risdon Bennett, Wegg, Quain, and Barclay. Treasurer: Dr. F. J. Farre. Registrar: Dr. Pitman. Librarian: Dr. Munk. Members of Council: Dr. Handfield Jones (in the room of Dr. F. J. Farre), Dr. Walshe (in the room of Dr. J. R. Bennett). Examiners—Anatomy and Physiology: Drs. J. W. Ogle and Hyde Salter. Chemistry, Materia Medica, and Practical Pharmacy: Drs. Sieveking and Marcet. Midwifery and the Diseases peculiar to Women: Drs. C. B. Brown and Priestley. Medical Anatomy and the Principles and Practice of Medicine: Drs. Owen Rees and E. L. Birkett. Surgical Anatomy and the Principles and Practice of Surgery: Messrs. J. Birkett and T. Holmes. Curators of the Museum: Drs. Hamilton Roe, F. J. Farre, W. Wegg, and F. Sibson.

The Public Health.—The returns of the Registrar-General are again beginning to excite more interest. We have not been able for the last week or two to make the favourable remarks on the public health which had become almost routine work. That our readers might know the exact facts, we have consequently reprinted the more important items of the weekly returns. We continue this plan in the more important return of the last week:—In the week that ended on Saturday, July 18, 4222 births and 3483 deaths were registered in London and in 13 other large towns of the United Kingdom. The annual rate of mortality was 28 per 1000 persons living. The annual rate of mortality last week was 27 per 1000 in London, 25 in Edinburgh, and 19 in Dublin; 22 in Bristol, 28 in Birmingham, 33 in Liverpool, 39 in Manchester, 28 in Salford, 38 in Sheffield, 30 in Bradford, 28 in Leeds, 24 in Hull, 30 in Newcastle-upon-Tyne, and 28 in Glasgow. The rate in Vienna was 26 per 1000 during the week ending the 11th inst., when the mean temperature was 1·5 Fahrenheit lower than in the same week in London, where the rate was 25. Under the influence of the present sultry heat and drought the annual rate of mortality in the 14 large towns of the United Kingdom has, week by week, steadily increased from 22 per 1000 in the beginning of June to 28 last week. The increase has been greatest in London, Liverpool. Manchester, Birmingham, and Sheffield, and has been almost entirely due to the fatal prevalence of summer diarrhœa, principally infantile. Of the death-rates per 1000 from all causes, 11 were referred to diarrhœa in Manchester and Salford, 7 in Sheffield, Leeds, and Liverpool, 6 in London, and 5 in Birmingham. The deaths registered in London during the week were 1642. It was the twenty-ninth week of the year, and the average number of deaths for that week is, with a correction for increase of population, 1458. The deaths in the present return exceed by 184 the estimated amount, and are more by 137 than the number recorded in the preceding week. The deaths from zymotic diseases were 677, the corrected average number being 521. 87 deaths by choleraic diarrhœa or cholera were registered in the week, 29 being children under four years of age. 7 cases in adults appear to be ordinary instances of summer cholera; another adult is returned as having died of "rheumatic fever (13 days), and choleraic diarrhœa (10 days)." 340 persons died of diarrhœa, and of that number 19 were adults. It must not be assumed that the mortality from diarrhœa or summer cholera is higher in London than it is in Continental towns. The reverse will be found generally to be the case. At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·848 in. The barometrical reading decreased from 29·96 in. at the beginning of the week to 29·85 in. by 3 P.M. on Monday, July 13; increased to 29·93 in. by 9 A.M. on Tuesday, July 14; decreased to 29·75 in. by 3 P.M. on Wednesday, July 15; increased to 29·89 in. by 9 P.M. on Friday July 17, and was 29·83 in. at the end of the week. The mean temperature of the air in the week was 70·7 deg., which is 8·5 deg. above the average of the same week in 50 years (as determined by Mr. Glaisher). The highest day temperature was 92 deg., on Thursday, July 16. The lowest night temperature was 52·7 deg., on Tuesday, July 14. The entire range of temperature in the week was, therefore, 39·3 deg. The *maximum* temperature of the air observed on Thursday, July 16—viz., 92 deg., is a higher value than has been recorded since July 18, 1859, when the *maximum* temperature was 93 deg., and the mean temperature (75·9 deg.) is higher than all other mean daily temperatures as far back as the 16th of June, 1858, when 76·9 deg. was obtained. The mean of the highest temperatures of the water of the Thames was 68·5 deg.; that of the lowest was 67·9 deg. The difference between the mean dew point temperature and air temperature was 12·9 deg. The mean degree of humidity of the air was 64, complete saturation being represented by 100. Rain fell on Sunday and Monday to the amount of 0·70 in. The general direction of the wind was N.E. and S.W. Electricity was shown on every day of the week, except Monday and Thursday. Ozone was observed on Wednesday and Thursday. According to a return furnished by the engineer of the Metropolitan Board of Works the daily average quantity of sewage pumped into the River Thames at the Southern Outfall Works, Crossness, was 48,319,036 gallons, or 219,536 cubic metres, equivalent to about as many tons by weight.

Overdose of Laudanum.—A very melancholy event occurred last week at Congleton. Mr. Henry Schofield, surgeon, having a considerable practice in that town, being much afflicted with tooth-ache, has been in the habit of taking laudanum to mitigate the pain. Yesterday he took a larger dose than usual, and symptoms of poisoning were immediately perceived. Medical aid was obtained as quickly as possible, and every effort made to eject the liquid, but without success. Mr. Schofield died in great agony. He was highly respected in Congleton. He was married, but has left no family.

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TO THE MEMBERS OF COUNCIL
OF THE
UNIVERSITIES OF EDINBURGH AND ST. ANDREWS.

GENTLEMEN,—With the support of many influential Political and Professional friends, I offer myself as a Candidate for the honour of representing you in Parliament, and ask your support at the next election.

I have always advocated an increase in the number of University Constituencies.

When the Scotch Reform Bill was proposed, I spent much time in urging upon those who might influence it, the Claims of the Scottish Universities to at least one Member each.

When two Members were offered between the four Universities, I collected and circulated statistics showing that this would give a much less prportionate representation than that enjoyed by the Universities of Oxford, Cambridge, and Dublin.

More recently, when it was proposed to give only one Member between the four Universities, I organized an active opposition to this unfair reduction.

At a later period when three extra Members were placed by the Committee of the House of Commons at the disposal of Government, I pointed out how just it would be to give two of them to the Scottish Universities, and thus provide one Member for each of those important seats of learning.

As a Doctor of Medicine of one of the Universities I aspire to represent, I retain a lively interest in their welfare.

My plan of Medical Reform has received the emphatic approval of some of the most distinguished Practitioners of the day, and if carried out would tend to enhance the value of our University Degrees.

As a resident in London throughout the year, I should be able to devote much time to Parliamentary duties, and it would always give me pleasure to confer with any of my constituents,

I am,
Gentlemen,
Your faithful servant,
PROSSER JAMES.

UNIVERSITIES
OF
EDINBURGH AND ST. ANDREWS.

ELECTION OF A MEMBER OF PARLIAMENT.

THE Committee for promoting the Election of DR. PROSSER JAMES, will feel greatly obliged to all who may kindly intimate their intention of supporting him, or their willingness to have their names added to his Committee.

The Electoral Committee consists of members of either General Council, and gentlemen qualified to register as such, who support Dr. Prosser James.

All Graduates of either of the Universities, and all Students who prior to August, 1861, attended four Sessions in either of the Universities, or three Sessions at either and one Session at any other Scottish University, two of such Sessions having been in the course of study in the Faculty of Arts, are qualified to register as life members of General Council before 1st October, 1868, on payment of a composition fee of £1.

The *Medical* Committee consists of Members of the Profession (of all shades of politics) who, whether Electors or not, desire to see the medical element in the House of Commons increased, and who consider Dr. Prosser James a suitable Candidate.

The Medical Committee will be pleased to receive suggestions or criticisms on the plan of Medical Reform proposed by Dr. Prosser James, from any one interested in the subject.

The *General* Committee includes the above, as well as other supporters of Dr. Prosser James.

Communications may be addressed to either of the undersigned (Honorary Local Secretaries to the different Committees):—

J. HOWARD HINTON, A.M., Reading.
A. MORTON BROWN, LL.D. Cheltenham.
GEO. W. BALFOUR, M.D., 18, Lynedoch-place, Edinburgh.
CHARLES DRYSDALE, M.D., 99, Southampton-row, London.
R. P. B. TAAFFE, M.D. and M.S.Lond., Old Steyne, Brighton.
R. L. JOHNSON, 61, Charrington-street, London.
C. A. GORDON, C.B., M.D., Deputy Insp. Gen., Army Hospitals, Portsmouth.
PETER D. MUIR, M.D.Edin., Wombwell, Barnsley, Yorks.
GEORGE DAWSON, A.M., Birmingham.
R. E. B. HORNIBLOW, M.D.Edin., Leamington.
W. R. BAXTER, LL.D., Emsworth.
ALBERT HIND, Gravesend.
THOS. SIMPSON, Coggeshall.
R. CORNMELL, 16, Upper Phillimore Gardens, Kensington.
A. S. MYRTLE, M.D.Edin., Harrogate.
A. T. MACGOWAN, 136, Gower-street, London, W.C.
J. D. ADAMS, M.D., Martock.
A. H. JACOB, M.D., T.C.D., F.R.C.S.I., 23, Ely-place, Dublin.

Or simply to the COMMITTEE, 18, Dover-street, Piccadilly, W.

THE MEDICAL PROFESSION.

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		£	£ s. d.	£	£	£
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1852	50	3000	136 2 6	407	416	823
1853	40	1000	32 18 4	97	107	204
1854	55	600	32 11 0	50	90	140
1855	57	500	29 9 2	29	77	106

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W. J. VIAN, Secretary.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 5, 1868.

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MORBID CONDITIONS OF THE THROAT IN THEIR RELATION TO PULMONARY CONSUMPTION: THEIR DIAGNOSIS AND TREATMENT.

By S. SCOTT ALISON, M.D. Edin.,

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No. IV.

With these local affections of the upper air-tube apparatus there have been associated, in a large proportion of cases simulating pulmonary consumption, certain morbid conditions of the whole system. The scrofulous, the syphilitic, the gouty, the hysterical, the anæmic, and the scorbutic conditions have been found in many cases.

In examples of enlarged tonsils the scrofulous taint has been conspicuous, and in such cases there have often been associated a full state of the soft parts at the angles of the jaw, enlarged cervical glands, a thickness and indistinctness of speech, some dulness of hearing, and a certain amount of stupidity of expression. The scrofulous cachexia, associated with simulated pulmonary consumption, has frequently presented the local manifestations of humpback, curved spine, and the prominent sternum found in the pigeon-breasted.

Cases of throat disease associated with the humpback and the pigeon-breast have often perplexed me, but I have most generally found reason to believe that no tubercle of the lung had ever existed. It has usually been obvious, after long observation, that the cough, even the hæmoptysis, and the difficulty of respiration, were due to tracheal and bronchitic congestion, together with that impediment to respiration and to the circulation of the blood necessarily incident to the deformed, and the compressing conformation of the thorax.

The syphilitic taint has prevailed in cases of atrophied or obliterated uvulæ, wasted velum palati, sometimes perforated with foramina, of hoarse and discordant voice, general deterioration of health, and copper-coloured spots upon the integument of the chest, in young men and middle-aged females.

The gouty taint has shown itself in connection with [illegible] glandules of the pharynx, and conjoined with rather free secretion of yellow or green sputum. Eczematous and herpetic eruptions of the skin have marked these cases, as have also arthritic complications, and an excessive amount of lithic acid in the urine.

The hysterical or quasi-hysterical condition has evinced itself chiefly in connection with young persons, not always females, suffering from tracheal congestion and narrowing of the trachea, marked by some occasional dyspnœa, varying hoarseness of voice, and loud snapping and barking and shrilling cough, accompanied with only very little sputum. The patients have been weakly and delicate, excitable in mind as well as body. Constipation and limpid urine have frequently marked these cases.

Aphonia, dependent upon partial or complete paralysis of the muscles of the larynx, has been conspicuous in the hysterical, but with improving general health and with local stimulation, the voice has generally been restored, sometimes gradually, sometimes suddenly.

The anæmic state has been very commonly observed associated with rough conditions of the pharynx, scanty sputum, pallid lips and cheeks, and velum palati, venous thrill and murmur, systolic murmur at base of heart, palpitation of that organ, œdematous feet, red, polished tongue, gastric irritation and vomiting, and scanty, irregular, or arrested menstruation. The anæmic state has, in a large proportion of cases of simulated pulmonary consumption, been associated, not only with internal morbid conditions of the upper or cervical part of the air-tube apparatus, but it has been conjoined with an enlarged and flabby state of the thyroid body in females. This has formed, as it were, a cushion, placed pretty well round the entire throat, most prominent in front, but in no inconsiderable proportion in the lateral regions. In many cases the swelling has been uniformly soft, but in some it has presented comparatively firm nodules, chiefly in front. Such examples of associated enlarged thyroid body have come from all parts of England, but most have come from the Midland Counties. One example came from Aberdeen, in Scotland.

We recognise the anæmic condition by the pallor of the surface of the body, the lips, soft palate; the conjunctivæ of the eyes; thrilling and murmuring or hissing in the veins of the neck, and by gentle blowing at the base of the heart. But we are not to conclude that anæmia is not present because we find no murmur, or hissing, or humming in the neck, for anæmia, to a great degree, may hold when these signs are absent. The pallid lip and velum palati, and conjunctivæ over-glistening, alone may be ascepted as evidence of this condition. The venous murmur in the neck, and the basic systolic blowing of the heart are more especially found in the young and excitable with active hearts, conducing to rapid currents of blood, while in the older and more passive patients, with feeble, inactive, flabby or fatty hearts, conducing to slow currents of blood, an equally great amount of anæmia is seldom signalised by these adventitious sounds. We must, therefore, not conclude, because an elderly pallid female, with slow heart, does not present the venous murmur, that she is not anæmic, or withhold suitable constitutional treatment.

Taken all in all, in cases of doubtful pulmonary consumption, marked by throat symptoms and signs, I regard the presence of the venous murmur and basic blowing as a weight in the balance—it may be a small one—in favour of the patient, for I have not found this sign to prevail markedly—*i.e.*, with marked frequency, in well-ascertained cases of pulmonary consumption.

I have to-day (July 4th) examined, at the Brompton Hospital, sixteen of my female patients, all that were in the wards at the time, with a view to the discovery of venous murmur. I have found only two patients presenting the venous murmur out of ten suffering from pulmonary consumption in its second and third stages. Out of six patients not tubercular, I find four who present the venous murmur well developed. Five of these non-tubercular patients suffer from various moderate disorders of the upper air-tube apparatus. The sixth suffers from obstinate hæmoptysis, and ulcer or malignant disease of the stomach, marked by thorough intolerance of food on the part of the stomach, necessitating the daily employment of Liebig's extract of meat by enema. Two of the patients suffering from disorder of the throat and anæmia present enlargement of the thyroid body. Two patients with pulmonary consumption, in its third stage, offer the thyroid body also enlarged, one very voluminous reaching nearly round the entire neck, and mounting to the vicinity of the lower jaw.

These examples of venous murmur out of five patients suffering mainly from throat affection, give the percentage of 60; while two examples of venous murmur, out of ten patients suffering from pulmonary consumption in the second and third stages, give the percentage of 20 only.

The comparative absence of anæmic signs in pulmonary consumption, which I have ascertained, coincides with another fact which I made out many years ago when I was a student of King's College Hospital—viz., that the blood of the consumptive, as proved by analysis, is, in most cases, unusually rich in red globules, and super-abounding in fibrin and albumen. The patients whose blood was examined were advanced in phthisis; the conjoined inflammatory affections of course would increase the fibrin.

Another morbid condition of the system, but more particularly applying to the blood, viz.—the scorbutic or scurvy state, is sometimes associated with these local disorders, simulating pulmonary consumption. This state is found in cases marked by general deterioration of the health, emaciation, purplish state of the surface and local hæmorrhages. This condition has more generally been found in cases marked by hæmoptysis, and has prevailed in sailors and in young persons who have been utterly neglected in respect of diet as well as of pure air and cleanliness. In such cases the blood is more than usually liquid, from a deficiency of fibrin and of coagulability. The catamenia in these examples has usually been copious.

When such constitutional conditions are associated with disorders of the upper air-tube apparatus simulating pulmonary consumption, I have observed a fixedness of the local disease, more particularly when the general conditions have not early met with special treatment. On the other hand, when the local treatment has been reinforced by remedial measures addressed to the special general state, the relief of the patient has, for the most part, been early and very satisfactory. This offers an excellent practical reason for the physician, in all cases, to make himself acquainted with the general habit of the patient to be gleaned by his aspect, and by his individual and family history. Such a knowledge and such an inquiry are more particularly imperative in obstinate cases.

It need not be added that local means in cases associated with such general conditions as have been above referred to, demand co-operation from the general treatment indicated by the special associated state.

PURPURIC FEVER.

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The subject of purpuric fever still continues to excite much interest among the profession, owing to its comparative novelty in these countries, to its usually intractable course, to the high rate of mortality which attends it, and to the difference of opinion as to its nature and origin.

In The Medical Press and Circular for April 24th, 1867, I published a case of this disease, with the results of the post-mortem examination. It was found on that occasion that there was not the least trace of inflammation of the membranes of the brain or spinal cord—neither capillary congestion, lymph, nor pus.

Early in this year I had the honour of laying before the Surgical Society of Ireland another case of the same disease, accompanied with cerebro-spinal meningitis, which appeared in the numbers for Jan. 22nd and 29th of The Medical Press and Circular. In my observations upon that case I expressed myself strongly opposed to the opinion that the disease in question was primarily or essentially a cerebro-spinal meningitis, or by any means necessarily accompanied with that inflammation, although they were frequently found associated together, as in the case then before the Society.

Since that time two cases have occurred in my practice at the City of Dublin Hospital, of which the post-mortem examinations remarkably corroborate my view—the one by the total absence of the inflammation, the other by a remarkable condition of the blood, which affords a strong presumption that there was something of more serious import than mere inflammation.

I will briefly narrate the most prominent features of the cases.

F. W., æt. 26, an Englishman, had resided for some years in Ireland as coachman to a gentleman living in one of the best suburban roads of this city.

On Saturday, May 23rd, he felt indisposed, but notwithstanding that he went through his business as usual.

On Sunday he felt considerably depressed and ill, and on Monday he was unable to rise, and was brought to the City of Dublin Hospital.

When put to bed there he was found to be in a state bordering on collapse. The pulse at the wrist was imperceptible, and the first sound at the apex of the heart somewhat diminished. His face was pale, the surface of his body cold, his lips were quivering, some subsultus was apparent in the flexors of the forearm; his eyes had a wild and restless expression, the pupils were natural, but not obedient to the stimulus of light; there was a peculiar redness of the conjunctivæ, and some left internal strabismus; the tongue was slightly furred, but not tremulous; questions were answered hurriedly, but intelligently; respiration was natural; sometimes he complained of pain in the head, at other times he denied its existence. When allowed to rest for a few moments he rapidly lapsed into a semi-comatose state, when his respiration became embarrassed and stertorous.

A sinapism was applied to the precordia, and hot jars to his feet, and an enema of diffusible stimulants and beef-tea was ordered to be administered every second hour, as he refused to take anything by mouth.

Three P.M.—Pulse 80, tolerably regular, but weak and small; subsultus less; temperature more normal; he would answer questions, and when roused would now take medicines by mouth.

Six P.M.—Surface again cold and damp, with a cold, clammy sweat. Pulse of the same frequency as at three o'clock, but weaker, and more irregular. Respiration was of a peculiar blowing character, but showed no tendency to the ascending and descending form. Hot jars were ordered to his sides and between his legs, as well as to his feet, and sinapisms were applied to the back of the neck, and calves of the legs. His stimulants, at the same time, were increased in quantity. On making a careful examination of the surface of the body, we discovered now, for the first time, several purple, well-defined spots. They existed chiefly on the lower extremities and back. They were irregular in shape, and varied in diameter from one to three or four lines. A particularly large spot was discovered on the inside of the right knee simulating remarkably a bruise.

I gave directions to have his head shaved, and at the suggestion of my colleague, Mr. Croly, I ordered ten grains of the unguentum hydrargyri to be rubbed into each axilla, and three grains of quinine to be added to each stimulant enema; as the bowels had acted regularly up to the day before no purgative medicine or enema was given.

Eleven P.M.—Pulse 100, considerably stronger and more regular than at six o'clock, though still somewhat small; respiration continued blowing, and slightly stertorous at times. He would not swallow anything, but took into his mouth whatever was offered, and after a minute or two invariably spit it out. He was on the whole very obedient, but would make no attempt to answer questions. There was no evidence of urine in the bladder, though he did not pass water since he came in, about twelve hours previously. Extreme hyperæsthesia was evinced by the patient whenever he was rubbed, pinched, or percussed on any part of the body, but especially on the spine and legs. At each percussion he started violently, and the intensity of the shock seemed to be in direct proportion to the nearness of the part struck to the spine.

It was ordered, at Dr. Benson's suggestion, to have five grains of blue pill rubbed up with each injection, and to have the patient's head blistered with Tichborne's vesicating collodion.

Tuesday.—The patient was perfectly unconscious, and incapable of being roused; the pulse feeble, intermitting and remitting, and extremely difficult to count; its frequency was about 160; respiration was puffing and blowing, and very laboured; pupils rather contracted, and not obedient to stimulus of light. The surface of the body was warm, and a general purplish hue was now visible over the greater part of the body, especially on the legs and nates.

Hot jars were applied still to the feet and the inside of his thighs. The firing button was applied along the spine, from the occiput to the sixth dorsal vertebra, so as to produce three parallel rows of vesications, each blister being about an inch from the one above and below, and each row being about half-an-inch from its fellow, a proceeding suggested by my colleague Mr. Tufnell. After this, which seemed to cause but little, if any, pain, he appeared somewhat roused from the completely comatose condition in which he was previously, but yet he showed no evidence of intelligence. Respiration, however, became deeper and more free. No urine was found in the bladder. He had not passed anything from either bladder or bowels since he came into hospital. Coffee-ground matter now began to be vomited, or rather it welled up through the mouth and nose, and about two o'clock the same day the patient died.

No retraction of the head existed at any time during the patient's illness, nor stiffness of the muscles of the neck. There were no well-marked convulsions, though convulsive startings were frequent.

Post-mortem.—About twenty hours after death the post-mortem examination was made. Rigor mortis was well established. That peculiar plum-purple discolouration so often observed in these cases, was well-marked on the legs, especially their posterior aspects, on the back, nates, back and sides of the neck and ears. Those parts of the body which pressed on the table, such as portions of the backs of the shoulders, nates, calves of legs, and heels, were pale and almost free from discolouration. The purple spots differed from their appearance during life only in having become more red in colour. A slightly greenish tinge was observable on the abdomen, and a large bulla on the outer maleolus. On making an incision through the scalp from ear to ear, to examine the contents of the skull, a hissing sound was heard, as of gas escaping through small orifices, followed immediately by a very fœtid odour. When the calvarium was removed, and the dura mater exposed, the sinuses and veins of the latter were seen to be considerably distended. On removing the dura mater about one ounce of clear fluid escaped from the cavity of the arachnoid. The larger veins ramifying on the surface of the brain were seen to contain, besides some dark blood, a very remarkable quantity of gas, so much so that in some parts the blood was entirely displaced to a considerable extent, and the veins assumed the appearance of semi-transparent, multilocular, inflated tubes. In removing the brain from the skull, when the vertebral veins were divided, gas and blood issued slowly from the proximal extremities of each, causing, thereby, a welling up of bloody froth to the extent of about the measure of half a fluid drachm. There was, here and there, a trace of recent opacity of the arachnoid, at the base of the brain, and slight capillary congestion, but no appearance of lymph or pus. The substance of the brain was healthy. In each lateral ventricle, about ten minims of clear redish serum was found.

The spinal cord was next to be exposed, and in doing so a very remarkable phenomenon presented itself. When the muscles were cleared away from each side of the spinous processes of the vertebra, so as to allow the laminæ to be divided, the deep furrows so made became rapidly filled up with bloody froth, exactly similar to that which accumulated about the proximal ends of the divided vertebral veins. At two or three points in these grooves large bubbles of gas rose to the surface, and burst with a succession of audible snaps. When this froth was wiped away with a sponge, the grooves became quickly refilled with similar contents, and this was done several times with the same result. When the theca of the cord was exposed, its large veins were seen to be considerably congested. When this covering was slit up, and the cord exposed, a very slightly reddish blush was apparent over the greater part of its surface, but no lymph nor pus was found.

When the chest was opened, the lungs were found to be very much congested with dark venous blood. Under the pleura, in many places, considerable collections of gas were seen forming large bullæ. These were situated, particularly in the angles of the fissures where the pleura is reflected from one tube to the other, and resembled the subpleural form of emphysema. No other form of emphysema, however, was present. In the cavity of the pericardium about six ounces of turbid bloody serum was found. Wishing to separate the heart from the lungs without removing the latter from the body, I proceeded to divide the great vessels. In doing so a great quantity of bloody froth issued from both extremities of the divided pulmonary artery, and from the superior and inferior vena cava. No froth was found in the aorta, nor in the pulmonary veins. From the cavæ there flowed, besides this froth, a great quantity of dark blood mixed with excessively black tary clots. The right cavities of the heart were found distended, with very black, loosely clotted blood, mixed with some froth. The structure of the heart was remarkably healthy. In the cavity of the peritoneum about ten ounces of bloody serum were found. Between the layers of the omental peritoneum a considerable quantity of gas was found, but not in connection with any other part of that membrane. The liver, spleen, stomach, kidneys, and bowels were all congested, but presented no special appearance worth recording.

Case 2.—R. T., æt. 42, a commercial traveller, was admitted into the City of Dublin Hospital by the Purser-Student on June 14th, 1868. The man was suffering from severe diarrhœa, accompanied with intense vertigo, and was placed under the care of Mr. Croly, as there was no medical vacancy.

On Sunday, 15th, I saw him in consultation with my colleague, Mr. Croly. I then learned that he had been subject for the previous eight months to repeated and uncontrollable attacks of epistaxis, the last attack being about ten days before his admission. He had been a hard drinker for many years also. When I saw him on Sunday evening, about nine o'clock, I found that the diarrhœa had been checked since the previous day. He was then lying tranquilly on his back; his eyes had a wild expression, and he complained of slight headache. When addressed, he answered perfectly rationally, and with great intelligence, but presently, by his incoherent expressions, he showed that his mind was wandering. His pulse was 98, very small, and but slightly irregular. Respiration was somewhat laboured and frequent. His temperature, too, was slightly above the healthy standard.

Several purple spots were seen on the buttocks, thighs, legs, and feet. These spots varied from the size of the head of a pin to three or four lines in diameter. They were very irregular in shape, and were of a much brighter purple than is usually seen in cases of fibris purpurea. No spinal tenderness existed in any part, nor was there any retraction of the head or stiffness of the muscles of the neck. At the base of the left lung there was some dulness, and immediately above this was heard a fine pneumonic crepitus, extending over the lower half of the left side of the chest. At both base and apex of the heart was heard a loud systolic bruit, and a slight diastolic murmur at the former position. There was also evidence of a considerably enlarged liver.

The patient was ordered bark and chlorate of potass, with diffusible stimulants, and a large linseed-meal poultice was applied to the back of the left side of the chest.

After this he passed the night well, and slept tranquilly, but in the morning I was told he became highly delirious and restless, and died before I saw him.

Post-mortem.—About three and a half hours after death, the post-mortem examination was made. Rigor mortis was then well established. There was extreme plum-purple discolouration on the back, except on the sacrum and buttocks, and on the backs of the shoulders, where the body pressed on the board. There was a slight, similar, discolouration on both front and back of the thighs, and on the backs of the legs. On the back and sides of the neck the same was of a deep tint. Bright purple circumscribed spots were scattered over face, head, legs, feet, and back; a few minute ones on the abdomen and chest, and several very small ones on the backs of both hands. These latter were distinctly elevated, and some of the former were slightly so. On the conjunctiva covering the right external canthus several minute purple spots were visible. The superficial veins on the neck, upper portion of the chest and arms, were very prominent and blue, and a bright red vascularity of the intervening skin was very apparent. On making an incision with a scalpel through the cuticle covering one of the larger spots on the back two or three large drops of dark fluid blood rapidly ran down the shoulders. This happened with all the elevated spots whose cuticle was incised, but not with the non-elevated.

The internal appearances in this case were of a very negative character, but yet important.

The veins on the surface of the brain, and the sinuses, were but slightly congested. About one ounce of clear fluid was found in the cavity of the arachnoid, and a considerable quantity of similar fluid infiltrated the meshes of the *pia mater* on the vertex. Not the least trace of inflammation was found in any part of the membranes of the brain. The substance of the brain was firm and remarkably healthy. A trace of reddish serum was found in the lateral ventricles. On opening the spinal canal, the theca of the cord was seen presenting a pale, perfectly healthy appearance, and when this covering was slit up, the cord itself was found to be equally healthy. Not the least trace of inflammation or vascularity was visible anywhere. Even the larger veins, which, in almost every case are congested, were, in this case, perfectly natural, and the whole cord might be shown as an excellent specimen of a healthy one, pale in colour, and firm in consistence.

When the chest was opened about half a pint of clear fluid was found in the cavity of each pleura, slight hepatization at base of each lung, and splenization of the lower half of the left lung. About an ounce of clear fluid was found in the pericardium, but no appearance of inflammation. The right cavities of the heart were distended with dark fluid blood mixed with coagula. The left ventricle was hypertrophied; and on opening this cavity, very extensive aortic valve disease was discovered, vegetations of enormous size adhering to the flaps of the valves. Some thickening of the curtains of the mitral valve existed also. The liver was considerably enlarged, and presented a good example of the nutmeg form of the disease. Spleen, kidneys, and bowels were all congested; a few small spots were found on the surface of the parietal peritoneum.

Observations.—From Case 2 one obvious inference at least can be drawn, viz.—that whereas the patient presented quite the appearance, and many of the symptoms, of the epidemic disease under consideration, he did not die from the effects, whether primary or secondary, of any inflammation.

With reference to Case 1, the first question that naturally arises is, what was the cause of that excessive quantity of gas found in the veins, and appearing in the grooves made at each side of the spinal column during the autopsy? That the gas in the vessels had its origin in some change in the blood cannot be questioned. But what was the nature of that change? was it decomposition, or a process analogous to fermentation? As to the first hypothesis—the patient had been dead only twenty hours, and had been lying during that time in a cool, dry mortuary, the weather being mild, but not hot. The only other sign of decomposition was the slight greenness on the abdomen, and we have all repeatedly made post-mortem examinations when the patients had been dead for a much longer time, and where decomposition of the tissues had proceeded much farther, and yet where no such emphysematous condition of the blood was found. It is clear, therefore, that something else beside the ordinary causes of putrefactive changes must have been present here.

Various authors have described cases in which this condition was found either actually preceding death, or very quickly following it, but in all these cases, as far as I am aware, some septic or zymotic agency was at work. For example, Huxham observed the development of emphysema in a patient affected with putrid fever, sore throat, and non-coagulable state of the blood, and believes that this frequently happens in putrid malignant fevers. Copland noted the same in some cases of scarlatina and analogous diseases; while Frank, Bally, and Morgagni met with it in fever. Of course I do not ascribe a septic or zymotic origin to the insignificant amount of gas occasionally found in the veins of the meninges, as in the cases cited by Hallé, Morgagni, Nysten, Lélut, and others, and more than one example of which I have met with myself, and seen, through the kindness of my colleague, Dr. Hewitt. In these cases it is highly probable that the external air may have entered the divided extremities of the vessels, as suggested by Dr. W. H. Walshe. If, therefore, we consider the gas to be a product of decomposition, we must suppose the blood to have been so altered in its nature before death, as to favour early and rapid putrefaction. Mere inflammation, of such nature and extent as existed in this case, could not do that, it must have been some tonic agent.

As to the second hypothesis—that of the gas being a product of a process analogous to fermentation, no one, I think, will deny that the process was set up by the zymotic agency of some poison in the blood.

These two cases then, though differing widely from each other, both tend to exactly the same conclusion, and, when taken conjointly, go very far to prove, even if we had no other evidence, that the disease is not primarily or essentially an inflammation of the cerebro-spinal membranes, as some maintain, and as the names adopted by many would indicate, but originates in some grave lesion of the blood—some epidemic blood-poisoning, the meningeal lesions being secondary and by no means a necessary part of the disease, any more than sore throat is a necessary part of scarlatina.

Assuming, then, that the disease has a zymotic origin, the inflammation of the cerebro-spinal membranes cannot be considered as anything else than a symptom which, though frequent, is by no means invariable. Are we right, therefore, in naming the disease after a symptom—in calling it cerebro-spinal arachnitis, or cerebro-spinal meningitis, or epidemic meningitis? The second of these names is used by Burdon Sanderson, while the last is preferred by Stillé, though that author speaks of "its double character as a blood disease and an inflammation of the cerebro-spinal membranes."

In this sentence he virtually adopts the assumption I have made above, viz.:—"that the disease has a zymotic origin," and yet he calls the disease epidemic meningitis, thus naming it after what really seems to be but a symptom. It is true, however, that he says elsewhere, "So constant a lesion cannot be accidental, and must be essential. The inflammatory element and the septic element are both necessary to constitute the disease." He cannot, therefore, be indicted with the charge of naming it after a symptom, though even adopting his view, the name epidemic meningitis gives undue prominence to the so-called "inflammatory element," to the exclusion of the "septic element."

In using the name *purpuric fever*, I do so, not as being a good one, but merely for want of a better. However, I think I have proved satisfactorily that it would be a less objectionable name than any of those which assume the inflammatory element to be an essential constituent of the disease.

ON THE ANATOMY AND PHYSIOLOGY OF THE CORONARY ARTERIES OF THE HEART.

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THE vascular supply of the heart substance presents many features of interest which have not been entirely overlooked by modern physiologists, but whilst recently engaged in examining the coronary vessels and their actions, I have been struck with several points in connection with cardiac physiology, which have not, perhaps, received the attention which they deserve. The descriptive details of the position, course, and relations of the two coronary arteries are so fully given in almost every anatomical treatise, that I will forbear alluding to more than two points in this respect. In the first place, it is, perhaps, not sufficiently recognised that the vascular supply of the two sides of the heart is to a considerable extent independent. Professor Hyrtl,[1] of Vienna, was the first to demonstrate that one coronary artery cannot be injected from the other, as no trunks larger than capillaries unite their terminal branches in the ventricular substance. At the same time the experiments of Schiff show indirectly that the vascular supply of each side of the heart is derived solely from a single coronary vessel, and that the existence of aberrant branches from the right artery to the left ventricle, and *vice versa*, is exceptional. The second important point in anatomical detail refers to the point of origin of these vessels. Among the older anatomists, as Boerhaave, Carpus (1530) Riolan,[2] Verheyen,[3] Forsten[4] we find that the coronary arteries are described as arising behind the semilunar valves, that these curtains, when raised, would be so placed as to block up their mouths, and in more recent times, Vaust,[1] Brücke, and a few others, have advocated the same opinion; the elder authors based their belief on the appearance of the parts as seen on dissection after death, but Vaust has arrived at the same conclusion from experimental researches, as he found that by injecting the heart through the pulmonary vessels, the coronary arteries were not filled; in the hands of Hyrtl, however, the same experiment was attended with a contrary result, for from the pulmonary veins he was able to fill the coronary arteries.

Sömmering, Blancard, Rolfincius, and Morgagni, among old anatomists, and Cloquet, Harrison, and Power, among moderns, describe them as being placed above the level of the valves, so far as to be beyond the range of contact with them. Quain describes the mouths of these vessels as on a level with the top of the valves, within range of contact, but not of occlusion. The condition which I have found most commonly is the last, but I have seen the second arrangement, and in many cases I have noticed the left as being within contact-range of the valve, while the right was above its level. I recollect once, when a student, seeing an aorta in which the valves were perfectly capable of occluding the arteries, but this last condition I regard as one of great rarity. Morgagni, indeed, mentions that he is doubtful on the true typical position of the vessels, in some subjects the vessels being above, and in others below the valve-level; and Petriolus, premising that in carnivores the coronaries arise above the valves, and in herbivores behind them, draws the conclusion that the courage of the former and the timidity of the latter arise from the fact of the greater or lesser degree of nutrition of the heart. Hence he argues that the difference between timid and brave men depends on the relation of the orifices of the coronary vessels to the semiunlar valves, a brave man having his coronary arteries above the valves, and a timid man behind them! These arteries are rarely the subjects of variety. Camper records having once seen a single coronary artery. Similar cases are recorded by Bochdalek, Junior, of Prague,[2] Thebesius,[3] and Columbus.[4] Meckel describes an example in which four trunks arose from the aorta, and Winslow has recorded the existence of three of these vessels. Among animals, the number and arrangement of the coronary vessels is subject to little variety. The elephant, according to Camper, possesses only one artery; the cow, pig, goat, hare, rabbit, dog, and cat—like man—have two of these vessels; and this seems the usual number in vertebrates. In one instance Morgagni found three in a dog.

Prof. Hyrtl, of Vienna, has described the hearts of urodelous batrachians, and some families of reptiles, as destitute of true nutrient arteries, with the exception of a superficial stratum of capillaries on the outer side, as in these the coronary artery is principally distributed to the bulbus aortæ, and mentions that these hearts are mainly nourished by direct imbibition from the ventricular cavities. The same disposition occurs in the hearts of many osseous fishes, and in connection with these Professor Hyrtl remarks that the hearts of these animals are remarkable as being nourished by venous blood. It was believed by some former anatomists that the human heart received a supply of blood from the ventricular cavities, communicating with the coronary arteries, but injection demonstrates the fallacy of this opinion.

Closely depending on the point of origin of these vessels is the period during which the blood enters them. Many of the older anatomists, who believed that the vessels were occluded by the valves, thought that blood could not enter into these arteries until the ventricular systole was concluded, and the semi-lunar valves were closed. According to this idea, the coronary arteries would be the last supplied with blood. Morgagni was among the first to show that if the coronary arteries were placed above the level of the valves, there could be no mechanical obstacle to the entrance of the blood into the vessels at the period of ventricular systole, and hence most of the modern physiologists teach that the heart is nourished at the time of contraction, and thus, is supplied sooner than any other organ. This theory is supported by the observations of Haller, who saw the blood coming *per saltum* from the cut extremity of a coronary artery during ventricular systole, and Endemann observed the mercury in a monameter to be elevated during the same period when the instrument was introduced into one of the arteries in an artificially stimulated heart. Mierswa,[1] in supporting the same idea shows by experiment that the semi-lunar valves are never applied against the wall of the sinus of Valsalva during systole, and consequently, they can never close the coronary arteries. Similar experiments and observations have been made by Rudinger[2] and Joseph[3] confirming the same statement. But, while accepting this theory, that these vessels are first supplied, we must likewise consider that an important mechanical obstacle exists to prevent the blood from traversing the heart wall during ventricular systole. During that action the contracted muscular fibres compress the blood-vessels, and so preclude the perfect nutrition of the tissue of the organ, for we know that during the prolonged contraction of any ordinary muscle the superficial veins always become distended and the arterial currents are interrupted. If, then, the heart depended for its vascular supply upon the quantity of blood entering it during systole, it would be imperfectly nourished, but as the ventricle relaxes, a reflux takes place with force sufficient to shut down the semilunar valves, and the mouths of the coronary vessels being open, receive the blood; thus a second stream enters these arteries, impelled by the force of gravity and the elasticity of the aorta, while the muscular fibres relaxing relieve the smaller blood-vessels of their constriction, causing a certain amount of *vis a fronte* or suction force. We thus have reason to believe that the vessels in the heart-wall receive two blood-currents for each single stream in any other artery, one an effluent, and the other a refluent supply. This idea was first put forward by Professor Hyrtl, and is one supported by many facts both of anatomy and physiology, and in connection with it, we have to consider what part in the mechanism of nutrition each current plays. The systolic or effluent current I regard as the least efficient, but as it is sent with great force, it will probably carry a quantity of blood into the auricular wall, into the coats of the origin of the aorta and of the pulmonary artery. The diastolic or refluent current, although more copious, is less forcible, but traverses probably the ventricular vessels, and nourishes the tissue of this part of the organ.

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[1] Natural History Review. 1861. P. 821.
[2] Enchiridion Anatomicum. Lib. 8, p. 240.
[3] Anatome. 1705. P. 259.
[4] Disser. de quest. select, exhib, Lug. 1774. Sect. 8.

[1] Vaust. Recherches sur la structure et les mouvements de cœur.
[2] Virchow's Archiv. Nov., 1867. P. 259. Sitzungberichte der Wiener Akademie. Vol. 88, p. 572.
[3] Diss de circ sanguinis in corde Leyden. 1716.
[4] This anatomist and Blancard describe one coronary artery as the typical arrangement.

The object subserved by this double current is the perfect nourishment of the heart, as it requires a larger supply of blood than any other muscle in the body. This we might expect on *à priori* grounds, for we have reason to believe the amount of chemical action taking place in a muscle to be in the direct ratio of the amount of exertion. It is also palpable that the amount of blood required for the nourishment of a muscle, is in direct proportion to the amount of material disorganized, *i.e.*, to the amount of chemical action in progress, and as the heart performs more work than any other muscle of its size, we believe that it requires a proportionately large supply of blood. Professor Haughton has calculated the exertion undergone by the heart in the course of twenty-four hours to be equal to the raising of 124·6 tons to the height of one foot, and as the labouring force of man averages, according to Haughton[4] and Donders, equal to the lifting of 340 tons to the height of one foot a-day, it will be seen that the heart does in one day more than one-third as much as all the other muscles in the body—hence any interference with the nutrition of the organ produces an immediate effect upon cardiac action, as proved by the experiments of Erichsen and Schiff. Von Bezold[1] more recently found that when the coronary arteries of rabbits were temporarily occluded, the pneumogastric and cervical sympathetics having been already divided, the heart's action became rapid and irregular after fifteen seconds, and finally, after from one minute to one minute and a-half, the ventricles ceased to act, the auricles continuing a weak, intermitting action for a greater length of time.

The capillaries of the heart are remarkable for their number, and the veins are nearer the surface and more muscular than the generality of such vessels elsewhere.

SHORT NOTES ON NICE.

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No. IV.

"Professor Sigmund, of Vienna, specifies, among the disadvantages of Nice, the presence of dust at all seasons and the want of cleanliness of the streets. In these respects, however, an improvement has taken place since the annexation—the streets are cleaner and better watered, and the dust is only inconvenient when there is much wind. This writer enumerates among the advantages of the place, a prevailing mild temperature in winter, the infrequency of high and cold winds at this season, as also of rain; the absence of hail or snow, a sunny dry air, the rich and varied vegetation, and the favourable opportunity for taking out-door exercise. 'The air,' he observes, 'is drier here than at any other place of resort in Italy, which is very sensible in sharp and changeable March. Sudden changes of warm and cold dry days, with the moist evenings and night air, especially in the suburbs.'"[2]

Smollett in writing on the climate of Nice says—"The constitution of this climate may be pretty well ascertained, from the enclosed register of the weather, which I kept with all possible care and attention. From a perusal of it you will see there is less wind and rain at Nice than in any other part of the world that I know; and such is the serenity of the air, that you see nothing above your head for several months together, but a charming blue expanse without cloud or speck. Whatever clouds may be formed by evaporation from the sea, they seldom or never hover over this small territory; but in all probability are attracted by the mountains that surround it, and there fall in rain or snow. As for those that gather from other quarters, I suppose their progress hitherward is obstructed by those very Alps which rise one over another, to an extent of many leagues. This air being dry, pure, heavy, and elastic, must be agreeable to the constitution of those who labour under disorders arising from weak nerves, obstructed perspiration, relaxed fibres, a viscidity of lymph, and a languid circulation. In other respects, it encourages the scurvy, the atmosphere being undoubtedly impregnated with sea-salt. . . .

"I must also acknowledge, that ever since my arrival at Nice, I have breathed more freely than I had done for some years, and my spirits have been more alert. The father of my *œconome*, who was a dancing-master, had been so afflicted with an asthmatic disorder that he could not live in France, Spain, or Italy, but found the air of Nice so agreeable to his lungs, that he was enabled to exercise his profession for above twenty years, and died last spring, turned seventy. Another advantage I have reaped from this climate, is my being, in a great measure, delivered from a slow fever which used to hang about me, and render life a burden. Neither am I so apt to catch cold as I used to be in England and France; and the colds I do catch are not of the same continuance and consequence as those to which I was formerly subject. The air of Nice is so dry that in summer, and even in winter (except in wet weather) you may pass the evening, and indeed the whole night, *sub dio*, without feeling the least dew or moisture; and as for fogs, they are never seen in this district. In summer the air is cooled by a regular sea-breeze blowing from the east, like that of the West Indies. It begins in the forenoon, and increases with the heat of the day. It dies away about six or seven; and, immediately after sunset, is succeeded by an agreeable land-breeze from the mountains. The sea-breeze from the eastward, however, is not so constant here as in the West Indies, between the tropics, because the sun which produces it is not so powerful. This country lies nearer the region of variable winds, and is surrounded by mountains, capes, and straits, which often influence the constitution and current of the air. About the winter solstice, the people of Nice expect wind and rain, which generally lasts, with intervals, till the beginning of February. But even during this, their worst weather, the sun breaks out occasionally, and you may take the air either a-foot or on horse-back every day, for the moisture is immediately absorbed by the earth, which is naturally dry. They likewise lay their account with being visited by showers of rain and gusts of wind in April. A week's rain in the middle of August makes them happy. It not only refreshes the parched ground, and plumps up the grapes and other fruit, but it cools the air and assuages the heats, which then begin to grow very troublesome; but the rainy season is about the autumnal equinox, or rather something later. It continues about twelve days or a fortnight, and is extremely welcome to the natives of this country. This rainy season is often delayed till the latter end of November, and sometimes till the month of December, in which case, the rest of the winter is generally dry. The heavy rains in this country generally come with a south-west wind, which was the *creberque procellis Africus* of the ancients. It is here called *Lebeche*, a corruption of *Lybicus*; it generally blows high for a day or two, and rolls the Mediterranean before it in huge waves that often enter the town of Nice. It likewise drives before it all the clouds which had been formed above the surface of the Mediterranean. These being expended in rain, fair weather naturally ensues. For this reason, the Nissards observe *le Lebeche raccommode le tems*. . . . . . .

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[1] Deutsche Klin, 1859-19.

[2] Zur Mechanik der aorten und Herzklaffen, Schmidt's Jahrbuch, vol. 98, p. 152.

[3] Joseph. Virchow's Archiv, vol. 18, p. 495.

[4] Haughton's New Theory of Muscular Action. Williams and Norgate. 1863. P. 14, *et seq.*

[1] Bezold's Untersuchengen. 1867. P. 165. And Journal of Anatomy and Physiology. Vol. ii., p. 410.

[2] "Die Sudliche Klimatische Curorte—1859."

"I have described the agreeable side of this climate, and now I will point out its inconveniences. In the winter, but especially in the spring, the sun is so hot that one can hardly take exercise of any sort abroad, without being thrown into a breathing sweat; and the wind at this season is so cold and piercing, that it often produces a mischievous effect on the pores thus opened. If the heat rarifies the blood and juices, while the cold air constringes the fibres, and obstructs the perspiration, inflammatory disorders must ensue. Accordingly, the people are then subject to colds, pleurisies, peripneumonies, and ardent fevers. An old count advised me to stay within doors in March, *car alors les humeurs commencent a fe remuer*. During the heats of summer, some few persons of gross habits have, in consequence of violent exercise and excess, been seized with putrid fevers, attended with exanthemata, erysipelas, and milliary eruptions, which commonly prove fatal; but the people in general are healthy, even those that take very little exercise: A strong presumption in favour of the climate!"

Sir James Clark, in his valuable work on "The Sanative Influence of Climate," makes the following interesting remarks on Nice, viz.:—

"The climate of Nice approximates more nearly in its general character to that of Provence, which has just been described, than to any other. Its mean annual temperature is 59°, being 9° warmer than London, 7° warmer than Penzance, 1° colder than Rome, and 5° colder than Madeira. The mean temperature of *winter* is 48°; that is, nearly 9° warmer than London, 4° warmer than Penzance, 1° colder than Rome, and 12° colder than Madeira. The mean temperature of *spring* is 56°; being 7° warmer than London, 6° warmer than Penzance, 1° colder than Rome, and 6° colder than Madeira. The temperature throughout the year is more equally distributed at Nice than at any other place in the South of Europe, except Rome and Cadiz; the difference of the warmest and coldest months being only 28°, and the mean difference of successive months only 4°·74.

"The range of temperature for the day is also less at Nice than at any other part of the South of Europe; and in steadiness of temperature it ranks next to Madeira.

"The mild and equable character of the climate of Nice depends in a great measure on the position of the place with respect to the neighbouring mountains and the sea. The maritime Alps form a lofty barrier, which shelters it in some degree from northerly winds during winter; and the cool sea breeze, which prevails every day with a regularity almost equal to that of a tropical climate, moderates the summer heat. 'Cet alizé Méditerranéen,' says M. Risso, 'toujours doux, frais et tranquille, s'elève périodiquement vers neuf à dix heures du matin, cesse souvent vers les quatre heures après midi, et s'étend dans l'intérieur de nos Alpes rarement au dela de huit myriamétres.'[1] These circumstances explain the small annual range of temperature at this place, already noticed, and which a reference to the table in the appendix will show to be much less than in most parts of Italy.

"Notwithstanding the extent, however, to which Nice and its environs are encircled by mountains (and it is so in a great measure from W.S.W. to E.S.E.), it is by no means exempt from cold winds during the winter, and still less so during the spring. The easterly winds are the most prevalent during the latter season. They range from east to north-east, frequently blow with considerable force, and are often accompanied with a hazy state of atmosphere. Sometimes this wind commences in the forenoon, at other times not until the afternoon. When the early part of the day is fine, it never should be lost for exercise, as a cold windy afternoon not unfrequently succeeds a calm mild morning.

"From the north-west or *mistral*, which is the scourge of Provence, Nice is pretty well sheltered. The force of this wind seems to be broken, and directed to the southward by the Estrelles, a chain of mountains between Frejus and Cannes. But although the mistral is not experienced in its full force at Nice, or only towards its termination, when it takes a more westerly direction (*la queue de la mistral*), the keen, dry quality of the air is very sensibly felt whilst it prevails. It sets in generally about two or three o'clock in the afternoon, and is not of long duration. The wind seldom blows strong directly from the north, though the air is very sharp when it is in that quarter. The northerly gales, descending from the summits of the high range of mountains which encircle the valley of Nice on the north, are little felt; they appear to pass in an oblique direction over the town.[2] The sirocco is of rare occurrence, and when it does pay a visit in the winter, it is gentle, and not unpleasant to the feelings of invalids in general.

"The weather at Nice during the winter is comparatively settled and fine, the atmosphere being generally clear and the sky remarkable for its brilliancy. The temperature seldom sinks to the freezing point, and when it does, it is only during the night; so that vegetation is never altogether suspended. Indeed, at Nice, winter is a season of flowers, the dryness of the air rendering the same degree of cold less injurious to them than it would be in a more humid atmosphere. Spring is the most unfavourable season; the sharp, chilling, easterly winds are the greatest enemy with which the invalid has to contend; and the prevalence of these during the months of March and April forms the greatest objection to this climate, especially in pulmonary diseases.

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[1] "'Histoire Naturelle de Principales Productions de l'Europe Méridionale, et particulierement de celles des Environs de Nice.' 1826. par A. Risso. Vol. i. p. 219. To this excellent work I beg leave to refer those of my readers who may be desirous of information respecting the natural history of the South of Europe."

[2] "'On éprouve fort rarement,' says M. Risso, 'toute sa force dans les couches inférieures de l'air qui environnent le plateau de Nice, à cause du triple rang de montagnes qui l'entourent; il occupe presque toujours les couches supérieurs, et descend en pente comme un grand torrent aérien sur la mer; car on aperçoit à un kilomètre du rivage qu'il commence à en friser la surface pour former un peu plus loin des vagues qui, s'elévant les unes sur les autres, vont porter les tempêtes sur les côtes boreales d'Afrique.'—*Hist. Nat.* vol. i. p. 216."

"It must not be supposed, however, that these sharp spring winds are peculiar to Nice. They prevail more or less over the whole south of Europe. They are equally bad at Naples; somewhat softened at Pisa; and still more so, perhaps, at Rome.

"The climate of Nice is altogether a very dry one. Rain falls chiefly during particular seasons. From the middle of October to the middle of November it generally rains a good deal; also about the winter solstice there is commonly some rain, and again after the vernal equinox. The quantity of rain that falls during the year has not been accurately estimated.

"Upon the whole, in the physical qualities of its climate, Nice possesses considerable advantages over the south-east of France, more especially in being protected from the mistral.

"Nice is upon the whole a healthy place. Catarrhal affections and inflammation of the lungs rank among the most frequent diseases of the inhabitants. They are especially common and violent in the spring, and are generally complicated with irritation of the digestive organs. Pulmonary consumption is much less frequent than in England and France. Gastric fever and chronic gastritis are very common diseases. Indeed, gastric irritation appears to be very prevalent, and almost all other diseases are complicated with it. Intermittent fevers are not unfrequent among the peasantry living or labouring in unhealthy situations in the country. The flat ground on the banks of the Var is the most fruitful source of these fevers. The guards stationed on the bridge which crosses this boundary stream, are frequently attacked with ague during the unhealthy season, although they are stationed there only a few days at a time. This is a disease, however, from which the winter resident at Nice has nothing to fear. Dr. Skirving, during a long residence there, met with one case only of ague amongst the strangers. Diseases of the eyes are very prevalent, particularly amaurosis and cataract; cutaneous diseases are also very common.

"In describing the effects of the climate of Nice on disease, I am much indebted to Dr. Skirving for the results of his extensive experience.[1]

"In consumption, the disease with which the climate of Nice has been chiefly associated in the minds of medical men in this country, little benefit is to be expected from the climate. When this disease is complicated with an irritable state of the mucous membranes of the larynx, trachea, or bronchi, or of the stomach, the climate is decidedly unfavourable; and, without extreme care on the part of the patient, and a very strict regimen, the complaint will in all probability be aggravated by a residence at Nice. Indeed, the cases of consumption which ought to be sent to this place are of rare occurrence. If there are any such, it is when the disease exists in torpid constitutions, and is free from the complications which have been just mentioned. Even the propriety of selecting Nice as a residence for persons merely threatened with consumption, will depend much upon the constitution of the individual. Dr. Skirving met with cases which left no doubt on his mind that a residence for one or two winters often proves of advantage, as a preventive measure, in young persons predisposed to this disease; and even in some instances in which there was every reason to believe that tubercles already existed in the lungs, the climate has appeared to be useful. But in the advanced stage of consumption, his opinion, founded on eight years' experience, accords with what has been already stated; and this is still further supported by the testimony of Professor Foderé, of Strasbourg, who resided six years at Nice.[1] Indeed, sending patients labouring under confirmed consumption to Nice will, in a great majority of cases, prove more injurious than beneficial.

"In chronic bronchitis, which often simulates phthisis, very salutary effects are produced by a residence at this place. Such patients generally pass the winter with comparatively little suffering from their complaint, and with benefit to their general health. They are here able to be much in the open air, whereas if they had remained in England they would in all probability have been confined during the greater part of the winter to the house. The particular kind of bronchial disease most benefited by a residence at Nice is that which is accompanied with copious expectoration, whether complicated with asthma or otherwise; and in the chronic catarrh of aged people it is particularly beneficial. This variety of bronchial disease is directly the reverse of that which is mitigated by the south-west of France and of England: and I think it important here to remark, that unless the distinctions which I have pointed out in bronchial diseases, and their complications, are attended to, great errors must be committed in selecting a residence for such patients.

"The invalid subject to chronic gout may, in most cases, escape his usual winter attack, and provided he lives with prudence his general health may be improved, by a winter's residence at Nice.

"In chronic rheumatism the climate is generally very beneficial; and its advantages are also remarkable in scrofulous complaints. On children the climate generally exerts a very favourable influence, if attention be paid to their diet.

"In the numerous train of hypochondriacal and nervous symptoms which often originate in dyspeptic complaints, Nice is beneficial; but here again it is necessary to distinguish the particular character of the affection. The cases of dyspepsia most benefited are those accompanied with a torpid, relaxed state of the system, with little epigastric sensibility, and none of those symptoms which denote an inflamed or very irritable state of the mucous membrane of the stomach. Where the latter state prevails, Nice will decidedly disagree.

"In all cases where there is great relaxation and torpor of the constitution, the climate of Nice is extremely useful. In young females labouring under such a state of system, connected with irregularities of the uterine functions, either when these have not been established at the usual period, or when they have afterwards been suppressed, marked benefit may generally be expected. In indicating the class of cases alluded to as likely to derive advantage from the climate of Nice, I would designate them to the practical physician as those that are usually relieved by chalybeates.

"In a numerous class of patients, whose constitutions have been injured by a long residence in tropical countries, by mercury, &c., and on which a dry and rather exciting climate is indicated, Nice will prove favourable. Some cases of chronic paralysis not connected with cerebral disease have also been found to derive considerable benefit from a residence at this place.

"In stating its general influence on the animal economy, I would say that the climate of Nice is warm, exhilarating, and exciting, but to highly sensitive constitutions somewhat irritating, more especially during the spring. It is extremely favourable to the productions of the vegetable kingdom, some of which flourish here in a degree of luxuriance that is scarcely to be equalled in other parts of the south of Europe.[2]

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[1] "Dr. Skirving practised at Nice with great reputation for many years; but for the last ten years he was mostly confined to his house by a paralytic affection, which carried him off last autumn."

[1] "See 'Voyage aux Alpes Maritimes, ou Histoire Naturelle, Agraire, Civile et Médicale du Pays de Nice,' &c. Strasbourg, 1823."

[2] "Peu de contrées méridionales de l'Europe offrent un tableau aussi varié en végétaux indigènes et exotiques que les environs de Nice. Dans le fond, c'est une masse d'oliviers qui s'étend sur toutes les collines, et dispairaît insensiblement à mesure qu'elle s'eloigne du rivage de la mer. Sur le devant, ce sont des orangers, des bigaradiers, des limoniers, disposés en jardins qui offrent toute la luxe des Hespérides Pour rélever la sombre verdure des uns et la monotonie des autres, des

"Invalids who pass the winter at Nice scarcely ever reside in the town. Some good houses, tolerably well situated and over-looking the terrace, are, however, now to be had; but in the suburb called the *Croix de Marbre*, and along the sea beach, from the town to the ridge of mountains where the plain terminates on the west, the largest and best houses are to be found; and here strangers generally reside. At the foot of the hill on which stood *Cimiez*, there are also good houses; and this is a situation preferable to the lower part of the plain for patients very susceptible of injury from damp; it is also more protected from the cold northerly winds, and altogether, perhaps, the best situation at Nice for invalids.

"Invalids should endeavour to arrive at Nice about the middle of October, or sooner, and should not leave it before the beginning of May. The inconveniences experienced from the spring winds here are felt in a much greater degree in the South of France; and, accordingly, invalids often suffer severely from the winds of Provence when they leave Nice too early. The invalid may move in the direction of Nice and Genoa at a much earlier period than it would be advisable for him to return over the Estrelles to Provence; and when the climate of Nice is found to disagree, a change in the spring in the direction of Genoa may in some cases be advisable."

TIME FOR GOING TO NICE, AND THE EXPENSES OF REACHING IT FROM DUBLIN: THE WAY TO GET THERE.

The invalid should, if possible, reach Nice, as pointed out at p. 18 by Dr. Travis, at the end of October at the furthest, when, as a general rule, he shall avoid severe weather on the road, and when, on his arrival at Nice, he shall have an opportunity of selecting suitable *southern* rooms in one or other of the three departments of the town.

In travelling from Dublin to London, the invalid can, if necessary, stop at Chester on his way.

The mode of reaching Nice from London, must to a great extent depend on the patient's state of health, his position in life, and his means of living; thus, if he is very feeble, and that he can afford to do so, he ought to be accompanied by some person (say a male relative or courier) conversant with travelling, with the route and with the language of the country; a person who, in fact, can arrange the time and mode of conveyance from place to place, take tickets, register and receive luggage, select rooms at hotels, and pay bills; indeed, unless a confirmed invalid can have all the foregoing done for him, he had far better, in my opinion, stay at home, for the taking of tickets and registering of luggage almost invariably occupy from twenty to thirty minutes, generally speaking in the early morning, and always in exposed halls or passages, full of draughts of cold air. The receiving of luggage requires from thirty to sixty minutes, generally in the advanced evening or late at night, and always in cold halls, open stations, or passages, where I have no doubt that the lives of many patients have been shortened by the combined influences of fatigue and exposure to cold.

In the journey from London to Paris, the invalid can, if the weather proves rough, on his arrival at Dover, and that he is a bad sailor, stop at the Lord Warden Hotel at that place, and wait there for a good sea passage, when he can cross over by the morning boat, if he has a good attendant, and that arrangements have been made for his reception at Paris, he ought to "*go through*" to that city, and drive to his hotel at once, leaving the charge of his luggage to his attendant. The other evening, a friend of mine was detained at the Paris terminus, on his arrival from Calais, from twenty minutes past six o'clock in the evening until close on nine o'clock, passing the family luggage and getting it conveyed to his hotel.

From Paris to Nice, a distance of six hundred and seventy-seven miles and a-half, the journey should, as a general rule, be broken by an invalid three or four times on the road. Many people select Dijon, Avignon, Lyons, and Marseilles as resting places, on their way from Paris to Nice.

At Dijon I would recommend the traveller to go to the hotel Jura, which is next to the railway station, and is both a good and reasonable house.

At Lyons, the Hotel de l'Europe is very well spoken of, but I would recommend an invalid to put up at one of the many other hotels nearer to the station. I should say the Hotel du Louvre, or the Deux Mondes are the best.

As a general rule, but especially late in the season, an invalid should not stop at Avignon, it being about the coldest place a patient could select. A friend of mine, last year, on his way to Nice for his health, who was not able to leave Dublin until late in the season, wrote to me from Avignon as follows:—"An invalid who survives a night at Avignon in November is not going to die; it is the coldest place I ever was in; the wind does not blow there, it groans, it roars, as if it came down from a bellows, driven by an engine over a hundred miles of snow. It comes down the chimneys in a most frightful way. The houses are built to be cold: flat roofs, large windows that open to the floors, open fire-places as large as those in a forge, tiled floors in the bed-rooms and passages, no curtains, doors that wont shut; in fact I never spent such a night as I did at Avignon, and that I escaped with my life is a wonder." There is no doubt that Avignon is, as I have experienced myself, a very cold place, and therefore ought, if possible, to be avoided by a delicate person in search of health.

The Grand Hotel at Marseilles is a very comfortable and well-managed establishment, and is not very expensive, considering the excellent manner in which it is conducted.

The journey from Marseilles to Nice by railway, which is accomplished in a little under six hours, is a very agreeable one, the scenery along the entire line being both varied and beautiful.

Some physicians recommend patients who are not wealthy, and who, therefore, cannot well afford the expense of bringing attendants with them, to travel uninterruptedly from Paris to Nice by express train, a journey which is accomplished in about thirty hours; but I know by experience that even to a person in health the through journey from Paris to Nice is a very fatiguing one, indeed, I therefore cannot recommend it to an invalid, unless under extraordinary circumstances, and then he should engage a *coupé lit* carriage, in which he can recline as often as he is disposed to do so whilst on the road.

With regard to the hotels of Nice they are very numerous, and generally speaking well conducted, but the invalid should, in the choice of a residence at Nice, be guided, to a great extent, by the advice of one of the resident physicians, who, after getting an insight into the patient's state of health, will point out the proper department in which he should settle down.

The cost of travelling from Dublin to Nice by mail steamers, and first-class express trains, including hotel expenses at the various resting-places, porterage, cab-hire, &c., on the way, amounts, in round numbers, to £16.

The expense of living at Nice will much depend on the class of hotel or boarding-house, and the department selected. The cost of living at a first-class hotel in the modern parts of Nice, or at Carabacel, without a private sitting-room, amounts to from 16 to 20 francs a-day, whilst boarding-houses charge from 7 to 12 francs a-day, but there are some of the latter, I am told, in the more inland parts of Nice, where patients are boarded and lodged for about 5 or 6 francs a-day.

A suite of rooms, including two or three bed-rooms and a large sitting-room, at one of the best hotels in Nice, cost, as a general rule, from 35 to 40 francs a-day; this, however, includes servants.

IT is stated that during the four or five days preceding the 16th ult., more than 250 deaths occurred from the excessive heat in New York.

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caroubiers, des figuiers, des jujubiers, des raquettiers, des dattiers, des grenadiers, et toutes sortes d'arbres fruitiers distribués sans ordre, en [illegible] toute leur vigueur, achèvent d'orner et d'embellir ce bel ensemble."—Risso, Op. citat.

Hospital Reports.

KING'S COLLEGE HOSPITAL.

Cases under the care of Dr. BEALE, F.R.S.

(From brief notes by Dr. Tonge.)

Paraplegia. — W. B., æt. 32, pressman. Admitted November 12; discharged December 17. In hospital 35 days. *Unrelieved.* Never had syphilis, or any bad illness; had a fit 2 years ago, convulsions and delirium, followed by impairment of memory, pain in back, and loss of strength, 17 months; partial paraplegia 6 months. On admission can walk a little; left arm and leg weaker than right arm and leg, no loss of sensation; pain in occiput and down spine; tenderness of lower dorsal region of spine; feeling of constriction round upper part of abdomen; micturition difficult; bowels sluggish; pulse 80.

Iodide of potassium, liq. cinchonæ, and bicarbonate of potass; then dilute muriatic acid, chloric ether, quassia and quinine; tepid shower baths; wet packing.

Cerebral Hæmorrhage.—Anne W., æt. 48, charwoman. Admitted February 15. *Died* on February 17. In hospital 2 days. Was in King's College Hospital for epilepsy in May 1863. Previously epileptic 6 years. Last fit one month ago. Was suddenly seized with convulsions on morning of admission. On admission, comatose; breathing stertorous; pupils contracted, and insensible to light; no palsy or rigidity of limbs, but reflex actions more easily excited in right limbs than in left; pulse 146; respiration 50. Coma deepened, and she died on 17th.

Post-mortem.—Calvarium very thick and adherent; blood extravasated over upper surface of right hemisphere, cerebellum, and base of brain; left corpus striatum, and optic thalamus, broken down by effused blood, which filled left ventricle; small clot in right ventricle; arteries at brain's base, and mitral and aortic valves atheromatous.

Croton oil; two enemata of turpentine and castor oil.

Hemiplegia.—Harriet P., æt. 51. Admitted October 5; discharged December 3. In hospital 59 days. *Unrelieved.* Had a fit four months ago, with loss of speech and loss of power in arms. On admission semi-stupid, speechless, has lost memory; complete left hemiplegia; sensation impaired; reflex action in leg diminished; arm rigid; face much drawn to the right; tongue put out to the left; fæces and urine passed under her; pulse 80. Partial recovery of speech and power in left arm.

Aromatic spts. of ammonia and camphor water (29 days); then chloric ether and sesquichloride of iron; cod liver oil; brandy.

Softening of Brain—Chronic Renal Disease.—Sarah H., æt. 34. Admitted September 16. *Died* on Sept. 17. In hospital one day. Intemperate. Admitted in a semi-conscious rambling state, which had lasted since the middle of the previous night. No convulsions; some rigidity of right arm, and palsy of right buccinator; pupils dilated and insensible.

Post-mortem.—Right corpus striatum, and part of optic thalamus, much softened, and of a red colour. Kidneys much contracted; surface very granular; combined weight 6 oz.

Oil croton, ♏iii.; e. l. to neck; enema of tr. serpent., sp. ammon. fœtid., and aq. on 17th.

Delirium Tremens.—J. S., æt. 30, law-writer. Admitted December 11; discharged December 20. In hospital 9 days. *Recovery.* Drinks much rum and water. On the 8th and 9th, worked all night and drank more than usual. Delirious and tremulous on 10th; spectral illusions. Slept on night of 11th; rational and free from tremor on 12th.

Tinct. opii ♏xlv.; brandy 6 oz.

Delirium Tremens.—Sarah L., æt. 33, needlewoman. Admitted October 7; discharged November 5. In hospital 29 days. *Recovery.* Has drunk freely during last 3 months. Previously ill 14 days; tremors; restlessness; spectral illusions, and loss of appetite. On admission very tremulous, excited, and incoherent; with flushed face, creamy tongue, and pulse 96. Six days later sleeps well; no incoherence. Five days later free from tremor.

Carbonate of ammonia, chloric ether, and liq. ammoniæ acetatis (5 days); then iodide of potassium and quassia. Pulv. ipecac. co. gr. x. on 8th.

Delirium Tremens.—J. C., æt. 38, tobacco-manufacturer. Admitted June 24; *died* on June 28. In hospital 4 days. Had been drinking more than usual. Previously ill 3 days. Very tremulous; much sweating; sleeplessness; spectra; tongue furred; slight bronchitis; became violent; died suddenly.

Post-mortem.—Heart pale, flabby, and loaded with fat; considerable opacity of arachnoid; slight excess of subarachnoid fluid.

Aromatic spts. of ammonia, and liq. ammon. acetatis. Tinct. opii (large doses); aperients.

Delirium Tremens.—C. A., æt. 51, lawyer's clerk. Admitted May 9; discharged May 23. In hospital 14 days. *Recovery.* Intemperate. Subject to attacks of tremor without (?) delirium. Pecuniary anxiety of late. Has drunk about 5 quarts porter daily for last 3 weeks, and eaten little solid food. Previously ill 4 days. Tremors, horrors, frightful dreams. Inclined to jump out of window on 5th day; violent and noisy on 11th, 12th, and 13th days.

Large doses of tinct. opii. Brandy and porter. Castor oil; aromatic spts. of ammonia.

Incipient Delirium Tremens.—J. S., æt. 42, laundress. Admitted June 21; discharged June 29. In hospital 8 days. *Recovery.* Since death of husband, 2 years ago, loss of memory, disturbed sleep, and constant dread of impending evil. Subject to headache. Previously ill three days. Anorexia, sleeplessness, and frightful dreams. Hysterical.

Aromatic spts. of ammonia and camphor mixture.

Chronic Delirium Tremens.—E. M., æt. 41, tailoress. Admitted June 13; discharged June 25. In hospital 12 days. *Recovery.* During last year, catamenia, bi-monthly and profuse. Family troubles. Previously ill one month. Disturbed sleep. Thoughts of suicide and killing her children. Some headache and confusion of thought; low spirits; bad appetite; furred tongue; frightful dreams; feeble pulse; occasional globus hystericus.

Opiates; quinine and sulphuric acid; castor oil.

Chronic Delirium Tremens.—E. M., æt. 42, tailoress. Admitted July 19; discharged August 6. In hospital 18 days. *Very much relieved.* Became worse after discharge from King's College Hospital. Now in much the same state as before. Slight hæmoptysis on day after admission. Some crepitation and increased vocal resonance under right clavicle.

Quinine and dilute sulphuric acid; then same with sulphate of iron; tinct. opii. ♏xxv. h.s.s.

Delirium Tremens.—S. M., æt. 25, servant. Admitted March 28; discharged April 11. In hospital 14 days. *Recovery.* Leucorrhœa 3 months. Vomiting and purging 14 days ago. Since then disturbed sleep; debility and headache. Pulse 124. Bowels confined.

Aromatic spts. of ammonia and chloric either. Tr. opii. ♏xxx. h.s.s.

CITY OF DUBLIN HOSPITAL.

TWO CASES OF CANCRUM ORIS,

Under the care of Mr. CROLY.

Case 1.—J. M'K., a boy aged 5 years, was brought by his mother for surgical relief. His health suffered materially of late, in consequence of successive attacks of whooping-cough, scarlatina, and measles. He lived in an unhealthy locality in this city. He presented an anæmic appearance. His *left* cheek was much swollen and shining; he cried from the pain, and very fœtid saliva dribbled from his mouth. The glands of the neck were enlarged. On opening his mouth an ashy grey-coloured slough was observed, extending from the angle of the mouth at the left side (and involving the lower lip) to behind the last molar tooth.

Treatment.—The diseased part having been dried with lint, a piece of soft wood, chewed at the end, dipped in strong muriatic acid, was freely applied to the entire slough. The teeth were protected by a piece of lint, saturated with olive oil. Chlorate of potash, in fifteen-grain doses, in decoction with tincture of bark, was directed to be taken three times a-day, and a chlorate of potash gargle to be used frequently. A liberal allowance of wine, and beef-tea was also prescribed. In two days, under this treatment, the slough became detached; the part assumed a healthy appearance, and the boy recovered quickly.

Case 2.—M. M'K., aged three years, *sister* of subject of preceding case, was similarly affected in the *right* cheek, but not so severely. The same treatment was adopted and with great benefit.

Remarks.—Mr. Croly explained that cancrum oris is a serious sequela of measles, occurring in delicate children who are ill-nourished and dwelling in unhealthy localities. The disease, he said, has been confounded with mercurial salivation, but may be easily diagnosed by the history of the case, and by the fact of cancrum oris attacking only *one* side of the mouth, whilst the sloughing caused by mercury occurs at *both* sides.

The treatment must be decided. Muriatic acid is a favourite and excellent application, and the internal administration of large doses of chlorate of potash in bark, with generous and stimulating diet, constitutes the proper treatment for this formidable disease.

The occurrence of the affection in two children of one family at the same time, is remarkable and worthy of notice. Noma pudendi, of which a case was recorded by Mr. Croly in a late hospital report, is an analogous disease, and requires the same line of treatment.

DR. STEEVENS' HOSPITAL.

CYSTIC BRONCHOCELE: RECOVERY.

UNDER THE CARE OF DR. M'DONNELL, F.R.S.

(Reported by R. L. SWAN, F.R.C.S.I., Resident Surgeon.)

JOHN TREONLY, æt. 35, a constable in the constabulary force, was admitted into Steevens' Hospital, November 2nd, 1867. About twelve months before, he noticed a slight enlargement in the situation of the thyroid body. This, at first, gave him no uneasiness, but as it gradually increased, the pressure of the stock caused him considerable annoyance. On examination, a tumour, somewhat larger than a billiard ball, was found occupying the middle line two inches above the sternum. The skin covering it was unchanged; fluctuation was distinct; there was no pain or local evidence of inflammation.

November 16.—The sac having been half emptied of a fluid resembling serum, one drachm of the tincture of iodine was injected.

17th.—Little or no inflammation produced; the tumour as large as before the abstraction of the fluid.

30th.—The sac having been completely emptied, two drachms of the tincture were injected.

December 1st.—The tumour is again filled with fluid; some tenderness and pain exists.

5th.—Some increase in size; the swelling has resumed its original painless character.

21st.—Having emptied the sac, four drachms of the tincture were now injected; inflammation, followed by suppuration, took place, and eventually, a perfect recovery. The patient was discharged, January 9th, 1868.

We have not frequent opportunities of seeing cystic goitre in this country. It is much commoner in central Europe. There is some difference of opinion as to the best mode of treating it. Hamburger, from extensive experience in Bohemia, recommends the seton as the safest and most efficacious means of curing this complaint. Patruban, on the other hand, considers Hamburger's method highly dangerous, and recommends incising and emptying the sac, and fastening the remaining portions of it to the integument. The plan adopted in this case seems to have received the sanction of most surgeons in this country. Taking into consideration the close proximity of the trachea, and other important organs, and the dangerous consequences that must ensue from a violent degree of inflammation being excited, it is evident that too much caution cannot be observed in the application of a remedy.

ACUTE INFLAMMATION OF THE THYROID BODY: RECOVERY.

James O'Neill, aged 37, a brass-moulder, was taken into hospital, April 30th, 1868. He had been under treatment for more than three years, suffering from syphilis in an advanced form, having had repeated attacks of inflammation of the periosteum of the frontal and parietal bones, for which he had been principally using the iodide of potassium, which he considered to have most power in checking the disease. He had likewise a continual hoarseness—the result of old laryngeal implication. While at work the day before admission, he noticed a soreness of the anterior portion of the neck, and on going home was seized with severe rigors, nausea, and some difficulty of breathing. When admitted there was considerable inflammatory fever; tongue furred; pulse 120; there was some headache. On examining the thyroid body, both lobes were found symmetrically enlarged, painful, very hard, and sensitive to the touch. The integument covering the organ, was œdematous and redder than the surrounding skin.

Ordered—the hospital diaphoretic mixture.

May 4th.—The inflammatory symptoms have in a great degree subsided. As the man could not bear a continuance of lowering measures, a tonic line of treatment was now adopted.

Ordered—bark and nourishing diet.

7th.—Feeling now as well as usual, the patient left the hospital. The thyroid body has become reduced to its normal size.

Acute inflammation of the thyroid body is universally admitted to be an uncommon affection. This fact will probably account for the difference of opinion that exists as to the class of individuals most liable to be attacked. Dr. Macleod in his outlines of surgical diagnosis, states that it usually occurs in a healthy person; while Dr. Copland asserts that it arises spontaneously in this organ in scrofulous persons only. The rapidity of the attack; high constitutional disturbance; and equally rapid subsidence of the inflammation are remarkable.

In reviewing the case the interesting question arises—If the pathological conditions of the organ were more completely investigated, how much further light might be thrown on its physiological purposes, now confessedly obscure? It is well to add that the patient himself attributed his attack to the inhalation of the dust raised in scraping and cleaning the inside of a copper boiler, at which he had been employed for some days before his illness came on.

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Literature.

ELEMENTS OF CHEMISTRY.[1]

THIS issue may be considered as completing an edition of this important work—"Part III., Organic Chemistry," 3rd edition, published in 1866; and "Part I., Chemical Physics," 4th edition, published in 1867. The only discrepancy manifested is, that in the organic chemistry of 1866, the author had not entirely discarded the old notation, and barred symbols were, therefore, used to distinguish the new equivalents from the old.

In the present volume there is little to report upon as new, the general characteristics of the book are the same, if we except some changes in the nomenclature, and some valuable additions occasionally to the text.

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[1] Elements of Chemistry. By William Allen Miller, M.D. Part II., Inorganic Chemistry. 4th Edition. London: Longmans, Green; Reader and Dyer. 1868.

The author uses the term non-metallic elements in its substantive sense. Although the word non-metals is a better word than the decidedly erroneous one, metalloid, we cannot see that such terms are desirable additions to our chemical vocabulary.

It is, in our opinion, almost time to discard the division into non-metallic and metals entirely. It is quite arbitrary, and so ill-defined, that it may be an open question to which division many of the elements belong. Much better would it be only to use the term "metals" in its practical sense, as applied only to those (precious or otherwise) which are used as such, and only when spoken of in connection with their uses in the arts. To found a scientific division of the elements upon such ill-defined physical properties is straining at nihility.

At page 273, Frankland's ideas upon the luminosity of flame are explained. As that gentleman has been lecturing lately at the Royal Institution upon this subject, it possesses a little popular interest. Dr. Frankland thinks that the phenomenon is not so much a matter of solid incandescent particles as a matter of pressure. Thus in an experiment with hydro-carbon flames, for each diminution of one inch of mercury, gave 5·1 less light, the diminution of light being directly as the diminution of pressure.

The description of glass-making and metallurgical processes are very complete and full.

At page 457 is given what is said to be a more delicate test for ammonia than Nessler's, a matter of some importance, now that so much attention is paid to the presence of that substance in potable waters.

Not by any means the least important part of this valuable volume will be found in the latter chapters viz., chapter xx., "On some circumstances which modify the operations of chemical attraction." The substance of this chapter is given in Part I., Chemical Physics, but is here treated in a more extended form. This chapter treats of the influence of cohesion, adhesion, and elasticity, influence of mass, heat and cold, on chemical attraction. Chapter xxi., a most interesting chapter upon the combining numbers of the elements, and the data for determining those numbers.

WATTS' DICTIONARY OF CHEMISTRY.[1]

We congratulate the author on the conclusion of his labours, the public upon the addition of the most important work for chemical reference extant in our language, and the publishers upon the successful completion of a most felicitous undertaking. The favourable augury with which the advent of the dictionary was received, has been thoroughly endorsed by general acclamation, as the book has proceeded through its course of publication, a period of some seven or eight years.

The editor, instead of getting tired of his work, evidently warmed into it, for, if a preference could be given to any of the volumes, it would be to those published in 1867 and 1868, which exhibit a greater unity of arrangement. We can well understand the feeling that animated the London chemists when they invited Mr. Watts to a banquet, commemorative of the completion of this work.

Not that the dictionary is perfect. There are many weak points which were almost from the mode of issue, &c., unavoidable, but if we were inclined to point out these shortcomings, it would be of no avail, for the author meets you half way, by alluding to them himself. If you read his own preface you have almost every important deficiency pointed out.

Mr. Watts has promised us an occasional supplement, by which he intends to keep the dictionary up in a measure with the progress of science. This plan, which was suggested some twelve months since in THE MEDICAL PRESS AND CIRCULAR, is one which we sincerely hope Mr. Watts will carry out.

In rapid revision we may be able to give some faint idea of this work to such of the readers who have not seen the notices already given from time to time.

In the first volume the articles upon acids, amins, (compound ammonias), and alcohols, atomic volumes, atomic weights, chemical affinity and classification, written by the editor, Prof. Foster, and Dr. Odling, are monographs in the encyclopædian style, which are perfect essays in themselves, although the article "Atomic Weights" is hardly in keeping with other portions of the dictionary. The other important articles, of which especial mention may be made, are albumine, alkaloids, analysis, balance, beer, blood, blowpipe, bone, with tables of comparative analysis of bones belonging to different orders of the animal kingdom, and their composition per bone; cereals with tables of composition.

The minerals under their respective heads are given very completely in this and the other volumes, but seem to be chiefly compiled from Dana's great work.

The article on crystallagraphy, a subject so seldom practically understood by the chemist, is especially full, yet lucid. The next most important articles in this volume, are electricity and elthylene bases, the latter by Dr. Hofmann. After these come long and elaborate articles on digestion, chemical geology, rational formula, &c. Vol. 3 contains elaborate essays upon heat (138 pages), metallurgy, and light, the latter a most exhaustive treatise. The most important of the other long articles are, perhaps, animal nutrition (Vol. 4), and spectrum analysis (Vol. 5). C.R.C.T.

THE STOCKFEEDER'S MANUAL, &C.[1]

THE principles which should guide those who undertake the rearing of animals for the food of man, are most fully and clearly set forth in Prof. Cameron's work, which displays most accurate physiological as well as chemical knowledge. Several valuable analyses and directions for the detection of unsound food, are included in the book. Any of our rural friends whose spare time is sufficient to allow them to engage in stock-farming, should attentively study Dr. Cameron's manual.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 5, 1868.

THE 86TH REGIMENT AT THE MAURITIUS.

WE have good reason to believe that as regards the circumstances under which the "Royal County Down Regiment" was disembarked at the Mauritius, in opposition to the protest of the medical authorities there, it may be well to bear in mind the old adage of "the least said the soonest mended." No such cause of reticence, however, exists in reference to some of the other points connected with the medical history of the corps during its residence in that island. Undoubtedly had public considerations alone influenced all concerned, the more prudent plan would have been for the regiment to have returned to the Cape, instead of being landed at Port Louis, "in the thick of the malaria," as described by a correspondent on the spot, and when arrangements for their reception had not been made, although submitted two months and a-half before that time. As a result of this mistake, all who were thus exposed to the exciting causes of the fever from which they subsequently suffered, had become tainted with it before going to the out-stations to which they were afterwards sent, and where, during two months, all classes of the regiment continued to suffer from the malady. Fortunately, the death-rate was inconsiderable, only five fatal cases having happened among the soldiers, although the number of attacks have been very great, and the amount of non-efficiency by secondary affections of the liver and spleen, such as is familiar to Medical Officers serving with our troops in India, and notably at the station of Peshawur.

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[1] Watts' Dictionary of Chemistry. 5 Vols. London: Longmans, Green, and Co. 1868.

[1] The Stockfeeder's Manual, &c. By C. A. Cameron, M.D., Professor of Hygiene, R.C.S. London: Cassell, and all Booksellers.

It is to be feared that some accounts of the prevailing epidemic which have reached this country, have been somewhat *sensational* in their character, especially those animadverting upon the supposed deficiency of some necessary medicines wherewith to treat it. We have it on authority not to be questioned, that an ample supply of quinine was brought from the Cape with the regiment, and that no less than eighty pounds of that drug had by the principal Medical Officer in the island been accumulated from various places, as the Cape, Ceylon, and England, from which he was able to supply not only all requirements of the military, but of the civil also.

It is very satisfactory that whatever may have been the mismanagement on this occasion, not only is the medical department completely exonerated, but we know that had full operation been given to medical opinion, the 86th Regiment would now, in all probability, have been strong and efficient, and in one of the finest climates in which troops can serve.

ENGLISH POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

Last Friday afternoon the annual meeting of the Metropolitan Association of Poor-law Medical Men was held at Freemasons' Tavern, when, in pursuance of the aggregate meeting reported by us, the following resolution was adopted:—

"That the Metropolitan Poor-law Medical Officers' Association and the Poor-law Medical Reform Association be united, under the title of "The Poor-law Medical Officers' Association;" and that the Council consist equally of metropolitan and provincial members, and, if possible, of an equal number of workhouse and district medical officers of each class."

The consequence of this was of course that the meeting resolved itself into the first meeting of the new society which will henceforth be called the Poor-law Medical Officers' Association.

This new society, combined of old and tried, though divergent parts, will become entitled to some £60, being the balance in the hands of the greatest of poor-law reformers, Richard Griffin, of Weymouth, who was treasurer to the old Reform Society.

We have much pleasure in chronicling the fact of so much unanimity prevailing that it has been found easy to carry out the idea we have frequently urged, of making the society that has done so much the organ of poor-law doctors, not only in London, but throughout the provinces.

It was stated that some 300 officers had already given in their adhesion, so that with a fair balance at the bankers, and a good roll of members, a beginning has been made which may lead to much.

We append the last report of the Council of the Metropolitan Society, as adopted at the meeting.

ANNUAL REPORT OF THE COUNCIL—JULY, 1868.

"In presenting their second annual report, it affords your Council much satisfaction to state that the Association has made great progress during the past year. The number of members has been nearly doubled, many provincial medical officers having joined as associates. The cash balance in hand, after payment of all claims, amounts to about £25.

It having been frequently suggested that the Association should extend the field of its operations and admit to the right of membership all medical officers residing in England and Wales, your Council have had under consideration for some months past the propriety of submitting, at the annual meeting, a proposition to alter the title of the Association by omitting the prefix 'Metropolitan.' They do not doubt that such a proposition would have been received with favour at any time, but much more so at the present time after the very successful meeting of London and provincial officers, held last month, under the chairmanship of W. J. Clement, Esq., M.P., F.R.C.S. At that great meeting—great by reason of the numbers, intelligence, and unanimity of those who attended it, many of whom came from distant parts of the kingdom—a strong and general wish to this effect was expressed. The actual proposition in favour of union emanated from Mr. Richard Griffin, of Weymouth, who stated in his letter to the chairman, that if it was carried he should feel justified in handing over the balance of £60, of the funds of the Poor-law Medical Reform Society, remaining in his hands as chairman. The only condition made by Mr. Griffin—a perfectly fair and natural one—was 'that the Council should consist of an equal number of metropolitan and provincial members, chosen equally, if possible, from workhouse and district medical officers.' A resotion to this effect was moved by Dr. R. Waudby Griffin, of Southampton, seconded by Dr. Robert Fowler, of London, and carried by acclamation.

"Your Council have much pleasure in recommending the Association to accept the proposition to alter the title to 'The Poor-law Medical Officers' Association.' They have very carefully gone through the existing rules, and having been favoured with suggestions by numerous provincial medical officers, they have drawn up a new code, suitable to the altered circumstances of the Association, which will be submitted for consideration and approval at the annual meeting. As the rules are in the hands of the members it is unnecessary to recapitulate them here, but your Council may state that they have determined, after careful consideration and with the approval of the majority of their provincial correspondents, to recommend a reduction in the amount of the annual subscription. This they propose to fix at a very moderate sum, in the hope thereby of seeing the ranks swelled by very large additions of new members.

"It is, above all things, desirable that the Association should be established on the widest possible basis, for the just demands of so important a body as the medical officers—between 3000 and 4000 in number—must be listened to if expressed with firmness and unanimity.

"Your Council also propose to enlarge the 'objects' to be attained, while restricting them more than heretofore to matters directly affecting the welfare and the interests of the medical officers. And there is good reason for this, because the best guarantee for the proper treatment of the sick poor lies in a contented state of the medical service, which can only be secured by a fair consideration and removal of admitted grievances. To obtain this end nothing would be more conducive than the 'establishment of a real (Poor-law) Board, with real meetings of responsible officers; and, inasmuch as medical affairs amount to a very large proportion of the total business of the office, the permanent chief of a properly constituted medical department ought to be a member of the Board with voting power.'—*Poor-law Chronicle*, July 7, 1868. That events are tending towards the formation of such a Board may be fairly inferred from the action taken by the Lords' select committee on the Poor Relief Bill, which, by a vote (which left the President of the Poor-law Board in a minority of one) affirmed the principle that additional medical inspectors should be appointed. Your Council heartily approve this decision of the Lords, based, as it is, on enlightened public opinion, which the Association has helped to form. But they believe that the appointment of more inspectors merely would be but a single step in the right direction, as improved inspection would be of little avail if there were no such Board to receive the reports of the inspectors, to consider their suggestions, and, if necessary, enforce their recommendations. Your Council cannot but believe that it would be for the public interest that all the inspectors should meet regularly for the discussion and settlement of the various questions which arise, and go through the country on circuit at stated periods to inspect not merely the workhouse but the working of every department of the local administration of the Poor-laws in connection with the sick poor; and a lay and a medical inspector might very usefully make their circuit together, after the plan followed by the Commissioners in Lunacy. But the same inspector should not go twice consecutively over the same district. The system which attaches an inspector to a district for a large number of years is essentially faulty. It may enable him to earn the good will of local officials, but it affords a very poor security for the faithful discharge of duties which must always be onerous and, not seldom, painful or at least unpleasant.

"Your Council have been led to make these observations by a strong conviction that it is only by putting the whole system of poor-law management upon a sound footing that they can hope for a general removal or amelioration of the grievance under which the medical service now labour.

"Your Council have observed with satisfaction that the Poor-law Board have at length arrived at the opinion that uniformity in workhouse dietary is desirable. They have suggested a dietary for use in the metropolitan district which, however, has not been very favourably received. This, however, cannot be altogether a matter of surprise, as the dietary is open to some objections, and it would not be desirable to establish it without important modifications based on the dietary long since drawn up by your Association. The dietary appears, however, to be based upon that recommended by the Association, but the variations from that dietary are not improvements.

"As this will probably be the last report issued by your present Council, it may not be out of place to express a hope that the proceedings of the enlarged Association may be marked by the same unanimity and kindly feeling which have distinguished those of the Metropolitan Association. Meetings like these bring together many men with identical interests and many feelings in common, who otherwise would have scarcely any opportunity of becoming acquainted with one another. From such intercourse many good results must follow, even if material interests are not advanced with desirable rapidity. Not the least of them is the establishment of an agreement as to the wants and wishes of the service; and this is very necessary, for the medical officers must make up their own minds upon questions affecting their status and remuneration before they can hope to make an impression upon public opinion and secure a full concession of their claims.

"Your Council would fain believe that the meetings held during the last two years have helped somewhat in this direction. They have assisted in enlightening public opinion on various points connected with the service, and they have been well supported by the press. Much evidence of sympathy with the medical officers has been elicited in quarters where it cannot fail to be of use under a new Parliament. The Metropolitan Poor-law Medical Officers' Association has won for itself a fair position, which it yields very willingly to its successor, in the firm conviction that by means of larger numbers and more extended influence that position will not only be maintained but improved, and that the good work will be carried on to a successful and speedy issue."

MEDICAL DEGREES IN THE U.S. OF AMERICA.

There is a good deal of ignorance prevalent among us about the medical qualifications of our transatlantic brethren, and as we have recently had the pleasure of inspecting what our readers will doubtless consider a remarkable document, we shall make a few observations on the genuine, as distinguished from the humbug degrees, which are openly given—even sometimes under legal sanction—in the United States.

In the first place, we must remember that there is no real difficulty in almost any American medical school obtaining the power of conferring the sole necessary qualification, that of M.D. "The New York Homœopathic Medical College," and many others of like kind, have this right; and are, legally speaking, on perfectly equal terms with the respectable and really learned institutions which confer medical degrees on the first class of American physicians, whose representatives, or members, we so often have the pleasure of welcoming to our houses in the mother country; and who are professionally inferior to no medical men in the world.

In the United States the assumption of the title of M.D. without legal right is attended by no legal penalty. Any one can style himself captain, or colonel there, and so he may adopt the more learned professional title if he think fit.

But, apart from this facility in becoming, or assuming to have become, an M.D., it may be stated that a few years ago there were in the United States no less than thirty-seven medical schools, each of which conferred the degree of M.D.

Some time ago Sir Dominic Corrigan astonished the medical world by telling them that there was then an agent in these countries disposing of medical degrees to needy or illiterate candidates, without examination, and for a trifling consideration. His statement was indignantly denied, but he proved his case without any doubt.

As an instance of a certain class of "degrees" which are attempted to be foisted into these kingdoms under any but true pretences, we shall give *verbatim, literatim, et punctatim*, a copy of one which lately came under our observation.

It was forwarded by its owner (we understand) to one of our most respectable and time-honoured medical corporations as a *bona-fide* qualification, on the ground of which the owner sought for admission to examination for a medical license. At the same time a similar application was made by an M.D. of the College of Physicians and Surgeons of New York—one of the oldest and most respectable of the American licensing bodies; the former application was refused, while the latter was granted.

Herewith we give the document above referred to, merely suppresing the name of the candidate, with the names of those who signed it, and the date:—

"To all men greeting.

"Be it known that the President on behalf of the Trustees, and we, the Faculty of the Eclectic Medical College of Pennsylvania, incorporated by an Act of General Assemby, of the Commonwealth of Pennsylvania,

do hereby testify, that ————

Having made suitable proficiency in the preliminary branches of education as preparatory to the study of the Medical Profession, and devoted the term of three years to the study of the several departments of Medical Science, under the tuition of a competent Medical Preceptor, and having attended two full courses of Medical Lectures, and passed a successful examination in each department of study before us, the Professors of the College; therefore in consideration of his qualifications for the duties and responsibilities of the Profession, and by virtue of the power vested in us by the Commonwealth of Pennsylvania, we do hereby confer upon the said ———— the degree of Doctor of Medicine, thereby granting and conceding unto him all the Rights, Privileges, and Immunities belonging to that degree here and elsewhere. We also recommend him to the confidence and patronage of the public.

"In Witness Whereof, we have caused to be affixed our corporate Seal to this Diploma, and subscribed our names to the same.

"Given at the College Hall at Philadelphia, on the —— day of April, A.D. 186—."

At the bottom of this document was a grand seal, on the margin of which were the words—"Eclectic Medical College of Pennsylvania. Incorporated 1850." In the centre, and amidst a "glory," was the potential term "Eclectic;" and around it, outside the glory, but inside the marginal legend were these awful derivatives—

"Chromo-thermal," "Electropathy," "Hydropathy," "Allopathy," "Thomsonism," and "Botanic." Close beside these were recorded the words "Truth," "Nature," and "Wisdom," admirable principles indeed, on which, doubtless, "the Eclectic Medical College of Pennsylvania" professed to conduct its operations.

THE MEDICAL ELEMENT IN PARLIAMENT.

We have so often urged the absolute necessity of more medical men finding access to the House of Commons that the subject is becoming almost trite. Now, that new names have been brought forward, and that the Parliament has actually, so to say, expired, we may, perhaps, again return to a question so full of importance to the profession. We can most heartily wish all our professional brethren success whenever they may seek a seat, and only regret that division is likely, occasionaly, to prevent this.

It is certainly to be deprecated that the medical interest should be recklessly divided, and when one medical man has a prospect of support, it is a pity to set up another. The first must have deserved well for the courage he evinced in coming forward. The second may spoil his chance without winning.

Even if won, the victory snatched from a professional brother is of less value than the defeat endured by those who assert the principle.

The importance of medical men being in the House is just now so much thought about, that we add the remarks of Dr. Mapother on the subject in his Essay, which won the first Carmichael Prize :—

"It must be admitted on all hands that the importance of the profession of medicine is not fully recognised, many causes having contributed to degrade it from the position it should occupy. Foremost among them is the fact, that the public, uninformed of the functions of the human body, have imperfect means of judging of the comparative merits of those who treat their derangement. The superficial and boasting practitioner is many a time the favourite with the vulgar, to whom the honourable and well-informed practitioner will offer neither flattery nor false hopes. Another, is the absence of just rewards, such as elevated positions in the State, for its most distinguished promoters, which would stimulate the talented and refined to adopt it as their calling. It is almost universally acknowledged that the educated and enlightened classes are not adequately represented in our country's senate. It was, however, confidently hoped that this anomalous state of things would cease as soon as the Reform Bill became law, but that measure only enacted that the London University should have a representative, and it is to be feared that he will not be chosen from the medical profession. No impartial man could then deny the importance of having members of the medical profession, who could there be consulted on the numerous questions relating to public health to be discussed. The other learned professions are most amply represented in both Upper and Lower Houses; for instance, over 100 members of Parliament are practising barristers, and no just reason ever has, or probably can be, adduced why medicine should not enjoy similar invaluable privileges. The main objections urged to medical representation in parliament is, that no profession or calling is directly represented ; be that as it may, the clerical and legal professions, and commercial and other callings, have very many advocates there. But if the profession is not to have special members of parliament, the licensing bodies may fairly seek the privileges which the universities have so long enjoyed, and if they amalgamated, as shall be hereafter advocated, such a just concession could not be long denied. Licentiates of five years standing might share the franchise with fellows of the colleges.

"It may be said that the university representatives represent medical men, but how few of the constituents of Oxford, Cambridge, and Dublin, are doctors of medicine, and when was a member of the profession chosen? Even in the London University, where half the constituency is medical, and where half the places on the Senate and Committee of Convocation have been bestowed on the profession, there is, it appears, no chance for a medical representative. The inability of medical men to make themselves heard in parliament, renders them liable to have their interests, which are as well, in most vital respects, the interests of every man, woman, or child, overlooked or despised. The intimate knowledge of mankind, psychical as well as corporeal, which they must acquire, would render their opinions valuable and their decisions judicious. It may be objected that, as medical men derive their incomes from the active exercise of the profession, they could not afford to relinquish such emoluments. This is assuredly fallacious, as many, distinguished and disinterested, would submit to such pecuniary sacrifice for so grand an opportunity of administering to the public good, and a leader in Dublin has already volunteered. Besides, there are some positions in the legislature (and there should be more) where their services could be recompensed. In the United States, many high senatorial and other offices in the government are filled by medical men ; for example, Dr. Sheldon was Speaker of the House of Assembly. On the Continent, likewise, medical men frequently fill representative positions—*e.g.*, Virchow. The great Haller, whose mind had undergone a very appropriate course of training for such duties, was the originator of many legislative and social improvements in Switzerland. As the sittings at Westminster take place at night, and for but a short period of the year, many London practitioners, who now reside in the country, during night, might attend with but little personal or pecuniary sacrifice. If precedent be asked for, we point to Radcliffe, the greatest benefactor of Oxford, Friend, and Mead, who all served their country in this position. There are at present three retired medical men in Parliament, Sir John Gray, Dr. Brady, and Mr. Vanderbyl ; and one practised surgeon, Mr. Clement. It is much to be regretted that the candidature of such distinguished members of our profession as Sir Charles Locock and Mr. Mitchell Henry has been unsuccessful. The latter gentleman canvassed Manchester in November last, and many of the medical men gave him energetic support—others declared that they preferred to follow party considerations.

"It is unpleasant to have to record that efforts were made some years ago by one of the largest medical corporations against presenting a petition to the Crown for Parliamentary representation. How different was the course the profession in Dublin adopted, the influential demonstration in Morrison's Hotel during June, 1841, exhibits ; and since then many fellows of the College of Surgeons, and foremost among them, Dr. Mackesy, have urged the matter. Acts of Parliament making has been heretofore regarded as the exclusive province of the politician and the lawyer, but many of them concerning the duties of medical men indicate the want of intelligent supervision which our profession alone could give. The glaring defect of our system of legislation is, that fragmentary measures called by some passing necessity or temporary alarm are enacted ; the Act for Controlling the Sale of Arsenic and the Bill for the Prevention of Glanders 'may be taken as examples, from which it might be inferred that there were no other poisons or no other contagion to be guarded against.'"

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Notes on Current Topics.

Figures not Fears.

Perhaps it is not to be wondered at, considering the long continuance of the hot weather, the absence of rain, and the consequent parched condition of the country, that serious apprehensions should have been entertained lest cholera might become epidemic amongst us this summer. There is cause, however, for congratulation, on receiving the Quarterly Returns of the Registrar-General, to find that at present such fears are unfounded. From a reference to his figures, registering the deaths occasioned by the prevailing epidemics throughout the kingdom, it will be seen that, in upwards of thirty-five places, not a single death from cholera is recorded. There may have been some few cases since, but not sufficient at present to cause any serious alarm.

The Public Health.

The following items are taken from the weekly return of the Registrar-General :—

"In the week that ended on July 25, 4384 births and 4050 deaths were registered in London and in 13 other large towns of the United Kingdom. The annual rate of mortality was 33 per 1000 persons living. The annual rate of mortality last week was 31 per 1000 in London, 22 in Edinburgh, and 23 in Dublin; 25 in Bristol, 38 in Birmingham, 37 in Liverpool, 40 in Manchester, 35 in Salford, 39 in Sheffield, 40 in Bradford, 35 in Leeds, 34 in Hull, 26 in Newcastle-upon-Tyne, and 37 in Glasgow. The rate in Vienna was 29 per 1000 during the week ending the 18th inst., when the mean temperature was 0·9 Fahrenheit higher than in the same week in London, where the rate was 27. The mortality from diarrhœa showed a further increase during last week in nearly all the large English towns, and was at the annual rate of 4 per 1000 in Newcastle-upon-Tyne, 6 in Bristol, 7 in London, 9 in Liverpool and Sheffield, 10 in Manchester and Salford, 11 in Hull, 12 in Leeds, and, highest, 14 per 1000 in Birmingham. In London the temperature in the shade rose to 96·6 deg. Fahrenheit, and the mean temperature of the week was 69·2 deg.; but there was no approach to these high temperatures in the other towns, the highest recorded in the shade being 91·6 deg., and the highest mean of the week 64·4 deg., both in Sheffield. It will be observed that in the English towns the lowest mortality from diarrhœa occurred in Newcastle, where the mean temperature of the week was only 60·3 deg., and lower than in any of the other towns. The deaths of 945 males and 940 females, in all 1885 persons, were registered in London during the week. It was the thirtieth week of the year, and the average number of deaths for that week is, with a correction for increase of population, 1575. The deaths in the present return exceed by 310 the estimated amount, and are more by 243 than the number recorded in the preceding week. The deaths from zymotic diseases were 800, the corrected average number being 631. Seven deaths from small-pox, 35 from measles, 47 from scarlatina, 10 from diphtheria, 45 from whooping-cough, and 57 from typhus were registered. Fifty-eight deaths by choleraic diarrhœa or summer cholera were registered in the week; 38 were children under one year of age, eight aged one year, one aged three years, and two aged five years. Four hundred and forty-two persons died of diarrhœa, of whom 353 were children under one year of age, 49 were one year and less than two years, and 23 were of persons aged 20 years and upwards. The mortality from diarrhœa and choleraic diarrhœa or cholera differs little in the London waterfields. Eleven persons died of sunstroke. At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·969 in. The barometrical reading increased from 29·83 in. at the beginning of the week to 29·94 in. by 9 A.M. on Monday, July 20; decreased to 29·86 in. by 3 P.M. on the same day; increased to 29·93 in. by 9 A.M. on Tuesday, July 21; decreased to 29·78 in. by 3 P.M. on Wednesday, July 22; increased to 30·25 in. by 9 A.M. on Friday, July 24, and decreased to 30·03 in. by the end of the week. The mean temperature of the air in the week was 69·2 deg., which is 7·6 deg. above the average of the same week in 50 years (as determined by Mr. Glaisher). The highest day temperature was 96·6 deg., on Wednesday, July 22. The lowest night temperature was 50·9 deg., on Friday, July 24. The entire range of temperature in the week was, therefore, 45·7 deg. On Wednesday, July 22, the *maximum* temperature of the air observed—viz., 96·6 deg., is a higher value than has been recorded at the Royal Observatory as far back as authentic record extends, and the mean temperature for the day, 77·9 deg., has only been exceeded on the following occasions:—On the 24th of July, 1818, when the mean temperature was 79·2 deg., and on the 15th, 18th, and 19th of July, in the year 1825, when the mean temperatures were respectively 79·1 deg., 78·2 deg., and 78·6 deg. The mean of the highest temperatures of the water of the Thames was 70·7 deg.; that of the lowest was 70·2 deg. The air has been dry. The difference between the mean dew point temperature and air temperature was 15·3 deg. The mean degree of humidity of the air was 59, and on two days—Monday and Wednesday—it was as low as 49, complete saturation being represented by 100. Rain fell only on Wednesday to the amount of 0·01 in. The general direction of the wind was variable. Ozone was observed on every day except Sunday and Friday. According to a return furnished by the engineer of the Metropolitan Board of Works the average daily quantity of sewage pumped into the River Thames at the Southern Outfall Works, Crossness, was 45,822,141 gallons, or 208,191 cubic metres, equivalent to about as many tons by weight."

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Lecture.

THE USE AND ABUSE OF "STIMULANTS."

By W. JACKSON CUMMINS, M.D.,

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(A Lecture delivered before the "Cork Young Men's Association," January 7th, 1868.)

MR. PRESIDENT, LADIES, AND GENTLEMEN—The subject under our notice this evening—the Use and Abuse of Stimulants—is a grave one. The more I have thought about it, the more deeply have I become impressed with its vast importance, and with the responsibility of my position here as its exponent.

If the use of alcohol were forbidden in any part of the inspired pages, there would be an end to all argument on its behalf, even on the plea of urgent necessity, for the act of disobedience would in itself constitute it a sin, which would take its place side by side with murder, lying, stealing, and other breaches of the commandments of God; but after careful study, I am unable to find that any part of the inspired record can be legitimately strained into condemnation of the "use" of stimulants, although their "abuse" is denounced in no measured terms in both Old and New Testaments.

The sin lies in the abuse; and just as eating may degenerate into gluttony, or love into sensuality and idolatry, so may the use of both moral and physical stimulants, lawful in themselves, pass on into an excess which unfits for the responsible duties of life.

We must not, however, argue against the use of anything because it may be abused, and herein lies the chief difficulty of combating the majority of sins into which mankind is prone to fall; for it is not always easy to draw the line of demarcation between use and abuse—a difficulty which is increased in the case of alcohol, by its different effects upon different constitutions, and by the treacherous tolerance of its immediate effects arising out of habit.

It has been truly said that "if[1] alcohol were unknown, half the sin and three parts of the poverty and unhappiness in this world would disappear;" and if this be admitted, as I think it must be, by the most enthusiastic advocate of stimulants, no question of the day presses more urgently on the attention of the political economist, the statesman, the physician, the philanthropist, and the Christian minister; bearing, as it does, upon the social, political, and physical condition of man in the present, and upon the eternity for which this life is only a period of probation.

Alcoholic abuse is a monster evil which degrades and enslaves mankind, and limits human progress. It has been stated that[2] 60,000 lives are annually lost in Great Britain through its direct or indirect effects, and this terrible mortality is the least part of the evil which results to the nation from its favourite vice; for the moral and social effects of bad example, misery, and want, and still more, the impaired mental and physical condition handed down to posterity from generation to generation effect a degeneracy and degradation in the population which cannot be measured by figures.

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[1] "Parkes on Hygiene."
[2] "Alcohol, its Place and Power." By Professor Millar.

The vice of alcoholic abuse is[1] hereditarily transmissible and often leads to[2] insanity after one or two generations.

The child of a drunkard is generally a dipsomaniæ by inheritance, his grandchild may inherit a tendency to epilepsy and insanity, while his great grandchild is liable to be an idiot, brutalized and destroyed by no fault of his own.[3] The sins of fathers have thus been visited on their children to the third and fourth generation, and it is not easy to say how many a noble race has thus died out, or how many an historic name has thus become extinct.

Most of the great sewers which drain the offscourings of mankind towards jails, workhouses, and hospitals—the cesspools, as they have been called, of humanity—are connected in one part or other of their course with strong drink, for crime, poverty, and disease follow hard and fast upon the footsteps of intemperance. Can we wonder then that—to use the words of a late author[4]—"Divines have preached, legislature has enacted laws, sanitary philosophers and physicians have written, taught, and practised; temperance societies have laid down rules and administered pledges;" . . . "orators and oratresses have thundered;" . . . "parents have whispered words of caution to the erring son;" . . . have 'commanded, threatened, punished,' and as a last resource, prayed by his love for them, by his fear of disgrace, by his danger of losing reputation, by all his hopes for this world and the next, to give up the cursed indulgence." To all this I may add that even judges on the bench have, from time to time, reasoned with juvenile criminals, and earnestly endeavoured to put down this vice which limits our national greatness, brutalises our population, and threatens our institutions, and the only wonder is that even more has not been attempted, for the magnitude of the evil calls, trumpet-tongued, upon philanthropists to exert themselves.

When a physician is called to prescribe for a disease, he first sets himself to ascertain, if possible, the cause of the symptoms presented by his patient, knowing that, as long as it continues in operation, he can do little more than palliate; just so, in seeking to remove a social evil, it is incumbent on us to seek out its cause.

Now those who are anxious to remove the great evil of alcoholic abuse, generally not satisfied with attributing it to habit growing out of the drinking customs of the people, and to a certain extent they are right, but would it not be better to go a step further back, and ascertain, if possible, the cause or causes of the drinking customs themselves?

It shall be my endeavour to do this, and I think I shall be able to show that they originate in our national character, and are closely connected with our institutions. But it may be said, and said truly, that the taste for wine and strong drink long preceded the Anglo-Saxon race, and the sources of its national intemperance, that the juice of the grape is intertwined with the earliest records and traditions, with the poetry and history of mankind, from its infancy to the present day.

Father Noah, we are told, had some prescience of sanitary law, and disdained to drink water because it contained organic impurity.[5] The pretty German legend tells us that "an angel visiting the earth some time after the deluge, found the patriarch sitting at noon in the shadow of a fig-tree, looking very disconsolate. The angel inquired the cause of his grief. Noah replied 'that he was thirsty, and had nothing to drink.' 'Nothing to drink'! replied the angel. 'Look around! Do not the rains fall, and the rivers run, and is there not a spring of water bubbling up at thy cottage-door?' 'It is true,' replied Noah, smiting his breast, 'that there is abundance of water in which thy servant can bathe; but, alas! when I think of the multitude of strong men, of beautiful women, and of innocent children, and the countless hosts of animals that were drowned in the flood, the idea of water becomes distasteful, and my lips refuse to drink.' 'There is reason in what thou sayest,' replied the angel, and spreading his snow-white wings, he flew up to heaven swift as a lightning-flash; and while the eyes of Noah were still dazzled with the brightness of his presence, returned with some stocks of the vine, which he taught the grateful patriarch how to plant and tend, and when the fruit was ripe, to press it into wine. This," says the story, "was the source of all the beneficent and benevolent drinks which the world owes to the grape."

It is true that although the Anglo-Saxon race has developed intemperance into a master-passion, there have been drinking-customs from the very earliest times, and it is also true that their increase has often been coeval with the downfall of great dynasties. Nor is it to be wondered at that strong drink should have been enjoyed among all nations and at all times, for the sources of human imperfection and human exhaustion commenced at the fall, when mankind shared the curse pronounced on creation, and learned that "in the sweat of his brow he should eat bread."

There was a time when our first parents lived in a condition of peace and contentment, surrounded by everything "pleasant to the eye, and good for food." The fresh, pure atmosphere of the virgin earth was untainted by the corruption of death; the spring, clear and sparkling, was presented to them in all its native purity and freedom from the germs of disease. Thus their perfect vitality was stimulated, and thus was the warm and well-nourished blood kept circulating with vigour in its proper channels. Conscious of no exhaustion after the light duties of each day, they lay down amid earth's choicest gifts to enjoy calm and undisturbed repose, and awake, free from anxiety and care, to derive nourishment from everything "good for food."

Let us pause and mark the contrast between man then and mankind now! Dwelling in a world subject to the curse, "thorns and thistles shall it bring forth," man himself labours under the edict which was thundered forth six thousand years ago, "In the sweat of thy brow shalt thou eat bread." The civilized earth has become a vast grave-yard, full of impurities, which taint its waters and load its atmosphere with pestilential vapours. Over-crowded cities and over-populated countries swarm with anxious and care-worn men and women, seeking—many of them in vain—for employment: suppliants for the work that "wins a meal," instead of being negotiators for a fair day's wages for a fair day's work—victims of excessive competition—ill-nourished and ill-requited—too often obliged to barter the hours of repose for less than the bare necessaries of life—existing rather than living—famishing, perhaps, and yet viewing other mortals wallowing in excess, and depriving themselves of the power to enjoy what their ample means can provide. Mental activity goes often hand in hand with physical decay, because the battle of life has been becoming harder and harder through succeeding generations. This is the age of mental and bodily activity, when men travel hundreds of miles in a few hours—when fortunes are made in a day, and lost in an hour—when news flashes in from the ends of the earth, creating a stir and a bustle, and a greed to be rich, and a national and individual competition, which keeps the energies of all who have anything to gain or to lose in a constant whirl of excitement—high-pressure is placed on all classes of society, and even the rising generation has learned to live fast. Like a thorough-bred charger, champing the bit and pawing the ground, with nostril dilated, and every vein swelling with restless impatience, the young man of the nineteenth century chafes at restraint, and when once let free starts into convulsive life, and too often drives headlong into a mad and unreflecting career.

Time *was* when "the morning stars sung together, and all the sons of God shouted for joy;" time *is* when "the whole creation groaneth and travelleth in pain together."

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[1] "Morel. Quoted in Aitken's Practice of Medicine."

[2] "Whitehead, Adams, Quoted in Aitken's Practice of Medicine."

[3] "See History of Fourfold Transmission in Aitken's Practice of Medicine," vol. i., p. 145.

[4] "Reformatories for Drunkards." By Dr. Belcher.

[5] "Blackwood."

Time *was* when the high physical condition of man ministered to complete and perfect enjoyment; time *is* when imperfect development, inadequate nutrition, unnatural wear and tear, and uneasy and insufficient repose, go hand in hand to make man restless and impatient in the present —ever-craving for that which flies from his grasp.

What are the consequences of all these things?

First. Exhaustion has become a common condition of poor and rich.

Secondly. Stimulants are greedily sought for; and third, we must make rules for men as they are, and not as we would wish them to be.

The more we examine into this subject, the more are conclusions such as these, drawn from a superficial and general view, confirmed; for there is a strange power of adaptation to circumstances and surrounding conditions in man, and a physiological law by which a bent given in a certain direction in one generation, may be taken up by the next, and still further developed. This gradual adaptation to circumstances and conditions, progressing through many generations, is a means of imparting national peculiarities to masses of men, and a variety of constitutions to individuals. It is well-known that a temperate climate such as that of our favoured land, generates energy of character, and, as a natural consequence, the rise of great cities, and the development of industrial pursuits; these, in their turn, bring men together into monster communities, and produce that over-competition, over-speculation, and over-activity, which I have described.

It is scarcely credible to what an extent the human race is thus deteriorated, for the causes of decay and exhaustion in large cities are almost as numerous as the houses.[1] A committee of the Statistical Society of London, found in one lane in that modern Babylon only 90 bedsteads for 463 people, *i.e.*, about one bed for five persons, while some rooms had 22 persons living in them, and[2] Dr. Letheby, in reporting on the condition of the dwellings, says, that the air is not only "deficient in due proportion of oxygen, but contains three times the usual amount of carbonic acid," "blighting the existence of the rising population, rendering their hearts hopeless, their acts ruffianly and incestuous, and scattering the seeds for increase of crime."

The inhabitants of great cities are not as much overworked since the passing of the Factory Act in 1802 as they were before that time, when we are told, "the[3] laws of nature were wholly disregarded, and hundreds of the most helpless and sensitive of beings were annually used up by their remorseless task-masters, only to have their places filled by fresh victims."

It would take generations to efface the effect on masses of men still living, of such an overstrain upon the physical and mental powers of their ancestors. But even to this day the sources of exhaustion among our people, and especially among children in manufacturing towns are almost incredible.[4] The reports issued within the last few years (up to 1866) contain information which is most horrifying. Children of five, ten, and even three, are habitually overworked day and night, and denied the repose which exhausted nature requires; worked, too, sometimes in close confined atmospheres. Imagine girls of 10 years and upwards, in London and Manchester, kept at work 14, 15, and occasionally 18 hours a day, making artificial flowers in "dark" and "fœted" rooms; or poor little girls in metal manufactories, blowing a bellows 14 hours a day, standing on a platform to enable their little hands to reach the handle; girls of nine and ten wielding sledge-hammers and forging iron-chains from morning till night. Such are a few, and scarcely the worst, out of many such frightful instances contained in the reports I have alluded to.

No wonder these poor little creatures had never known the gladsome gaiety of a spring morning in the green fields, and could not tell what flowers, fishes, birds, rivers, mountains, or seas were.

No wonder that girls of 12 years old, when asked, "what is a violet?" replied that "it is a pretty bird;" that "a primrose is a red-rose;" that "a lilac is a bird," and were unable to tell whether a robin redbreast or an eagle were birds. Is it not horrible to think that children with such necessarily degenerate constitutions and minds, should become the fathers and mothers of our population?

"Do ye hear the children weeping, O my brothers,
Ere the sorrow comes with years?
They are leaning their young heads against their mothers,
And *that* cannot stop their tears.
The young lambs are bleating in the meadows,
The young birds are chirping in the nest,
The young fawns are playing with the shadows,
The young flowers are blooming towards the west—
But the young, young, children, O my brothers,
They are weeping bitterly.
They are weeping in the play-time of the others,
In the country of the free.

. . . .

'For oh!' say the children, 'we are weary,
And cannot run or leap,
If we cared for any meadows, it were merely to drop down in them, and sleep;
Our knees tremble sorely in the stooping,
We fall upon our faces trying to go;
And underneath our heavy eyelids drooping,
The reddest flower would look as pale as snow;
For all day we drag our burden, tiring
Through the coal-dark underground,
Or, all day we drive the wheels of iron,
In the factories round and round.'"[1]

Can we wonder that our people crave for anything which affords even temporary relief from such exhaustion as they acquire and inherit, and that drinking customs prevail?

The same reports tell also of dreadful overwork of children in agricultural districts, and we all know that want of proper nutriment is a fertile source of exhaustion among country labourers, especially in Ireland.

"The child is father to the man," and if a child is overworked or insufficiently sustained during the period when mind and body are undergoing development, its manhood will never acquire full vigour, its constitution will always be below par, and it will be ready to grasp at any stimulant which affords even a temporary and treacherous power to sustain the burden of life.

Hours might be spent in detailing the many sources of exhaustion among the lower orders of our overgrown cities which lead them to intemperance, but as the time at our disposal is brief, I shall pass on to the middle and upper classes, upon whom the great pressing necessity for toil through day and night does not fall.

But the Anglo-Saxon is the same in labour, in business, or in pleasure; his energy of character leads him to impose exorbitant exactions upon the poor material frame, and to deny it the repose which exhausted nature demands. Ambition lures on the middle class to exhaustion, to stimulation, and through it to premature decay, which is handed down to posterity, almost as surely as absolute necessity does the lower orders. Our statesmen, our divines, our physicians, our lawyers, our men of business, are continually exhausting their energies by over work, while both middle and upper classes follow pleasure and excitement with such eagerness, that exhaustion speedily follows and leads to "habitual tippling."

A late writer upon the increase of inebriety among the upper classes says[2]—"Almost everyone can plead medical advice as the beginning of the habit," but the truth is (as hinted in an article which I lately saw in one of the newspapers) that ambitious mothers, angling for earls, and viscounts, and eldest sons for their daughters, carry them, nothing loath, of course, to balls and routes, kettledrums, and dinner parties, night after night, with little intermission, through a London, Paris, and Brighton season—excitement after excitement—exertion after exertion—night turned into day from year's end to year's end. This sort of dissipation soon leads its victims to "galvanize" their exhausted energies into some show of vitality with champagne and sparkling Moselle, and when exhaustion has gone beyond a certain limit, to send for a doctor to sanction the use of brandy. This is, perhaps, prescribed at regular intervals, in moderate quantities, and to carry out the prescription accurately, the bottle is taken to the bedroom; private drinking thus commences, the habit is formed, and before the victim is well aware of the precipice which yawns before her, she has fallen from all that was lovely and refined in a British maiden, and becomes a candidate for admission to one of those asylums for female inebriates which shock the readers of newspaper advertisements.

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[1] Quoted by Rev. Dr. Guthrie, appendix to "City, its Sins and Sorrows."

[2] Ibid.

[3] Review in Blackwood on Parliamentary Reports on Children's Labour in Factories.

[4] Ibid.

[1] Poetry, by Elizabeth Barrett Browning.

[2] Pall-Mall Gazette.

The human frame is not one that can bear habitual disregard of its requirements, or habitual trifling with its complicated mechanism. There is a limit to its power of adapting itself to circumstances, which, when reached, everything begins to go wrong, and disease is the result. The chemico-vital operations momentarily taking place in the body require for their performance a perfect adjustment of function and structure, which brooks no interference with impunity. Each thought, each movement, implies a waste of the cell structure of the body; albuminous food is necessary to repair the breach caused by every bodily or mental development of force, while hydro-carbons, such as sugar, starch, and oil, supply material for the combustion which maintains animal heat. Oxygen must be received in due quantity at the lungs, and applied to further the changes which must take place in the debris of the structures before they can be cast out of the system. If the balance between waste and nutrition is equally kept up, and sufficient repose enjoyed to enable each part of the body in its diurnal revolution to recover itself after exertion; if exercise of the moral, social, intellectual, and religious faculties accords with the amount of ability, physical and mental, which each man possesses, then life ought to run on in an uninterrupted stream, and terminate painlessly after a peaceful old age. But the stormy life of adversity and toil, the vicious pursuit of sensational excitement, the accidents to which all are liable, and the unnatural customs of civilised man, interrupt the course of life, disturb the equilibrium of the system, and give rise to diseased conditions of mind and body.

Two great sources of vitality exist in every human being, generating voluntary and involuntary force, the one presiding over thought and action, the other over the more directly animal functions. It would seem that one of these may be developed at the expense of the other, so that with apparent physical force there may be low animal power.

It may be that the prodigious exertions in thought and deed of the men of this generation have developed their brains and voluntary muscles at the expense of those internal organs which support animal life, but, however that may be, certain it is that a condition of low vitality marks the generation, and becomes apparent when accident or disease have disturbed the harmonious co-operation of the various functions of life. It was not without reason that St. Paul wrote to the overworked Bishop of the early Church, "Use a little wine for thy stomach's sake, and thine often infirmities," for the labour of organising a new Church amid prejudice and persecution must have been most exhausting. But although this first recorded prescription of alcohol as a medicine proceeded from such a high, moral, and religious authority, there are well-intentioned men mistaken enough to carry their extreme teetotalism even to the bed of sickness.

Physiology and chemistry, aided by modern appliances for discovering and analyzing vital operations, have of late years explained many things which our ancestors considered mysterious, and have thus gradually affected a change in the practice of the healing art. Now, instead of blindly groping after specifics by which to cure disease, and thwart nature, the physician often has to recognize in the paroxysm of disease, an effort of the system to free itself from something which, generated within, or received from without, is opposed to its operations; he sees before him the vitality of the sufferer engaged in mortal conflict with a deadly foe, and instead of drawing away the life blood, and starving out the garrison, he throws in supplies through every available channel, and assists nature to expel her enemy in her own way. Food thus becomes the most important ally of the physician; but unfortunately the digestive organs generally share in the general depression of the system induced by disease, and cannot further those chemico-vital operations through which food has to pass before it can be changed into vital force.

It is under these circumstances that alcohol, which is *directly* absorbed by the veins of the stomach, and enters the circulation in a few moments, becomes all-powerful, and by a fourfold operation, conducts many a sick man past the very jaws of death to a renewal of life.

It is a question still under debate whether alcohol is food or not,[1] recent experiments would lead us to believe that it is so, although, even as a hydro-carbon, it is much inferior to sugar, starch, or oil; but its action in disease is quite independent of any such assumed power, for even if it be admitted that it adds no real force to the system, it undoubtedly calls latent force into action through its primary influence on the languishing nerves. Just as in one of those boat-races which attract the eager and interested spectators of manly feats, emulation, ambition, hope, and a ringing cheer for the university, without adding anything to the power of jib, freshman, or fellow commoner, stir up the latent energy, and put on the spurt which drives them in to victory, outdoing themselves as well as their competitors; just so alcohol spurs the vis-nervosa, and tides over the critical, and what without it would often prove the fatal day. But it does more than this, for it tends also to rouse the dormant power of digestion, secretion, and excretion, so that food may be again assimilated, and poisons expelled from the blood. Further, in most acute diseases, a rapid oxygenation is consuming the tissues, maintaining febrile heat, and burning off the supplies of life's garrison, this alcohol tends to check, for, in common with all hydro-carbons, it has a powerful affinity for oxygen, and by appropriating that element to itself, makes a diversion in favour of vitality, and economises existing supplies; this latter object is also effected through the secondary narcotic action of alcohol. Thus, as I said before, alcohol is a medicine of fourfold operation in disease, and expended as it is in accomplishing the purposes for which it is given, it does not intoxicate, and may be consumed with safety in much larger quantities than in health. Just as the boiler of a steam-engine is safe while the locomotive moves freely along the rails, and the mighty force within is expended in propelling the ponderous mass, but bursts if the machinery is arrested, unless the safety-valve permits it to escape; so when the system is below par, alcohol expends its force in raising it to par, and when too rapid oxygenation is consuming the tissues, the hydro-carbon, by diverting oxygen to itself, preserves the structures from excessive waste. But how different its effect in health, especially during youth, when the functions are habitually above par for purposes of growth and development, and when oxygen, the great purifier, is more especially required to perfect the ceaseless changes on which rapid motion depends! Then alcohol creates a morbid excitement which is followed by a corresponding depression; that depression necessitates a further supply of the stimulant—a hair of the biting dog—as the saying is, for its cure. This affords temporary relief, but at what a price! for still greater depression soon steals over the victim, and in time an instinctive craving for alcohol is established, as strong as hunger, as uncontrollable as thirst. A revolution has taken place in the nutrition of the body, and every microscopic cell of the millions which compose its tissues and organs thirsts for alcohol, instead of hungering for food.

(To be continued.)

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[1] See experiments by Dr. A. Fick and Dr. J. Wislicenus, quoted in Dr. Letheby's 2nd Cantor Lecture on Food, MEDICAL PRESS AND CIRCULAR, February 26, 1868. (The author is unable to refer to the paper in which he first read these experiments.)

Foreign Medical Literature.

PROFESSOR BAMBERGER ON ACUTE POISONING WITH PHOSPHORUS.

(Reported by C. Arbo.)

Translated from the *Norsk Magazin for Lægevidenskaben*, xxii. Bind., 3 Hefte, Christiania, 1868, by

W. D. MOORE, M.D.Dub. et Cantab., L.K.Q.C.P.I., M.R.I.A.

HONORARY FELLOW OF THE SWEDISH SOCIETY OF PHYSICIANS; OF THE NORWEGIAN MEDICAL SOCIETY; AND OF THE ROYAL MEDICAL SOCIETY OF COPENHAGEN; SECRETARY FOR SWEDEN, NORWAY AND DENMARK, TO THE EPIDEMIOLOGICAL SOCIETY OF LONDON.

(Continued from page 107.)

The anatomico-pathological phenomena were in general the same as have been observed and described by others. The animals experimented on were rabbits, whose stomachs are almost always filled with tolerably consistent ingesta. The mucous membrane of the stomach was often entirely intact, which, perhaps, depended partly on the fact that the granules of phosphorus, divided in the food, did not always come in contact with the wall of the stomach. Sometimes circumscribed hyperæmias and ecchymoses were met with; never ulcerations. The mucous membrane of the duodenum was usually also swollen; sometimes it was suffused with blood, but never ulcerated. The jaundice, which is so constantly observed in phosphorus poisoning, must therefore be regarded as gastro-duodenal (as which, moreover, Munk and Leyden considered it) if it should be shown that a similar affection of the duodenal mucous membrane occurs also in men after poisoning with phosphorus. A peculiar alteration of the cells in the pepsin-glands in the stomach, observed by Virchow, was seen by Bamberger only once in his animals. The rapid occurrence of fatty degeneration of some organs, which was often demonstrable even after two or three days, was always striking. The liver frequently consisted, as it were, of a single fatty mass, so that scarcely an hepatic cell was discoverable which did not contain drops of fat. The kidneys were also in a state of advanced fatty degeneration; they were large, of a yellowish appearance. The urinary canals in the cortical substance were quite filled with fat. The epithelium was, for the most part, in a state of degeneration, and was loaded with fat. The pyramids were less degenerated.

This degeneration gave Bamberger the idea of a passive process. He could scarcely look upon it as active. In the muscular structure of the heart the transverse striæ were indistinct, or entirely wanting. The fibrillæ were studded throughout with drops of fat. In almost all the organs hæmorrhages or petechiæ were met with. They were particularly numerous in the lower lobes of the lungs.

To demonstrate the presence of phosphorus in the blood, he took at different times blood from various parts of the vascular system, as from the carotid artery, the inferior vena cava, and the vena portæ. The first experiments were negative. It soon appeared, however, that this negative result depended on defects in the method of investigation; for, as phosphorus in the form of vapour is very volatile, it might be volatilized even in the preparatory manipulations. In the examination of the parenchymatous organs this must take place to a still higher degree, as, for the sake of investigation, they must be introduced into the vessel in small pieces, and must therefore in every case remain long in contact with the air, whereby evaporation and oxidation are favoured. To avoid this Bamberger introduced a small glass tube into the vessel from which the blood was to be taken, connected this with an Indian-rubber tube, into which, again, a bent glass tube was inserted; this last was conducted into a receiver containing a solution of sulphate of soda, to prevent the coagulation of the blood. In this mode the blood drawn scarcely came into contact with the atmosphere, and Bamberger then succeeded in demonstrating the presence of phosphorus in the blood from the vena cava, beyond the junction of the hepatic veins, which must therefore have passed unchanged through the capillary system of the liver. On the other hand, it was not possible, after the internal administration of phosphorus, to demonstrate its presence beyond the pulmonary circulation in the blood from the carotid, but if the phosphorus, dissolved in oil, was injected subcutaneously, it could be demonstrated in the blood from the carotid—a proof that it can pass, partly unchanged, even through the capillary system of the lungs.

From these experiments Bamberger came to the conclusion that *phosphorus volatilizes in the stomach, and that the vapour of phosphorus there formed comes by diffusion unchanged into the mass of the blood* (as the volatilization of phosphorus takes place with tolerable activity at the ordinary temperature, it must be decidedly favoured by the higher temperature of the stomach). *Once taken into the blood, it circulates with the latter, becomes gradually oxidized by its oxygen, but at the same time produces essential changes in the organs.*

This condition of the phosphorus in the system having been discovered, the question remains as to the fatty degeneration of the organs. This process is allied most closely to the acute yellow atrophy of the liver, though in phosphorus poisoning the fatty change is much more rapidly established. In this case a specific effect of phosphorus suggests itself, and we must distinguish between many possibilities. It is well-known that phosphorus dissolves in fats and oils; as the blood contains from one to three parts of fat in a thousand, it was conceivable that the phosphorus dissolved in this fat, was separated with it, and thus caused the fatty infiltration of the organs. Or it might be assumed that the albuminous bodies of the blood were, under the influence of the phosphorus, transformed into fat, as under some circumstances a metamorphosis of albumen into fat is observed; or, finally, the metamorphosis of the fat of the body might be hindered in one mode or another. In the first case the blood would become impoverished in fat; in the second and third cases an excess of fat must be met with. To discover the true state of the case Bamberger instituted some experiments upon rabbits.

In the first place the amount of fat in the blood was ascertained in two healthy rabbits, and in one it was found to be 2·656, in the other 1·041 per mille; thus there are considerable differences even in the healthy state, as Becquerel established in man also a variation from 1·0 to 3·3 in health.

Further, the amount of fat in the blood of a rabbit which had fasted for a long time was estimated, and found to be 2·087—this result is nearly the mean of the first two values. (This experiment was necessary, as the rabbits to which phosphorus is administered for several days do not take any nourishment).

Lastly, the fat was estimated in two rabbits, one of which had in four days got 40 mgrm. of phosphorus, in it 1·322 of fat was found; the other had in five days used 50 mgrm. of phosphorus, and the amount of fat in the blood was 0·891.

A diminution of the amount of fat was therefore demonstrable, but it does not appear to be so considerable as to be available for any definite theory; such a diminution might be explained, also, by other causes than the administration of phosphorus. In no case was there any increase of the amount of fat. *It may, therefore, be assumed, that the phosphorus taken up into the blood effects such a change in the latter, that it becomes quite unsuitable for the nutrition of the organs, and that therefore the several organs fall into a state of retrogressive fatty metamorphosis, an acute marasmus, or it may be assumed that phosphorus supplied to the several organs, produces a new formation of fat in them.* Bamberger, however, considered the first alternative to be the more likely.

If the mode of action of the phosphorus were once ascertained, it would seem to be important to discover a suitable mode of treatment.

If phosphorus in the state of vapour has passed into the blood in large quantity, we can scarcely expect anything from medical treatment; at the most, transfusion might be tried, just as it has been employed, with some advantage, in poisoning with carbonic oxide. If in any given case it be probable that phosphorus still exists in the stomach, vomiting ought in every instance to be produced, though emetics are often of little use, as the particles of phosphorus adhere rather firmly to the wall of the stomach, and this organ does not always contract completely. The treatment now employed, consisting in the administration of magnesia, is scarcely of any use; for magnesia can act only as an alkali against the products of the oxidation of the phosphorus, by neutralising them, but these are to be considered as not injurious to the stomach.

Duflos proposed another method, namely, to give oxidizing bodies, and he recommended liquor chlori with magnesia usta, it was intended thus to hasten the oxidation of the phosphorus, and that the products should combine with the magnesia. Some assert that they have seen favourable results from this plan, others say that death has been at least postponed by it; most observers saw no result from it. Practically, we can scarcely promise much from this method, as the preparations of chlorine decompose so rapidly. As phosphorus acts in the system in the form of vapour, it is an object to discover a remedy, capable of limiting or preventing its volatilization. Bamberger found that phosphorus, brought in small granules under water into contact with a solution of sulphate of copper, and heated to from 77° to 88·2° Fah. soon acquired a black colour, which gradually extended beneath, while the surface acquired a metallic lustre, until finally the whole cortical layer consisted of metallic copper. The pieces of phosphorus thus coppered no longer shine, have no smell of phosphorus, and when heated (even to 99·5° Fah.) give not the slightest trace of Scherer's reaction.

By this coppering the volatilization is therefore to a great extent limited. To this, it might certainly be objected, that the system is no retort, and it might be doubtful whether the sulphate of copper would act similarly in the stomach ; Bamberger believes, however, that its action would be the same whether the stomach were empty or full, its contents acid or alkaline. On the other hand, it will probably be rejected by vomiting, and to continue its use it must be given in a rather dilute state, or another salt of copper, which does not produce vomiting, must be employed. Such a salt is the carbonate, whose effect may be promoted by the addition of vinegar and a gradual change to acetate of copper. He would, therefore, propose the following treatment :—

First give sulphate of copper as an emetic, after repeated vomiting give it still in smaller doses, and if it be not borne, substitute the carbonate in doses of from five to eight grains suspended in water, drinking after it a teaspoonful of dilute vinegar. At first, this dose must be given every quarter or half-hour, afterwards at longer intervals. Between the doses let the patient take cold things, iced water, ice in small pieces, in order on the one hand to combat the symptoms of gastritis, on the other, by the lower temperature to diminish the volatilization of the phosphorus. After some hours, the emetic is repeated to remove the portions of phosphorus now covered with copper, which may still remain, and which no longer adhere so firmly to the wall of the stomach.

Bamberger had not as yet been able to institute satisfactory experiments, for the animals at his disposal were rabbits and dogs ; but the first have the stomach always filled with a quantity of food, and the latter usually vomit every foreign substance very rapidly, and neither, therefore, appear to be well suited for experiment. He has as yet had no opportunity of trying this treatment on the human subject ; should this treatment also prove to be defective, he believes, nevertheless, that with respect to it, the proverb may be applicable : "Inter cæcos monoculus rex."

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Correspondence.

OXFORD MEETING OF BRITISH MEDICAL ASSOCIATION—ARRANGEMENTS FOR AN ANNUAL MUSEUM

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—At the meeting of the British Medical Association, to be held in Oxford next week, an Exhibition Room will be set apart as a temporary Museum. It is proposed to collect in it any objects of professional interest recently obtained.

The following are especially contemplated :—1, Instruments and surgical appliances ; 2, Casts, models, photographs, drawings, &c., illustrating subjects in connection with medicine or surgery ; 3, New drugs, or pharmaceutical preparations ; 4, Pathological preparations ; 5, New books, especially those containing illustrations ; 6, Models, &c., of inventions relating to hygiene, &c.

As far as may be, objects exhibited ought to be new within the last twelve months, but this limit need not be rigidly observed.

All objects intended for exhibition should be consigned to the care of Dr. Gray, the University Museum, Oxford. The authorities of the museum have kindly set apart a commodious room for the purpose.

The Annual Museum will open on Tuesday morning and remain open till Friday evening. Objects for exhibtion should be removed on Saturday the 7th.

Exhibitors must defray all the expenses of packing, carriage, &c. No object can be displayed unless accompanied by a concise description.—I am, dear sir, yours truly,

JONATHAN HUTCHINSON,
Hon. Sec. in London for the Museum.

4, Finsbury Circus, E.C., July 29, 1868.

UNDERPAID POOR-LAW MEDICAL OFFICERS IN ENGLAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Many thanks for your notice of my case ; the Poor-law Medical Officers in England are under a debt of gratitude to you for "hitting the right nail on the head." My friend, Dr. Paton, who was staff-surgeon of the Turkish Contingent, afterwards held an appointment as Medical Officer in the Morpeth Union ; well, he threw it up for an increase of salary, it was only £5. The Guardians advertised in vain, no one would take it at that sum. They raised it to £10, but no sooner was this done, than the Doctor found "There was another Richmond in the field," and more provoked than ever to find a brother practitioner ready to oust him for this paltry increase, he, very unwilling, solicited and obtained the appointment. On his succeeding to the appointment of surgeon to the workhouse, he again threw it up. By this time his former rival had "vanquished left the field," and although a newly fledged, single, qualified man had spread his pinions, he would not accept the duties for £10, so the Guardians quietly offered him £15, which he accepted. Now, sir, I say you are right, and if it was not for the perfidy and treachery of our own brethren, we would soon be recompensed according to our work. "It is true, and pity 'tis, 'tis true," that men will in a public capacity (such as Guardians) *do and say things* that as private individuals they would be ashamed of.—I am, yours, &c.,

J. C. REID, M.D.

UREA AND URIC ACID.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As I have long been of opinion that uric acid in the human system is the immediate result of a deficient supply of oxygen in the blood, and consequently, that the only rational treatment for removing it consists in such processes as favour its elimination, combined with an increased supply of oxygen to the blood, and a diminution of the supply of nitrogen, which principally enters the system in the form of animal food.

I will not now, however, enter into the best means of favouring the elimination of uric acid, as my principal object is to show that it arises from a *deficient* supply of *oxygen*, or *excess* of *nitrogen* in the body, and will accordingly be found most frequently to afflict the carnivorous, and those leading a sedentary existence. Now for the proof—$C_{10}\ H_4\ N_4\ O_6$ are the chemical equivalents of uric acid, if 4 atoms of water $= 4\ H, O$, be added, we have $C_{10}\ H_8\ N_4\ O_{10} = C_4\ H_8\ N_4\ O_4 + 6\,(co) = 2$ atoms of urea $(C_2\ H_4\ N_2\ O_2) + 6\,(co)$; if to this product be added 6 atoms of oxygen $= C, O$, we have 2 atoms of urea $+$ 6 carbonic acid $6\,(C\ O_2) = 1$ atom of uric acid $+$ 4 atoms of water $+$ 6 atoms of oxygen ; thus showing that 6 atoms of oxygen, in addition to 1 atom of uric acid, are required to form 2 atoms of the soluble substance, urea, and to oxydate thoroughly the accompanying 6 atoms of carbon. Hoping this formula, which I am not aware has ever been presented to the profession before, may reconvert Dr. Kelly to his former sound opinion, and influence medical treatment accordingly, I remain, your obedient servant,

RICHARD GRIFFITH, jun., Ch. M.

Cork, July 23rd, 1868.

THE TREATMENT OF ACUTE RHEUMATISM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As I think many of your readers are not aware of the extraordinary efficacy of valerian, adminstered in the form of a bath, in subduing the pain and inflammation attending acute rheumatism, particularly of the arthritic form, and consider I am merely fulfilling a duty to the profession and public by mentioning it. It was first introduced to my notice by my friend, Dr. Adrien—a name known and honoured in the annals of Dublin surgery—since which time I had opportunities of testing and proving its wonderful power of arresting and cutting short the most violent attacks of acute rheumatic arthritis. The bath is made simply by taking lb. i. of valerian root, boiling it gently for about a quarter of an hour in one gallon of water. Straining and adding the strained liquid to about twenty gallons of water in an ordinary bath. The temp. should be about 98°, and the time of immersion from twenty minutes to half an hour. Pains must be taken to dry the patient perfectly upon getting out of the bath. If the inflammation remain refractory in any of the joints, linseed meal poultices should be made with a strong decoction of valerian root, and applied.—I am, sir, yours, &c.,

N. J. BUTLER, L.C.P.L., &c.

SICK CLUBS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your remarks (in your article "Sent to Coventry") upon sick-clubs, in your issue of July 15th, reminds me that there are many sick-clubs in Dublin, and some especially which, if report speaks truly (which I do not positively assert it does) require even more revision as to tariff than those referred to in your article.

I should like to know who are the medical officers? What is the subscription? and what are the salaries of the members of certain sick clubs, which I understand exist in connection with rank in this city? I should also like to be informed if it be true, that Civil Service Clubs, with salaries of £500 and £600 a-year obtain medical advice for a subscription of £1 per head per annum to the Civil Service Medical Attendance Association?—Yours obediently,

AN HOSPITAL PHYSICIAN.

Dublin, July 1868.

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Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows, held last Thursday, July 30th, the following gentlemen, having undergone the necessary examination, were duly admitted members of the College:—David Anderson Moxey, M.D., Edin., Edinburgh House, Turnham-green; Joseph Frank Payne, M.B., Oxon., St. Mary's Hospital, Paddington; John Jones Phillips, M.D., Lond., Guy's Hospital; Thomas Pigg, M.D., St. Andrews, Manchester; Joseph Rutter, M.D., Lond., Brighton; Robert Temple Wright, M.D., Edin., 10, New Ormond-street.

EDINBURGH PHILOSOPHICAL INSTITUTION.—On Wednesday evening a meeting of the members of this Institution was held for the purpose of electing a successor to the late Lord Brougham as president. Mr. William Smith, vice-president (who occupied the chair), moved that Mr. Thomas Carlyle be elected. Professor Masson seconded the motion, which was unanimously agreed to. The Chairman then stated that it afforded him sincere gratification to announce, on the part of Mr. Carlyle, his acceptance of the office, and to convey the thanks of that gentleman for the honour the meeting had conferred upon him.

ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.—A Meeting of the Central Committee of the above Society was held on 28th ultimo. Mr. Tufnell in the chair. The secretary read an application for relief from the widow of a medical man recently deceased. The husband died from pyemia, subsequent to a fracture of the neck of the thigh-bone, which he received by a fall from his car, when proceeding at night to a patient. He was a comparatively young man, and had been unable to lay by anything or insure his life; he leaves a widow and 12 children totally unprovided for. This case was strongly recommended by the Local Branch for the largest grant that could be given, but the hon. treasurer stated that there was only £2 in hands. The committee should therefore have been obliged to refuse a grant, were it not for the liberality of one of the members, who advanced £15 till funds were available. The treasurer was instructed to send this sum to the local secretary, and a vote of thanks was passed to the member who so handsomely and generously came forward in this emergency.

THE BRITISH ASSOCIATION.—At a meeting of the representatives of the various public bodies and learned and scientific societies in Edinburgh, held on Thursday, the Lord Provost presiding, a committee was appointed to take the requisite steps for inviting the British Association to meet in that city in 1869. Sir George Harvey, Professor Christison, Professor Balfour, Professor Spence, Professor Duns, Sheriff Maitland Heriot, and others took part in the proceedings.

DIPSOMANIACS.—The Lunacy Board for Scotland in a former year's report expressed an opinion that persons unable to resist the the tendency to excessive drinking should be allowed to place themselves under control and treatment without authority from the sheriff. The Board have now to state that, by the Lunacy Amendment Act, 1866, asylums are anthorized to receive for care and treatment any person who expresses in writing to the Commissioners in Lunacy his wish to become a voluntary patient, and obtains their consent, and that this provision was taken advantage of in 1867 in Scotland by 17 persons; 14 were admitted into public and three into private asylums. These patients, however, were not necessarily all dipsomaniacs.

AT a recent meeting of some of the gentlemen interested in a charity called the "Jewish Blind" a remarkable case was brought under the notice of president, Sir Benjamin Phillips. A woman (stone blind) has been in receipt of a pension for about eight years. During a heavy storm that prevailed some weeks since, she became suddenly aware, as she expressed it, of "a glimmer of light," and from that time to the present her vision has improved daily; perfect eyesight is now restored to her. The poor woman expresses herself as having been "greatly shocked" at the thunder and lightning.

STATISTICS OF INSANITY IN SCOTLAND.—The Board of Lunacy for Scotland state in their tenth report, which has been laid before Parliament, that the mortality in Scotch asylums compares favourably with that in English and French establishments. In the five years 1862-66 the annual rate of mortality on the average numbers resident in Scotch asylums was 8·24 per cent.; in English asylums, 10·39 per cent.; in French (1854-66), 14·03 per cent. In all three countries the male mortality was greater than the female; but the excess was less in Scotland than in England and France. The proportion of recoveries from insanity is also considerably more favourable among females than among males. According to a table issued by the Scotch Board showing the admissions into Scotch asylums from 1858 to 1867, it appears that of every thousand patients who recovered in the 10 years, 431 were males and 569 females. In 1867 the proportion of female pauper lunatics to every 100 male pauper lunatics was 116. The returns, however, do not supply means of making a safe deduction of the relative tendency of the sexes to insanity. The proportion of the whole number of pauper lunatics to population in Scotland on the 1st of January, 1866, was 1·826 per 1000; the average of the preceding seven years 1·742 per 1000. The proportion varied greatly in different counties. As a rule, it may be assumed that there is a greater degree of mental activity among an urban and manufacturing population than among an agricultural, and to this fact may possibly be ascribed the more frequent occurrence of insanity among the former. But it must be taken into account that the increase of lunacy is found chiefly among the lower classes, who do not display much mental activity anywhere, but who are more exposed in urban and manufacturing communities to overcrowding and impure air, exhausting labour, insufficient diet, abuse of stimulants, and contagious diseases. Over-excitement of the intellect or feelings is doubtless a not infrequent cause of insanity; but among pauper lunatics in asylums the cases which originate in this source are few in comparison with those which are due to physical deterioration. The total number of insane persons in Scotland, of whom the Board of Lunacy had official cognizance on the 1st of January, 1867, was 6762; 5594 supported by parochial rates, 1168 by private funds; 3178 males, 3584 females. There were also 45 criminal lunatics in Perth prison, making 6807; and there was a considerable number of cases not known to the Board, maintained in private dwellings from private resources. The admissions into public establishments in 1867 comprised 805 males and 900 females; the recoveries were 303 males and 401 females. In the ten years 1858-67 the admissions were 6199 males and 6996 females; the recoveries, 2455 males and 3242 females; the deaths, 1927 males and 1761 females.

A considerable number of distinguished literary and scientific men of New York have recently met for the purpose of discussing the advisability of founding an American Academy on the model of the French Institute.

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Birth and Death.

BIRTH.

KOUGH.—On August 1st, at Bagshot, Surrey, the wife of Edward Kough, Esq., M.A., M.B., of a daughter.

DEATH.

SHAUL.—On the 24th July, at Docking, Norfolk, B. Shaul, Esq., Surgeon, aged 75 years.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 12, 1868.

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Lecture.

THE USE AND ABUSE OF "STIMULANTS."

By W. JACKSON CUMMINS, M.D.,

PHYSICIAN TO THE CORK SOUTH INFIRMARY AND COUNTY GENERAL HOSPITAL, EX-PRESIDENT CORK MEDICAL SOCIETY, ETC.

(A Lecture delivered before the "Cork Young Men's Association," January 7th, 1868.)

(Continued from page 131.)

Man in his natural state has voluntary power, a will which makes him master of his own acts, being only in subjection to those instinctive desires which are necessary to the preservation of life; but when the laws of nutrition are set aside by the habitual use of alcohol, and natural appetite has given place to the greed for strong drink, he becomes bondslave to a hard taskmaster, which robs him of volition, intellect, morality, health of body, and peace of mind, and becomes "like a weed."

> "Flung from the rock, on ocean's foam to sail,
> Where'er the surge may sweep, the tempests' breath prevail."

I have seen delirium cease under the influence of intoxicating doses of wine and brandy during fever, and I have seen, in the same person, much smaller quantities produce the delirium of intoxication after the crisis had been passed through. While the fever was present the alcohol never accumulated in the blood as alcohol, being rapidly decomposed by the union of its carbon with oxygen to form carbonic acid, and of its hydrogen with another part of oxygen to form water. As I have already told you, this union with oxygen is beneficial when feverish combustion of the tissues by that element is taking place; but the very opposite is the case in health, when oxygen, which is received into the blood at the lungs is the chief source of its depuration.

It is so necessary, that if its entrance is completely shut off, as in drowning or suffocation, carbon, a deadly poison, generated within the body, accumulates with such rapidity that life becomes extinct in a few minutes. Now, it is quite obvious that where the quantity of oxygen which can be inhaled is limited, and where a plentiful supply is required for the removal of the debris of the tissues, any agent which appropriates oxygen to itself must cause death slowly in the same way that suffocation does quickly, by depriving the body of oxygen, and thus allowing hydrocarbonaceous poisons to accumulate in the system. Those who are given to the gentle sport of trout-fishing, anathematise the little country boys who throw lime into the mountain streams in summer, in order to catch the suffocating fishes, as they float upon the surface of the water; but it is not generally understood that the young poachers are only doing for the trout what the dram-drinker does for himself, by putting in a substance which, having an affinity for oxygen, deprives the water in one case, and the blood in the other, of what is as necessary to the existence of fishes as of men.

When we consider this simple truth, we cannot be surprised that the system has a remarkable intolerance of alcohol, and endeavours to cast it out as quickly as possible, so that unless the dose is so frequently repeated that one overtakes another in the blood, accumulation cannot take place, and evil does not result. But the habitual use of alcohol in any form first overtaxes the organs through which it is removed, and when they fail, a gradual accumulation, not only of the poison itself, but also of the unoxidised impurities generated within takes place, and in time the body becomes a very charnel-house of corruption, a body of death chained within the body of life.

One of the latest and best authorities of the day[1] enumerates no less than twenty-six diseased conditions of mind and body directly due to alcohol, and I told you before that it is said that 60,000 lives are annually lost in Great Britain through its direct or indirect effects. This is fearful to contemplate, even in a social point of view, but how appalling when we consider the value of each immortal soul which thus rushes with suicidal precipitancy into the presence of its Maker! Truly; we cannot help exclaimin with Shakespeare—"Oh, thou invisible spirit of wine, if thou hast no name to be known by, let us call thee devil!"

Time does not permit me to enter more fully into the positive ill effects of the abuse of alcohol, and with a few words I must pass over its negative evils. Each of us is accountable to our Creator for every thought and act, and every talent committed to our care ought to gain another talent, besides, if we would please Him who has called us to be His stewards. Surely every one who has indulged in more than a very moderate quantity of alcohol must feel and know that he has unfitted himself for the performance of his duty to God and to his neighbour, as a condition far short of intoxication diminishes both moral and physical self-control, as well as the full power of body and mind.[2]

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[1] Aitkin's "Practice of Medicine."

[2] Parker "On Hygiene."

One of the ablest physiologists and physicians of the day says that, "If we look upon the body as an agent of work, from which we desire to obtain as much mechanical and mental force as is compatible with health, we must consider the effect of alcohol as simply a means of preventing the development of force." Now, as responsible beings, I maintain that we have no right to trifle with our bodily or mental powers, and that we are accountable for the full measure of usefulness that can be derived from them.

But it may be objected, to this, that instances have occurred of individuals whose talents never show out in full brilliancy except when they were well primed with alchol! such exceptions, however, only prove the rule as laid down by physiologists; and we may well ask ourselves the question—when we ponder over the history of great men, who had so far become the victims of self-induced disease, as to require the spur of semi-intoxication to enable them to pour out the riches of their genius—we may ask ourselves, I say, what such men would have been, and how much greater benefit their less gifted fellow-creatures would have derived from their talents; had they not bartered the best part of their lives, and full control over their super-human faculties for the indulgence of an hour.

An idea that alchol in moderation is useful as a support under prolonged exertion, or exposure to extremes of temperature is very generally entertained, and nothing can be more opposed to fact, as testified by those observers who have had the best opportunities of judging. Many trainers for athletic sports absolutely forbid wine or spirits, and those who allow them do so only at meal time, and in very great moderation; from this we would conclude that practical experience has demonstrated to a class of men whose prejudices would rather lead them to favour alcohol, that it impedes the developement of force. Let a sportsman test for himself a hard day's fagging with water as a beverage, and another with alcohol in moderation, and he will assuredly find that his enjoyment has been keener, his aim truer, and that he returns home less weary,-albeit with a heavier bag, when he has left the brandy-flask at home.

I once made a voyage in an American temperance ship, and was greatly struck by the superior seamanship and steadiness of the crew, as contrasted with the same class in ships where I had seen grog regularly served out.[1] In the late American war it was optional with the colonels of Federal regiments either to serve out or forbid stimulants to their men, and we are told that the difference between the abstinent and temperate regiments, as to courage, discipline, cheerfulness, and power, was most remarkable.

Although alcohol is a hydrocarbon,[2] its heat producing power is inferior to fat, in the proportion of 1 to 2 two-third, and all experience goes to prove that in the Artic Regions animal heat can be much better sustained without it; so well-known is this,[3] that the Hudson Bay Company has for many years entirely excluded spirits from the fur countries over which it has control,[4] and among the 700 or more American ships engaged in the whale fishery, the abstinence principle has been almost universally adopted from a general conviction of its practical superiority.

Sir John Richardson,[5] the companion of Franklin in his first Artic expedition, Dr. Kane, Mr. King, Captain Kennedy, Mr. Goodsir, and other high Artic authorities, all speak favourably of the abstinence system, so that there can be little doubt that alcohol fails to protect the system against extreme cold.

If we turn to the tropics we find, as we should expect, decided testimony of the injurious effect of alcohol even in moderation, under exposure to the influences of the climate. To use the words of Carpenter—"the advantage of total abstinence over moderation is evidenced by the experience of our Indian army, as the Government returns of the three classes, of teetotalers, temperate, and intemperate, authoritively proves." . . . "The mortality of the intemperate was nearly double that of the temperate, while that of the moderate men was more than double that of the total abstainers."

This testimony is sufficient in itself to establish the fact that neither brandy and water, nor beer, which are so much partaken of in India, are necessary for the support of the system under the relaxing heat of the tropics.

Figures also goes to prove that even the moderate use of alcohol is injurious in a temperate climate such as our own, for to quote from Professor Millar, "there is a life assurance office, last year, issusing upwards of 2500 policies, which has two branches, one solely for abstinants, the other for the ordinary business, the insured in the latter being of course a fair average of the 'temperate' men. These two branches, abstinent and temperate, have been in parallel operation for about seven years, and the result is 19 per cent. in favour of the abstainer."[1]

Figures drawn from the reports of abstinent and temperate sick clubs in Preston, show also a remarkable contrast in favour of the former.

I must apologise for quoting so many figures in a lecture of this kind, but really the information they convey on an all-important subject cannot take too prominent a place in a lecture addressed to "young men," proving practically as they do, what physiology and experiment would lead us to expect, that the habitual use of alcohol even in moderate quantities is prejudicial.

I confess, I cannot think, with many, that a glass or two of the "wine which gladdeneth the heart of man," may not, even in health, take its place in our social reunions, and be safely indulged in moderately, now and then, by those who have no tendency to take too much or to contract a regular habit, provided, also, they do not inherit constitutions prone to dipsomania or drunkenness; for these latter, the smallest potation is unsafe, and I may add that healthy children should never be allowed to taste wine until their growth and developement are complete.[2] In intemperate persons the mortality from 21 to 30 years of age is five times that of the temperate; from 30 to 40 it is four times as great, and becomes gradually less as old age advances; apply this law from 20 years back to childhood, and you will see the extreme danger of stimulants to those of tender years. But to return, I cannot help thinking also that, taking men as we find them, it is not always possible to seperate between the healthy and those who have inherited or acquired a more or less diseased condition of body, which may be benefitted by moderate quantities of alcohol, especially at meal times, and that useful lives can be thereby preserved. After severe or prolonged exertion, too, when the energies of the system have been too long diverted from the organs of digestion towards the brain or voluntary muscles, and appetite has been thereby lost for a time, a moderate allowance of wine helps the digestive organs to recover themselves, and also promote subsequent repose.

Alcohol, as many are aware, retards digestion by coagulating the albumen of the food, if taken in a concentrated form, or in quantity beyond what is likely to be absolved rapidly by the veins of the stomach; but within certain limits, it tends only to stimulate the gastric secretions, and improve the tone of the stomach. It is unnecessary for me to enter into the many forms of indigestion caused by the directly irritant effect of alcohol in concentration on the delicate mucous membrane of the stomach; you can demonstrate it for yourselves, more satisfactorily than could the most eloquent words, by putting a drop of alcohol into your eye—an organ covered by a membrane similar to that of the stomach—and you can judge by the pain and irritation which ensue, what the poor stomach of the dram-drinker has to endure.

But there is in the system a power of casting out alcohol, when partaken of moderately, in a diluted form, occasionally, and thus preserving itself from injury. It is perhaps unfortunate, however, that there is also a power of tolerance, through which the system learns to endure the immediate effects of the poison when habitually imbibed, and to connive at those silent inroads which in time consummate the destruction of the most healthy body. It is against this treacherous effect of alcohol that we require most to guard ourselves, as it permits the formation of habit; habit, it is said, is second nature, but in this case it is even stronger than nature. It often, no doubt, springs out of the drinking customs of our country, which lure many a man into intemperance, and if there were any hope that the principles inculcated by total abstenance societies could succeed in rooting out drinking customs, I would advocate them with all my feeble power. In the back States of America, among an unexhausted and well-nourished population, free and independent, with a virgin soil before them as they spread themselves towards the far west, they may succeed, and I believe have succeeded, but in the eastern over-populated States of the same great Federation, drinking customs are as rife as in our own land. I have never seen more drinking anywhere than in New York—"sherry cobblers," "mint julips," "gin smashers," "eye opener," "fog dispeller," "bottled lightening," "moral 'suasion," "brandy coctail," "smasher," "illuminator," and other Yankee terms for strong drink, tell their own tale of American national intemperance. There, as here, drinking customs take root in social conditions closely connected with the Anglo-Saxon character and institutions, and I cannot help thinking that "teetotal" principles only create a minor evil, without any fair probability of removing the greater.

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[1] Parker "On Hygiene."
[2] On the Physiological Effect of Alchol, by Carpenter.
[3] Ibid. [4] Ibid. [5] Ibid.

[1] Nepbalism, by Professor Millar
[2] Neilson's Vital Statistics, quoted in Parke's on Hygine.

"Teetotalism" has been tried under the most favourable auspioes in this country, and has lamentably failed; commenced by a clergyman of our own Church, the Rev. Nicholas Dunscombe, and carried into every cabin of our Roman Catholic poor by the great apostle of temperance, the mild and benevolent Father Matthew, it ought to have succeeded, if it could succeed, but the circumstances and conditions of the people were against it, and, although the enthusiasm and love of novelty of the Celt blazed up in temperance bands and processions and other excitments which, for a time, substituted the master passion, the amount of real good effected was only sufficient to make the gloom which has followed deeper than before.

The statue of Father Matthew stands in one of our principal thoroughfares, and beside it, on either side, a brilliant palace of alcohol, 500[1] public-houses in other parts of this chief city of his labours, also mock his memory, and defy only too successfully the principles which he spent his life in inculcating. In other parts of the United Kingdom the well-intentioned advocates of teetotalism have been equally unsuccessful, no less than 168,000[2] establishments for the sale of intoxicating liquors, in which 83 million of the capital of the country are annually spent, testifying to the practical inutility of the means by which they seek to crush out the great evil of alcoholic abuse.

If the causes of this blot upon our nation are such as I have endeavoured to point out, we cannot wonder that "teetotalism" has thus failed to keep it in check, and we turn with more hope towards the progress of social science, as a means of mitigating, if not eradicating, the evil.

The first and most important aim of philanthropists who are anxious to overthrow drinking customs ought to be to raise the religious, moral, and social character of the people, and endeavour to impart to all classes some practical knowledge of the physiology of common life, and the means by which a healthy condition of mind and body are best maintained: moderation in business and pleasure should next be inculcated by precept and example, and heavy penalties should be imposed upon those who overwork children, and deny them the physical and mental training which are essential to the proper development of their bodies and minds.[1]

Public baths and wash-houses should stand in every thoroughfare, and both cold and hot water should be liberally supplied, in order, if possible, to entice the lower orders into habits of cleanliness.

The Turkish bath, as a substitute for strong drink, is not at all as well-known or appreciated as it should be. Its effect is to carry out of the system those impurities which bad air, bad water, and bad food introduce into it, and it is a substitute for the exercise which many of the inhabitants of large towns have neither time nor energy to enjoy. It is, besides, a gentle stimulant to the nervous system, which leaves behind a grateful sense of elasticity and buoyancy, without loss of self-control.

Among the ancient Romans, the bath was used as a place of resort and social intercourse, and is so to this day among the Turks.

Happy would it be for the people of these countries if such an institution were to take the place of half the public-houses—if the Saxon and the Celt could laugh and sing, and crack their jokes, and smoke their pipes, over a cup of coffee in the cooling-room of a bath, instead of the reeking atmosphere of the public-house. Surely, the contrast would bring conviction to the senses, if not to the understanding of the best boon companion, and the great greed for whiskey and porter which costs so much money and so many lives, which wastes *so much time*, and causes such untold misery, would gradually subside, while contentment, if it could become the portion of an Irishman, would be more probably found in such an institution than in a public-house.

Sanitary science, as yet only in its infancy, has already improved the condition of towns, and amended to a slight extent the dwellings of the lower orders, and public feeling is so alive to the all-importance of a further move in this direction that we may look forward to a gradual uprising of the cloud of atmospheric impurities which hangs over our own cities, blighting and destroying the energies of the people, and leading to exhaustion and intemperance.

Much has been done in this city in the cause of temperance by the "Refreshment Rooms Company," which has placed wholesome, well-cooked nutriment within reach of the labouring class. We are indebted to the same company for cheap excursions down our beautiful river, and into the fresh pure air of the country, enabling husbands, wives, and children to seek pleasure in each others company, and to escape sometimes from the enervating atmosphere of crowded houses and narrow streets. They have also more lately organized cheap musical promenades in the Athenæum, which in time may be looked forward to by the working man with even greater pleasure than he now regards the Saturday night's debauch in a public house. Penny readings have also been commenced in our city, and cannot fail to elevate the tastes and feelings of the people, and to occupy the hours of recreation which many are prone to waste in dissipation.

After all I have said of over-work and exhaustion as sources of the use and abuse of stimulants, it may now seem strange that I should speak of idleness as producing a similar effect, but so it does, confirming the proverb, extremes meet. As a working man once said to me, "an idle brain is the devil's workshop." Over-exertion, as I have said, causes exhaustion, and thus leads to intemperance. Exercise strengthens the bodily powers and the mental faculties, but idleness produces lassitude and indolence, and these lead to every bad habit, and among the rest to intemperance.

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[1] The author is indebted for these figures to Henry Humphries, Esq., Clerk of the Cork Police Court.

[2] Review of General Dow's speech in "Blackwood," Aug., 1867.

[1] Since this lecture was delivered, an Act of Parliament, passed last year (1867), has been made public, entitled the "Workshop Regulation Act." Cap. 146 regulates the hours of labour for children, young persons, and women employed in workshops. No child under eight years of age is to be employed in any handicraft; no child is to be employed on any one day for a period of more than six hours and a half, . . . not at all on Sunday, or after two o'clock on Saturday, with some exceptions. . . . No child under eleven is to be employed in grinding in the metal trades, or in fustian cutting. . . . A sum may be paid for schooling and deducted from wages, &c., &c. This is so far satisfactory, but it will be long before the present rising generation recovers from past overwork.

If a man has a happy fireside, and a well-regulated family, there ought to be pleasure enough in his home to keep him from the public-house; but young people, whose vital energies are in exuberance, require something more of active movement, and rational excitement, and society, to keep them from those gross and sensual pleasures into which the very love of doing something too often leads them. As the Rev. Dr. Guthrie says,[1] "public amusements, and social enjoyments are too little encouraged among us," and I have no doubt that one of the best safeguards for young men, when setting out into the world, is a love of rational society, especially among the ladies; as the saying is, they must "sow their wild oats," and far better is it for them to sow them in society which tends to refine and soften, and which demands at least an outward show of steadiness and sobriety on the part of those admitted within its pale, than in suppers and drinking, and gambling, and other debasing pursuits. But there is a vast difference between the rational and refining enjoyments I now allude to, and the idolatrous pursuit of sensual gratification and sensation from which the votaries of fashion seek in vain for pleasure and happiness; for, as I have already said, if we recklessly squander our vitality and vigour in the over pursuit of either business or pleasure, we must give them the spur of alcohol, and thus put an arrow into the quiver of death. Most carefully must we avoid indulging in pleasure to such an extent as to create a morbid craving for excitement; for the connection between moral and physical excitants is very close, and if once one of the better classes acquire a habit of "tippling," his downward progress is even more rapid than that of the poor man, who finds in his empty purse a compulsory term of sobriety from time to time. The costermonger comforted his "Sal." when she had spent her all on the Christmas treats, and sat biting her nails because she could get no more to drink, with the philosophic remark, "drunk on Sunday, on Monday, on Tuesday, arn't you satisfied, do ye want to be a hangel entirely." But the rich man lacks the poor man's safeguard, and can be a "hangel entirely," hence his danger, and herein the necessity for some restraint being imposed upon his too easily gratified propensity.

The question of reformation for drunkards has attracted much attention of late years, and asylums for inebriates have sprung up in many places; but the legal power to control the dipsomaniac is as yet wanting, and the good which might be affected by such institutions is thereby limited.

If the law treated inveterate drunkards as insane persons, which in truth they are, and permitted their friends to confine them in asylums on the certificates of two, or more, medical men, counter-signed by magistrates, clergymen, &c., forbidding their discharge except on tickets-of-leave, which could be recalled if the old habits were resumed; many of those useless members of society, who destroy themselves and their families, and disgrace their friends, might be rescued from the destruction of soul and body to which their propensity, sooner or later, consigns them. I regret that time does not permit me to enter more fully into this important branch of my subject, and I have pleasure in referring you for further information to a[2] valuable and suggestive essay by an accomplished physician who was once a townsman of ours, Dr. Belcher, of Dublin.

I have only one more suggestion to add to this brief and imperfect sketch of the means by which our national intemperance may be mitigated; it is the duty of every one who has opportunities of studying the physiological effects of alcohol, to spread abroad that knowledge to the fullest extent of his ability. Men are rushing blindly to destruction, and we have it in our power to open their eyes. It is only human nature to disbelieve moral treatises and sermons, and such like, when they war with our inclinations, but if we can succeed in *opening the eyes* of a man's understanding, and *showing* him the peril towards which he is running, we enlist on our side the principle of self-preservation, which is also a part of human nature.

The medical profession incurs some responsibility in recommending alcohol as a medicine, but the writings of such men as Carpenter, Parkes, Millar, and others, *who are accepted* as *standard authorities*, redeem the entire faculty as a body, from the charge of originating drinking habits. Every *individual* who has the honour of practising the noble science of medicine, ought as cautiously to guard his prescription from abuse, and as carefully protect himself from the reproach of having led a fellow-creature into excess.

Young men! I have come before you as a physician, and have accepted all the responsibility of a position which carries with it considerable influence upon the welfare of our common humanity. I have endeavoured conscientiously to perform the duty I have undertaken, but before we separate, I must address a word to any young man, if such be present, who has been unfortunate enough to contract a *habit* of using or abusing stimulants. Let me entreat you to pause ere you go one step further along the "broad road that leadeth to destruction;" even if abuse has been carried far, it is still quite safe, in the immense majority of instances, to give up the stimulant at once and for ever; and if your physician considers it safe for you to do so, use only sufficient, religious, and moral self-control, and you will succeed. The combat between duty and inclination is tough enough at first, and requires no ordinary resolution, but in time, habit will be found in the new direction, and then the path of duty will become not only the path of safety, but the path of pleasure also. There are rare cases where long continued habits of intemperance have so altered the nutrition of the nervous system, that a sudden change to sobriety would result in insanity or delirium tremens. Happily, the cases of the former, *directly* due to this cause, are infrequent, and the latter is much more frequently caused by persistance in the abuse of alcohol, than by giving it up suddenly. But it must be admitted that there are rare cases—and sad spectacles they present—of remorseful men striving might and main in a spirit of self-denial and endurance to shake off the chains of alcohol, and yet driven back to it again and again, as the only means of escaping from the spectral illusions of a demon-haunted imagination.

These diseased conditions demand the anxious and careful moral and physical treatment of the physician, and they illustrate in the most forcible manner the danger of contracting a habit which may become incurable; and yet they need not deter the unhappy slave of alcohol from making an effort to escape from bondage, for he may rest satisfied that he will almost succeed if he sets about it in *the right way*.

Hitherto I have spoken to you as a physician and physiologist, but I am sure you will not think I transgress the legitimate province of a lay lecturer if in conclusion I point out what is "the right way."

The Word of God says, "There hath no temptation taken you but such as is common to man, and God is faithful, who will not suffer you to be tempted above what ye are able to bear, but will, with the temptation, make a way for you to escape."

It is on his bended knees that the slave of alcohol can *alone* find the "way to esacpe,"—distrusting himself and his own resolutions—let him come to Him who says, "My grace is sufficient for thee," and who "giveth us the victory through our Lord Jesus Christ."

ANTIDOTE FOR STRYCHNIA.—Dr. J. Bartlett strongly recommends common salt as a curative of strychnia poisoning. He reports as many as twenty experiments on dogs, in which violent symptoms following large doses of strychnia ceased after emesis, induced after drenching the animal with water holding in solution several handfuls of salt.—*Chicago Med. Times.*

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[1] Appendix to the City, its Sins and Sorrows. By Rev. Dr. Guthrie.
[2] Belcher on Reformatories for Drunkards.

Hospital Reports.

CITY OF DUBLIN HOSPITAL.

Cases of Luxation under the care of Mr. CROLY.

Case 1.—Luxation of lower jaw (double).

J. M., aged 20 years, a housemaid, living in the vicinity of the hospital, worked very hard, and went to bed late and tired. She yawned frequently, and then experienced a painful sensation in front of each ear, and could neither speak nor close her mouth. She came to the hospital, and presented the following appearance:—Her mouth was widely open, and her chin projected. She could not speak distinctly. There was a well-marked depression in front of each ear, and a prominent tumour under the zygoma of either side.

Case 2.—Luxation of lower jaw (single).

Mrs. L., aged 70 years, presented herself amongst the extern patients with well-marked luxation of the *left* side of the lower jaw, produced some hours previously by yawning.

Her chin was twisted to the *right* side, and the condyle of the jaw could be easily felt beneath the zygoma. There was a depression in front of the ear. The patient could not articulate, and appeared to suffer a good deal of distress.

Mr. Croly performed reduction in these cases in the following manner:—The patient was seated in a chair, and the head held steadily against the breast of an assistant. The thumbs (only one being used in case 2) guarded by a few folds of a handkerchief, were placed in the mouth on the base of the coronoid process, and the jaw depressed. The condyles were immediately restored to their normal position by the action of the muscles. A piece of cork, of wedge-shape, and grooved for the teeth, was placed at each side between the jaws, and a four-tailed bandage applied to the head.

Remarks.—Luxation of the lower jaw usually occurs from yawning, and is easily recognised. Reduction was effected in these two cases by Nélaton's method—viz., by merely dislodging the condyles of the lower maxilla from their abnormal position, muscular action completing the reduction.

Case 2 is remarkable, having occurred in a woman advanced in years, which is an unusual occurrence.

In neither case was there a flow of saliva, nor a sudden snap on the reduction being effected, as mentioned by surgical writers.

DR. STEEVENS' HOSPITAL.

Under the care of Mr. COLLES.

(Reported by R. L. Swan, Resident-Surgeon.)

EXOPHTHALMIA: RECOVERY.

Sarah Byrne, æt. 22, of delicate appearance, was taken into hospital, February 1st. A week before, she had been suddenly seized with a violent headache, which continued, without intermission, for four days. On the morning of the 5th, she noticed the lids and soft parts round the right orbit much swollen. The following day, she was attacked by a darting pain in the eyeball and deep-seated circum-orbital headache, accompanied with dimness of vision and nausea. On examination, there was considerable œdema of the lids, the globe of the eye itself was prominent; the pupils of both eyes were sluggish and dilated; the conjunctiva of the protruded eye was slightly vascular.

Ordered four leeches to the temple, a calomel and jalap bolus.

3rd.—Feels better; the protrusion of the eyeball still [illegible]; the medicine has caused free action of the bowels. The conjunctiva has resumed a healthy appearance, [illegible]

℞ Pil. Hydrarg.
Ext. conii. aa gr. ii.
Ft. pil. Take one three times daily.

6th.—The eye is much more on a level with the opposite. To continue the pills.

9th.—She now suffers no inconvenience. The eye is entirely restored to its natural level.

FRACTURE OF SUPRA-ORBITAL PLATE BY CONTRECOUP: DEATH.

J. R., æt. 65, a labourer, was taken into hospital, May 6th. He had fallen from a scaffolding in the neighbourhood about 15 feet in height. The fall had been interrupted by a cross beam, against which he struck when half way down. He subsequently fell on his head on a heap of stones, inflicting a severe lacerated wound on the brow of the right side.

On admission the breathing was stertorous; the pupils irregular, that on the injured side being more dilated than the other; pulse laboured, and 60; the man is quite insensible, though giving evidences of pain when stirred; there has been some bleeding from the nostrils.

Ordered an oil and turpentine enema; bleeding to 10 ounces.

May 7th.—The pulse has become more full and frequent; the urine and fæces are passed involuntarily; beef-tea is swallowed in small quantities, when given with the spoon.

10th.—Death occurred this morning after a slight convulsive attack. No change had taken place in the condition of the patient since last report.

Autopsy.—No injury to the bone at the situation of the wound. On exposing the supra-orbital plate, a transverse fracture about its centre, extending across the cribriform plate was discovered. A considerable amount of semi-fluid blood was effused within the dura mater, extending principally up the injured side.

KING'S COLLEGE HOSPITAL.

Cases under the care of Dr. BEALE, F.R.S.

(From brief notes by Dr. Tonge.)

Renal Epilepsey.—Rachel M., æt. 12. Admitted February 9. *Died* on February 10. Subject to headache, but never before had fits; semi-conscious on admission. Recovered in about two hours, but died in a second fit same evening.

Post-mortem.—Brain congested; arteries at base atheromatous; lungs gorged; some patches of pulmonary apoplexy; left ventricle of heart hypertrophied; aortic valves thickened; atheromatous plate in mitral valve; kidneys uneven on surface, cortex thin; deposits of urate of soda in straight tubes; urine in bladder contained one-half of albumen.

Calomel and scammony.

Hysterical Aphonia.—Louisa B., æt. 21, servant. Admitted March 16; discharged May 4; in hospital 49 days. *Relieved.* Lost her voice suddenly 2½ months ago. On admission can only speak in a whisper; has slightly lost power over left leg; pain under left breast. Sour eructations, and occasional vomiting. Catamenia irregular; pulse 100; bowels constipated; partially regained voice.

Quinine, sulphate of iron, sulphuric acid, sulphate of magnesia and chloric ether; asafœtida; valerian and bark. Shower baths.

Pericarditis and Endocarditis.—C. C., æt. 27, smith. Admitted September 17; discharged September 28. In hospital 11 days. *Recovery.* Exposed to great variations of temperature. Previously ill 4 days. Pain in chest and throat. Pulse 52; respiration 20. Area of præcordial dulness increased. Systolic murmur over apex, and occasional diastolic sound at base. No sweating or joint affection. Tongue furred. Free from pain 4 days later. Bruit audible till discharge.

Bicarbonate and nitrate of potass, and aromatic spts. of ammonia.

CARDIAC DISEASE.—J. L., æt. 30, farrier. Admitted June 10; discharged July 9. In hospital 29 days. *Much relieved.* Never had rheumatism. Heart's impulse strong. Apex directly below nipple in 5th intercostal space. Area of cardiac dulness much enlarged. Double bruit. Systolic sound loudest over 2nd right costo-sternal articulation. Pulse 56, very collapsing. Thrill at root of neck, over carotids. Startings at night.

Dilute hydrochloric acid, henbane, and quassia (18 days). Then same, with quinine.

CARDIAC DISEASE.—A. M., æt. 18, tailoress. Admitted October 25; discharged December 14. In hospital 50 days. *Relieved.* Fourth attack of acute rheumatism began 6 weeks ago. Much pain in chest lately. Free from joint pain three days ago. Subject to palpitation and shortness of breath on exertion since first attack. On admission much cardiac pain. Area of heart's dulness enlarged. Loud systolic bruit at apex; faint diastolic bruit at base. Pulse 120; moderately full. Twenty-eight days later slight basic rub (2 days).

Bicarbonate of potass, sp. ammon. arom., and chloric ether. Brandy 4 oz. Dover's powder.

CARDIAC DROPSY.—T. H., æt. 40, commissionaire. Admitted May 10; discharged June 18. In hospital 39 days. *Very much relieved.* Was in King's College Hospital with dropsy in February last, under Dr. Garrod. Dropsy and dyspnœa returned soon after discharge. Orthopnœa 6 weeks. On admission—pallid, legs very œdematous, chest barrel-shaped and resonant; rhonchus and sibilus over lower 2-3rds of lungs; loud double bruit at heart's base. Pulse 90, collapsing; respiration 30. Urine ¼th albumen.

Sesquichloride of iron and chloric ether. Grey powder and colocynth. Turpentine stupes.

REPORT ON WINE AND ITS ADULTERATION.

[SPECIALLY PREPARED FOR THE MEDICAL PRESS AND CIRCULAR.]

No. VII.

IN resuming our Reports on Wine, which excited such wide-spread interest last year, and have only been interrupted by the press of practical matter on our columns, we propose, in compliance with the requests of several of our supporters, before taking up the subject of sherry, to devote a preliminary essay to the methods employed in ascertaining the facts we have to report.

The reader will not have forgotten how large an amount of space we allotted to the question of the amount of alcohol contained in the port-wine of commerce, nor the controversy occasioned by the apologists of the system of *fortifying*, taking up the gauntlet, in its defence, so far as *port*-wine is concerned.

Our investigations have lead to the discovery that sherry wine—the one we shall next take up—is even more constantly adulterated than port, and that the addition of alcohol to even good sherry is carried to a still greater extent. It is therefore natural to consider, first, the mode of ascertaining the amount of spirit in wines. This, accordingly, is the subject of the present number.

The amount of spirit has to be determined by the custom-house authorities, in order to determine the duty payable by any sample of wine; since beyond a certain strength a liquid becomes liable to the duty charged on mixed spirits. This limit used to be 33 per cent. It was advanced, however, to 40 and 45; and now, though said to be unlimited, may be considered practically as 50 per cent. —*considerably more than double the natural strength of wines.*

In estimating directly the strength of wines, the hydrometer is not satisfactory, since various substances present in the wine necessarily interfere with the results. Various other means have been employed, but the most satisfactory of all is the process of distillation. This has been found the most advantageous by the Government officials, and has been uniformly employed in our own experiments. The principle and practice will be readily understood from the following remarks:—

Water, at the ordinary pressure of the air, and on the level of the sea, boils at 212° Fahr., at which temperature it rises as an invisible vapour, and would continue in this state were its temperature maintained unchanged. Passing into the colder air, however, it is manifested as a cloudy vapour, in which state it is commonly called steam, though it consists in reality of very minute globules of finely divided water: steam, properly so called, being invisible, and having all the mechanical properties of air or gas. The visible state is caused by the partial condensation of steam into its original state of water; and a further degree of cold would cause the drops to unite in the liquid form.

On holding a cold plate against the spout of a kettle while the steam is issuing, the surface is first dulled as with a mist; gradually drops of water form, and these again unite and fall, unless the heat of the steam raises the temperature of the plate sufficiently high to evaporate the deposit, when no further condensation takes place. If by any means the coldness of the surface be maintained, the deposit will continue, and in time a quantity of water will accumulate. But this process is both tedious and wasteful; a large portion of steam escapes uncondensed, and a mere fraction of the whole is procured as water. What is obtained, however, is *distilled* water, and is freed in course of the process from any non-volatile impurities that may have been held in solution.

Instead of the mode just described, let the steam be prevented from escaping, and conveyed through a long tube immersed in cold water (such tube may for convenience be bent spirally, when it is called a worm); the whole of the steam will now be condensed, and we shall obtain all the water, purified, as the product of the operation. To ensure complete and continued condensation, the cold water surrounding the tube must be changed frequently, as the amount of specific heat necessary to keep water in the state of steam is sufficient to raise to boiling point a much larger bulk of water than it would itself form when condensed.

Should the water contain in combination anything that will evaporate by heat, both will pass over together, unless the temperatures at which they arise in vapour differ; in which case we have a means of effecting a separation of greater or less completeness, subject to the control of other influences.

This much premised, we pass to the separation of alcohol from water and other matters by the same process, for wines and spirits are all compounds of alcohol and water, the former having in addition mucilaginous, saccharine, and other matters derived from the grape; the latter merely containing small quantities of essential oils and sweetening and colouring matters.

Alcohol pure and entirely freed from water, or anhydrous, is a highly inflammable, colourless liquid, having a specific gravity of ·793811 at 60° Fahr.; it boils at 173°, and rises in vapour. When mixed with water, the compound boils at a temperature intermediate between 173° and 212°, which varies according to the proportion of each ingredient. As the alcohol is more readily volatilized, it rises first; but always mixed *with more or less water.* Hence, by exposing the mixture to heat, and condensing some of the vapour, we can obtain a more concentrated spirit.

Repeated distillation, or better still, a process by which the effect of repeated distillation is produced in one operation, as in Coffey's still, procures a high degree of strength, limited, however, by the extraordinary affinity which alcohol possesses for water, and which prevents our obtaining by this mode a higher degree of strength than about 70 O.P.; beyond this, chemical means must be resorted to. The entire separation can only be effected by the aid of something having a stronger affinity for water than alcohol has. Fresh burnt quick lime is ordinarily used for this purpose, as also many other substances with a like attraction for water ; the description of the process, however, is unnecessary here.

In estimating the proportion of alcohol in wines, &c., by distillation, it is not requisite that it should be obtained pure, nor even in a highly rectified state ; it will be sufficient for our purpose if we get the *whole* that is contained in the quantity experimented on, and free from every other admixture than. pure water. The percentage of proof spirit can then be readily estimated by Sikes's hydrometer.

It is desirable that the process of distillation should be rapidly effected, while it is absolutely essential that the apparatus employed be such as to give exact results.

The simplest and best apparatus we have ever used is that now generally employed in the custom-house, and which we shall therefore proceed to describe. It consists of five principal parts—1, the condenser ; 2, the still flask ; 3, the receiver; 4, the lamp; 5, the stand.

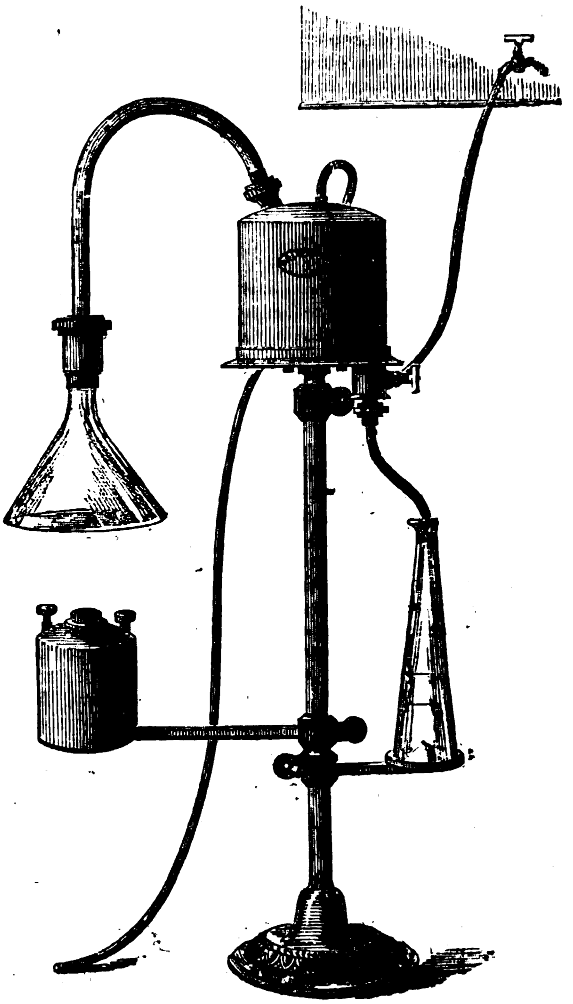
The following figures and description fully explain its use :—

1. The Condenser.—In this the principal value of the instrument consists. It is a copper box made water-tight, about 7½ inches long, 3 inches broad, and 5½ inches deep. Into the upper part of this box two tubes are inserted for the entrance and exit of water, with which it is kept continually full, the supply changing with sufficient rapidity to keep the temperature low enough for the complete condensation of the vapour. Were it not thus changed, it would become so heated with the surplus caloric given up by the steam on being reconverted into water, that the steam would soon escape uncondensed. The tube which conveys the water into the condenser enters at the top and reaches nearly to the bottom ; the other tube only just enters the vessel. By this arrangement the greatest amount of coldness is secured ; as the water, acquiring heat from the condensed steam, becomes specifically lighter than the rest, and rises to the upper part of the vessel, keeping its position above the colder water which enters from below, and passing off first at the exit pipe.

At the end of the condenser, near the exit pipe, a piece of strong metal tube is joined on, inclining upwards for about 6 inches, and then curving downwards in a perpendicular direction, terminating in an arrangement for attaching the still flask, and forming a kind of still-head. This tube, on entering the condenser, is spread out into a broad, flat tube, which continues to descend till it nears the other side of the condenser, when it is folded backwards and then forwards, still slanting downwards, till at the bottom on the further side it connects with a small spout or delivery tube, curving downwards for insertion into the receiver.

The flatness of the tube within exposes a greatly increased surface to the action of the water, and the heat is rapidly absorbed from the enclosed vapour, which is not only reduced almost instantly to the liquid state, but is still further cooled on its passage downwards, so that it runs out at last at a temperature only a few degrees above that of the surrounding atmosphere. The tube by which the cold water enters and leaves the condenser are joined to the main supply and waste pipes by means of india-rubber tubing. It will be sufficient if the cistern from which the water supply is obtained be a yard or two above the condenser.

An improved form of condenser suitable for wine distilling has been brought out by Messrs. Dring and Fage. The principal points of difference are as follow :—The condenser is cylindrical and is so constructed that the bottom is readily removable so as to render repairs of the worm easy. The worm is flat and its width equal to the radius of the cylinder in which it is placed. It is wound spirally round the central axis, and thus forms a screw between the thread of which the condensing water has to wind its way upward to the exit pipe, while the distillate takes the opposite direction downwards inside the worm. The condensation is thus perfect, and the distillate in its descent comes [illegible] continually into contact with a cooler surface, and the whole cooling effect of the water is completely utilised.



2. The Still Flask, or retort, is a conical glass vessel having a thin flat bottom, and a neck at the upper part to which a brass screw is cemented for the purpose of connecting it to the tube leading to the condenser. The bottom of the flask is made extremely thin to allow of the rapid passage of heat to the contained liquid, and render it less liable to break from sudden changes of temperature, while its breadth and flatness expose a greater surface to the action of the flame than in the case of ordinary bulbous retorts.

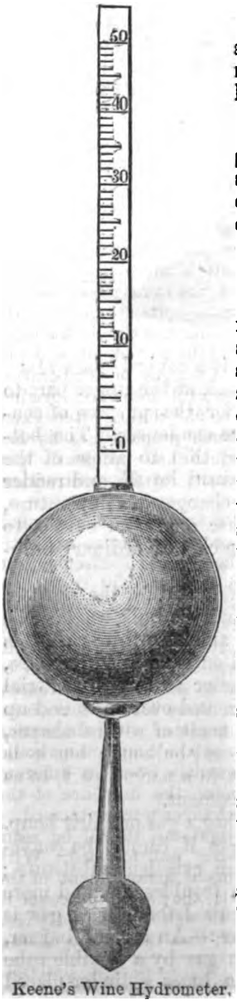
3. The Receiver is a vessel graduated for the purpose —viz., at a point in the neck to mark the bulk used in the operation, and again at one-half and two-thirds of this quantity. The bulk experimented on is no fixed measure, it must suffice to float the hydrometer at zero in the trial tube, and the distillate must be received over and filled up in the same vessel. Receivers are made of several shapes, some tall and conical, others short and bulbous ; but it is necessary to have the upper marks in a narrow part, so as to make it more easy of exact adjustment.

4. The Lamp.—This may be either a gas or spirit lamp. The former is preferable, but where it cannot be conveniently obtained, a spirit lamp is an excellent substitute ; it is, however, more expensive and troublesome, and more liable to accident. In the Custom's Laboratories gas is employed in the following manner :—An argand burner, fixed on a stand, and supplied with gas by a flexible tube for the purpose of mobility, has a brass cylinder placed

round it in the manner in which the glass chimneys are usually attached. This cylinder is open at the bottom, but at the top is covered with a fine wire gauze. On turning on the gas it rises in the cylinder, mixing at the same time in explosive proportions with the atmospheric air which enters at the lower part. This mixture, escaping with reduced velocity through the wire gauze, is ignited on the outside, forming a pale, smokeless flame, producing intense heat. At the same time the flame is prevented passing to the gas in the cylinder below, by that peculiar property of wire gauze which hinders the transmission of flame, and which led to its application by Sir Humphrey Davy to the Miners' Safety Lamp. There are other modes of applying the gas flame equally effective and more economical.

5. THE STAND.—This consists of a stout tubular brass pillar fixed on a heavy base, having a collar at the top, with a screw, by which the height of the condenser can be regulated, that part of the apparatus being screwed to a rod, which works up and down inside the pillar. On the outside, attached by a movable collar and adjusting screw, is a bracket, on which the receiver stands during the operation; and when a spirit lamp is used it can be connected in like manner.

In addition to the apparatus we have described, the following will be required:—A thermometer, which it will be convenient to have narrow enough to enter the flask in which the wine is measured, to take its temperature before the operation, where great nicety is required, otherwise the temperature can be taken in a separate vessel. A Sykes's hydrometer with the movable weights, or which is better in practice, have two separate hydrometers, weighted in the bulbs of the instruments themselves, as 80 and 90 respectively



Keene's Wine Hydrometer.

A far more convenient form, and one that we strongly recommend, has been invented by Mr. Keene.

It simplifies the process very greatly, as will presently be seen, and should be obtained by every one who wishes to follow out such experiments.

Here is a figure of it.

In this very convenient instrument it will be noticed that the scale of divisions is laid down for steps of one per cent. each of proof spirit, rising ordinarily to 50 per cent., that strength being high enough to include the strongest wines imported. In using this with the distillate at 60° Fahr., the exact strength is at once shown by the indications. To meet, however, cases in which that temperature cannot be conveniently obtained, a table is given with each instrument for a range of 11 degrees either side of 60. They are made by Dring and Fage, and sold with their new stills. A trial glass, in which the diluted distillate is poured for testing; and lastly, a pipette or dropping tube to adjust the measurement of the wine and the distillates.

Having now fully described the apparatus employed, we shall, in our next, proceed with a sketch of the process itself.

Foreign Medical Literature.

RECENT CONTRIBUTIONS TO THE THEORY OF THE INNERVATION OF THE HEART AND BLOOD-VESSELS.

(REPORTED BY DR. CHRISTIAN LOVEN.)

Translated from the *Hygiea* for March, 1868, page 112, by

W. D. MOORE, M.D.Dub.et Cantab., M.R.I.A., L.K.Q.C.P.I.

HONORARY FELLOW OF THE SWEDISH SOCIETY OF PHYSICIANS; OF THE NORWEGIAN MEDICAL SOCIETY; AND OF THE ROYAL MEDICAL SOCIETY OF COPENHAGEN; SECRETARY FOR SWEDEN, NORWAY AND DENMARK, TO THE EPIDEMIOLOGICAL SOCIETY OF LONDON.

THE ancient controversy, how far the movements of the heart are dependent on nervous influences from without—that is, from other organs or not—may now be considered as so far decided that the heart must be looked upon as possessing in itself the fundamental condition of its activity. This has been shown from the fact that this organ, even after it has been separated from all connection with the rest of the body, continues to act for a time, which is longer or shorter in animals of different kinds and ages, and in those with cold blood, as, for example, the frog, may, under favourable circumstances, amount to several days. An anatomical complement to this physiological fact, and at the same time an indication for the correct appreciation of this autonomy of the heart, was first obtained through the discovery by Remak, in 1844, of the ganglionic cells scattered in the substance of the organ—an indication which, moreover, was immediately followed up by Volkmann in his well-known theory of the heart's action, as deriving its origin from a number of distinct centres connected with each other, which are to be sought in the heart itself, and especially in its ganglia. This view must now, notwithstanding the opposition of which it has been, and still is, the object, be considered as that most generally received, as it is also in the most complete harmony with the prevalent opinions respecting the physiology of the nerves in general.

But that the heart is, in addition, dependent on the nervous system in general, and on the brain and spinal cord in particular, so that the rhythm and also the intensity of its movements can be directly or indirectly modified through the influence of the central organs just mentioned, is a matter of old standing experience, though it has been reserved for modern times to indicate more accurately the nature of this influence, and the routes by which it is exercised.

The first step in this direction was taken by the well-known discovery of the brothers Ernst Heinrich and Edward Weber in 1845, so important for the theory of the innervation of the heart, that electrical irritation of the part of the brain from which the nervi vagi take their origin, as well as directly of the nerves themselves, relaxes the heart, makes its rhythmical movements slower, and even brings the organ to a standstill. Edward Weber now sought an explanation of this remarkable phenomenon—an explanation so successfully found, that no better can be substituted for it, all others soon failing before closer investigation.

He characterises the influence of the vagus as a restraining action, a nervous function completely without any analogy in physiology, if we consider the nervi vagi as the proper cardiac nerves going to the muscular fibres, and restraint as a result of their direct action on these fibres. We have, however, instances of such restraint of the involuntary action of animal muscles; for example, in the relaxation of the sphincter ani, as well as in the restraining action of the brain on the reflex movements, &c. "But," says Weber, "as in these animal muscles the restraining influence is exercised, not directly through their motor nerves, but in the first instance on the spinal cord, whence their activity is maintained, the restraining influence which the nervi vagi exercise on the movements of the heart, seems not to act directly on the muscular fibres, but in the first place on the nervous apparatus, whence the cardiac movements proceed, and which are here found in the very substance of the heart; therefore, the action of the heart interrupted through irritation of the nervi vagi returns spontaneously, and this notwithstanding that the irritation of the nerve is continued; if, that is to say, in consequence of its exhaustion the motor nerves of the heart, thus freed from the restraining influence of the former, again resume their activity."

This doctrine of the restraining power of nerves, and especially of the pneumogastric nerves, was energetically opposed by some investigators, especially Budge, Schiff, and Moleschott; but was defended and supported with new facts by others (foremost among whom were Volkmann, Ludwig, Pflüger, and von Bezold), and may now be looked upon as fully established.

Ludwig enriched the facts ascertained by the brothers Weber with various new ones, which shed a further light upon the nature of this obscure influence. Thus, he found among other things, that the cardiac pulsations, which occur during or immediately after the irritation of the nervi vagi are stronger than those observed before the same, and from this circumstance, taken along with that already known—that while the heart, in consequence of irritation of the vagus, is quiescent, every mechanical or electrical action on any limited part of its surface, instantaneously produces an energetic contraction of the whole heart—Ludwig drew the conclusion that the nervus vagus certainly prolongs the pauses, but does not weaken the intensity of the motor powers peculiar to the heart, or prevent the recovery of the irritablity ; on the contrary, the action of the vagus seems principally to be through increase of the resistance, which we must suppose hinders the incessant discharge of the impulses constantly developed in the motor ganglionic cells of the heart, and through which the movement, instead of being continuous, becomes periodical and rhythmical, to accumulate, as it were, in these ganglionic cells a larger store of tensive force, which, when it at last overcomes the resistance, exhibits itself in the subsequent more powerful contractions. In such a manner the action of the vagus becomes not properly lowering of, but rather regulating the heart's action ; the work performed by the heart is not diminished, it is only differently divided, fewer but more powerful contractions take the place of more numerous, but weaker ones. But this resistance, which, like a flood-gate hinders the constant outflow of the motor impulses, is produced not exclusively by the nervi vagi, for after their division, and even in the heart taken out of the body, the movements continue to be rhythmical and periodical. Therefore, if the theory of the action of the pneumogastric nerves now described be correct, and everything favours this view, we must assume the existence in the heart itself of a restraining apparatus, whose activity is increased by the nervi vagi, and with which, consequently, these nerves stand in direct connection, or in which their filaments terminate.

A new feature in the question respecting the nature and arrangement of the nervous central organs to be found in the heart itself, is derived from the well-known experiments first instituted by Stannius, and called after him. This investigator in fact observed, that if we tie with a ligature, or cut through with a scissors, the boundary between the sinus venosus and the auricle in the heart of a frog, the sinus just mentioned continues to pulsate, but the rest of the heart stops, after some few strokes, immovable in a state of diastole. If a fresh ligature be now applied, or if a new cut be made in the depression between the auricle and the ventricle, the contractions of the ventricle recommence and continue for a long time, but the auricle remains unalterably at rest. Stannius contented himself with describing the phenomena he had observed, without entering into any explanation thereof; but several other investigators repeated and modified these experiments, and put forward various hypotheses to explain them. To give a fuller account of the controversy elicited by these investigations (between Heidenhain, von Bezold, Eckhard, Bidder, Goltz, &c.) lies beyond the aim of this essay. I shall here briefly allude to only one of the hypotheses in question, which probably has most advocates—that is, Heidenhain's. This is based upon the fact that after the first ligature or incision between the sinus and the auricle, the heart's quiescence, as Volkmann observed, after a time (from five to thirty minutes) ceases, to give place once more to regular contractions; it rests partly, also, on the significant circumstance, that the experiment succeeds most surely if the cut be made with a blunt scissors; but, on the other hand, often fails if it be accomplished in one stroke with a very sharp instrument. From this Heidenhain concludes that the ligature or incision has a stimulating effect on the restraining apparatus, which is probably of a ganglionic nature, placed in the region affected by the operation.

In accordance with this interpretation of Stannius' experiment, the following hypothesis has been suggested to explain the peculiar phenomena characterising the movements of the heart:—In the heart there are two different kinds of automatic or reflex central organs (ganglia) connected with each other—namely, *exciting* and *restraining (regulating)*. In the former, exciting forces are incessantly produced through the normal nutritive process, which are prevented from being incessantly exhausted through the motor nerves in this manner, that in the regulating centres forces are developed, which to such an outflow oppose a certain elastic resistance, which is first, after the exciting forces have attained a certain quantity or tension, overcome by them, and then in consequence of irritation of the motor nerves and the cardiac contraction is produced. At the same time, now the whole accumulated store of exciting force is exhausted, the elastic resistance regains its power, is anew overcome, &c., and a periodical movement is necessarily produced, whose rhythm and intensity must, of course, vary according to the different energy in each of the central organs mentioned, whose irritability may be increased or depressed through different influences affecting them. Further, to explain the regular sequence of the heart's movements, these central organs must be assumed to be arranged and combined with one another in a definite manner—an arrangement, of the details of which we have not, as yet, the slightest knowledge.

Friedländer[1] has recently instituted a series of experiments in von Bezold's laboratory, which, extended and modified, may probably shed some light on this obscure question. The author observed that small portions of the sinus venosus, auricle, and upper third of the ventricle of the heart of a frog, removed with a sharp scissors, continued, in an artificial serum (one part of albumen + nine parts of solution of common salt of 0·8 or 0·9 $^{0}/_{0}$), to pulsate for more than 48 hours, and he even succeeded, by careful preparation, in obtaining small, actively pulsating muscular portions, measuring not more than 0·2 mm. in length, and containing only two or three muscular fibres. Their movements could thus be quite conveniently observed under the microscope. The author now first availed himself of this favourable circumstance to test the view maintained by Schiff and others, that the ganglionic cells were not of any essential importance in the production of the rhythmical movements. It is clear that if any independently pulsating muscular preparation were found, in which no ganglionic elements could be demonstrated, the opinion just alluded to would find therein great support, and the whole of the above described theory of the nature of the cardiac movements would be dangerously compromised. But this was not the case. In order to be able with certainty to discover the ganglionic cells often perceptible, only with difficulty, in fresh preparations, the author employed a peculiar method of colouring with aniline red, and the result of his investigations in this direction was, that in no case could he convince himself of the absence of ganglionic cells in those preparations which had previously pulsated ; usually he could demonstrate two or three, even where in the recent state he should not have suspected their presence.

The pulsations of small muscular portions varied both in frequency (between 2 and 40 in half a minute), and in intensity; indeed different portions of the same preparation—in size not amounting to half a mm.—often exhibited the greatest varieties in the rhythm and strength of the contractions. Gentle mechanical influences increased the movements and produced them when they had ceased. Changes of temperature were found to have a particularly powerful influence, gradual or sudden warming up to from 86° to 95° Fahr., often exciting the most active movements in such preparations as had not before pulsated, and in those which had previously pulsated, both the number and the intensity of the contractions were greatly increased.

Lastly, the author employed also irritation of the small preparations of the heart with an ordinary electro-magnetic induction-apparatus, and observed the different effect in different cases. Thus, at one time the frequency of the movements was increased, and this was usually the case; at another, on the contrary, the induction-stroke had no effect upon it, although the intensity of the contractions was augmented ; in other instances again, the author saw distinct diminution of the number of the pulsations (even to diastolic quiescence), and he considers that he may explain these latter as *restraining phenomena* on this account, that together with diminution of frequency an increase of intensity of the contractions could be distinctly observed. Not unfrequently even, in different parts of the same preparation, under the influence of the electrical current, all these various changes were witnessed.

The results of the author's investigations, it will be seen, agree well with the hypothesis above put forward. With respect to the question of the anatomical arrangement of the special exciting and regulating ganglia, they seem moreover to indicate, that these central organs, though so differently constructed, often lie so near one another, that the actions charac terising them may at once exhibit themselves in preparations of the smallest dimensions.

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[1] *Ueber die Nervösen Centralorgane des Froschherzens* in Untersuchungen aus dem Physiol. Laborat. zu Würtzburg herausgegeben von A. v. Bezold. Bd. II., p. 159.

E. Cyon[1] has instituted in Ludwig's laboratory, and with particularly ingenious apparatus and methods invented by him, a series of investigations upon the changes exhibited by the movements of the heart of the frog under the influence of different temperatures, which incontestibly belong to the best and most reliable researches upon this subject. Without being able to enter in this place into any more accurate description of the very complicated apparatus employed in these experiments, I shall give a brief account of its plan and object. A circulating system of glass tubes was passed on one side into the left aorta, on the other into the vena cava inferior. This system of tubes, which, as well as the heart itself, was filled with fresh serum of rabbits' blood (dogs' serum was found to act as a poison upon the heart of a frog), communicated with a small mercurial manometer, which, by means of a so-called "float," marked the heart's pulsations, as on an ordinary Ludwig's kymographion, on a cylinder rotating with uniform rapidity, in the form of curves, distinguishing both the frequency, course, and intensity of the pulsations. The heart, with its artificial vascular system, was included in an atmosphere, which could easily be brought to the desired temperature. In this apparatus, as the reporter, who was at the time working in the same laboratory, had the opportunity of satisfying himself, the heart continues to pulsate for more than 24 hours, provided that the serum is now and then drawn off and replaced with fresh.

The author's investigations comprise two different series namely, A, the effects of a gradual change of temperature; and, B, those of sudden alterations of temperature.

A.—1. *Change of frequency of the pulse with the temperature.*—The author commences by confirming Schelske's observation, that the heart of the frog maintains its power of automatic action only within certain limits of temperature, of which the lower lies between 24·8° and 32° F., the higher varies from 86° to 104°. A diagrammatic curve, exhibiting the comparative frequency between these extremes, ascends from the lower limit, at first very slowly, and afterwards more rapidly, to a temperature where the maximum of frequency is attained, and subsequently falls some degrees at first slowly, but afterwards so rapidly, that if the heart is merely warmed some few degrees more, it remains perfectly at rest. Under the two or three degrees which precede the quiescence of the heart, the latter beats not merely slowly, but also irregularly, and immediately before the quiescence the motion is peristaltic, the ventricular fibres contracting at different times. The maximum above mentioned falls in different hearts at somewhat different degrees of temperature ; as also a number of individual circumstances act on the appearance of the curve in particular cases. As a definite result it may, however, be stated that elevation of temperature within certain limits considerably increases the frequency of the pulse—a welcome fact for those physicians who believe the acceleration of the pulse in fever to be caused by increase of temperature.

2. *Alteration of the volume of the contraction.*—In this respect a very definite law seems to prevail, which is best exhibited in the same manner as the frequency of the pulse—namely, by a curve, whose absciss represents the temperatures, and whose ordinates correspond to the intensity of the contractions. Such a curve exhibits here, also, a maximum and two minima, which latter lie at the superior and inferior limits of temperature, where the heart, as above mentioned, ceases to beat. But, in opposition to the cause of the frequency of the pulse, this ascends so rapidly from the lower limit of temperature, that even only some few degrees above zero it attains the maximum, keeps usually at this height to about from 59° to 66·2°, and sinks afterwards uninterruptedly to the superior limit of temperature. At the degrees of temperature immediately preceding this, we observe the peculiar circumstance that the heart is still engaged in active contractions without exercising the slightest effect on the manometer. This depends upon the fact that the contractions are peristaltic, and therefore cannot overcome the external resistance, as the parts of the heart which do not contract are dilated, just as much as those which contract are compressed.

3. *On the relation between the volume and the frequency of the pulsations of the heart.*—From what precedes it appears that, with increase of temperature from zero to a certain limit, the frequency of the contractions uniformly increases, while their intensity remains unaltered. In the interval of temperature immediately next following, the frequency continuously increases, but the intensity sinks until the temperature is passed, at which the heart's pulsations have attained their maximum of frequency, after which both frequency and intensity diminish until they become *nil*. These facts show incontestibly that the relation between the intensity and the frequency of the cardiac pulsations cannot be explained from a simple principle; in a word, that no necessary connection exists between these two elements.

4. *On the course of the contractions of the heart.*—In this respect different hearts do not all behave in the same manner. At one time we see the curve which represents the pulsation of the heart rapidly ascending and almost immediately sinking, at another rapidly ascending and sinking with tetanic points, at another again rapidly ascending with a sudden transition to a state of diastole, which is gradually terminated; at another, finally, slowly ascending with a gradual transition to diastole, and then slowly sinking. Even in one and the same heart the course of the contractions varies at different temperatures, and this in general, so that with a diminution of temperature the ascending and descending parts of the curve are drawn out in length. According to the author's view, all these varieties are easily explained as depending on different conditions in the nerves and muscular fibres, and not on peculiarities in the stimulating apparatus. Supposing, in fact, that, as Marey does, we may look upon the pulsation of the heart as a single muscular contraction—an opinion in favour of which many cogent reasons may be adduced, though there are also various difficulties, which may, perhaps, be regarded as depending on the peculiar structure of the cardiac muscles.

5. *On the work which the heart can perform in each unit of time at different temperatures.*—If authors would always employ the same manometers of known dimensions, and the same serum for each separate heart, the work accomplished by each cardiac pulsation might, if the question were only as to the relative value, be easily calculated from the weight of the pillar of fluid driven into the manometer, and thus the work accomplished by the heart in a certain unit of time might be calculated by multiplying the said value by the number of pulsations. In this manner the author found that the maximum of work was accomplished by the frog's heart, generally between 64·4° and 78·8° F.

6. *On the quantity of the motor impulses, which at different temperatures proceed from the automatic centres.*—As a relative measure of this quantity, we may in general employ the magnitude and duration of the muscular contraction, provided always that the impulses to be compared with one another have acted on equally irritable and similarly loaded muscles. In view of the difficulties which in the present case attend such a determination, we must be satisfied with only imperfect indications. Thus, it is impossible positively to decide whether the sum of the impulses is increased or diminished, when the temperature sinks below 64° F., because therewith the work performed by the heart is certainly diminished, but at the same time, also, the muscular and nervous irritability is considerably lowered. On the other hand, we can with full certainty conclude that it is diminished for every degree above the mean temperature (64·4° F. to 78·8°), for there, as is well known, the irritability of the nerves and muscles increases, but nevertheless both the duration and the volume of the several contractions are lessened.

7. *Of the adaptation of the number of the motor impulses to the state of the muscular mobility.*—Every transversely-striated muscle, the heart not excepted, requires, when its temperature is greatly lowered, a long time to perform its contractions. Now, if at the lower degrees of temperature the heart were stimulated as often as at the higher, it would unconditionally lapse into tetanus, because the one contraction would not have passed off before a fresh one had begun. To explain the adaptation which here undeniably takes place, we might be inclined to assume such a connection between muscle and nerve on the one hand, and the stimulating apparatus on the other, that a fresh stimulus could not act until the previous contraction had terminated. Various facts observed by the author would, however, bear most decidedly against such a view, and therefore no other mode remains of explaining the phenomenon than to assume that both the exciting centres, the nerves and muscles, are uniformly affected by the temperature; that therefore the circumstances which increase or diminish the mobility of the nervous and muscular molecules, have one and the same action on the exciting apparatus.

8. *Of the change of the elasticity of the cardiac muscle at an*

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[1] *Ueber den Einfluss der Temperaturänderungen auf Zahl, Dauer und Stärke der Herzschläge*, von Dr. E. Cyon. Arbeiten aus der physiol. Anstalt zu Leipzig vom Jahre, 1866 mitgetheilt durch C. Ludwig.

increased temperature.—In this respect the author found that the extensibility of the heart is considerably increased at an augmented temperature, which is manifested by the fact that the quicksilver in the manometer sank at the higher temperatures during the diastole, several mm. deeper than at the lower, and this was especially apparent if the dilatation of the heart were compared when it stood still at the upper and lower limits of temperature.

B. *Effect of sudden changes of temperature on the impulse of the heart.*—This appeared to be totally different from the effect of gradual change of temperature. The results of the author's experiments were briefly as follow:—1. If the heart, previously pulsating at a temperature of from 68° to 71·6° F., is suddenly brought into contact with serum or air at 32°, the deviations of the manometer are diminished, the movements of the heart become peristaltic, and the heart is dilated in a higher degree than is usually the case in gradual transition to this low degree of temperature. After some minutes, the movements again become greater, and the heart subsequently behaves as when it is slowly cooled. 2. If a heart, which has for a long time been kept at or below the freezing point, be suddenly brought in contact with serum or air at 104° F., it performs a series of strokes following so rapidly on one another, that it finally passes into a state of complete tetanus, which is evidently produced by the impulses following so closely on one another, that one contraction does not terminate before the next commences. This tetanus may continue for from fifteen to thirty seconds, and subsequently the heart runs through all the forms of pulse, which it usually exhibits when slowly heated. 3. The state of the heart is again quite different, if from the normal temperature it be suddenly exposed to 104° F. In contrast to the foregoing, and to its condition in slow heating, the beats now become strong with long intervals, and precisely resemble the form of pulse obtained by irritating the nervi vagi at the normal temperature. After the lapse of one or two minutes, the heart once more passes through the above mentioned intermediate stages, characteristic of slow heating. 4. A heart which has been poisoned with curare differs from one not poisoned, insomuch as the former, when suddenly heated from 68° to 104° F., does not exhibit the strong pulsations separated by long pauses, but behaves precisely as in slow heating.

This dissimilarity is explained by the fact that curare, according to Heidenhain's experiments, confirmed by Czermak and by the author, annihilates the irritability of the nervi vagi, and this observation therefore supplies a powerful reason for the assumption that the phenomenon mentioned in 3, depends on an irritation of the termination of the vagus in the heart.

The author concludes his essay with an attempt to explain the phenomena observed, by the above mentioned usually received hypothesis respecting the nervous apparatus of the heart.

When the heart is gradually cooled from the mean temperature to the freezing point or below it, the power of the restraining apparatus must, within the interval, in which the frequency of the heart's pulsation, but not its intensity, is diminished, have increased, and likewise the motor impulse causing each stroke of the heart must have grown stronger, while at the same time the irritability of the nerves and muscles is diminished by the lowering of the temperature.

The phenomena which occur on slow warming from the mean temperature to the degree of temperature at which the heart exhibits the maximum frequency of pulse, indicate that the forces in the exciting and restraining centres at the same time diminish, because the work therewith performed by the heart is lessened. The arrest at the superior limit of temperature must be caused by this, that the stimuli developed are not sufficient to excite the muscles to contraction, for in this case, as is well-known, the nervous and muscular irritability is in general increased, which, in this instance also, is proved thereby, that the weakest mechanical or electrical stimulant produces a pulsation of the heart.

But that during arrest in warmth the irritability of the regulating apparatus also is almost removed is shown by this, that local irritation of the sinus venosus then produces complete tetanus in the ventricle, which continues as long as the irritation lasts.

By this, the condition in which the heart is found during this arrest is distinguished from all others, for at the mean temperature, irritation of the same place through excitation of the vagus infallibly produces an arrest of the heart in diastole, and in the absence of movements which characterises the lower limit of temperature, such an irritation produces merely a single contraction, but no tetanus. Hence too the opinion already put forward by Schelske acquires great probability—namely, that at the high temperature spoken of, all the apparatuses, which otherwise can modify the results of an external irritation have ceased to act, or in other words, that both the organs which *generate*, and those which *co-ordinate* the motor impulses, have fallen into a kind of trance. As to the sudden change of temperature it seems to act principally as an irritant, and in the first place upon the vagus.

The author remarks, in conclusion, that though his investigations, which were rather calculated for a general review, may not be considered as an experimentum crucis for or against the current hypothesis, they may however lead us to hope that by accurate special studies in this direction, we may arrive at results important in their bearing on the theory of the heart's action.

(To be continued.)

Literature.

LECTURES ON CLINICAL MEDICINE.[1]

In our number for the 6th of November, 1867, we briefly reviewed the third and concluding part of the first volume of Dr. Bazire's translation of Trousseau's admirable lectures, so that we need not again enter on a description of them, or of Dr. Bazire's well and faithfully executed edition of the English version of them.

The eminent French teacher and his brilliant and industrious pupil have been both called to their rest, leaving the English work of the latter incomplete. Such being the case, the New Sydenham Society—very properly, we think—took up the continuation of the translation, and, in order that whole might be published uniformly and in their usual style, they decided on reprinting vol. i., which had been just before Dr. Bazire's death, and of afterwards continuing the work which that lamented physician left unfinished.

The volume before us is, then, a literal reprint, not a new edition, of Dr. Bazire's work, and as such we hail its appearance with pleasure.

It is scarcely necessary to add that the "get-up" of the volume is in the usual and favourably-known style of this most useful Society.

THE LATE DR. ADDISON'S WORK.

In this case,[2] as in that of Trousseau and Bazire, we need not introduce to our readers the classical name of Thomas Addison, or give any description of or criticism on his writings, which are known to most well-read, modern physicians, and which enjoy so solid a repute as to have induced the New Sydenham Society to publish them, as they have done, among the medical classics of the nineteenth century.

This volume consists of 242 pp. 8vo, and is opened with an editorial biography of Addison, which shows how hard work and unceasing determination did not fail to place him in that position which he was ambitious to fill, and which he did fill with such distinction and usefulness.

Prefixed to the first five papers on diseases of the lungs is an excellent editorial preface. No. 6 is entitled, "Observations on Fatty Degeneration of the Liver," No. 7 "On the Disorders of Females connected with Uterine Irritation;" No. 8 records a "Case of Ovarian Dropsy removed by the Accidental Rupture of the Cyst;" and No. 9 is a reprint of a celebrated paper, well-known in connection with Addison's name: "On a certain affection of the skin, Vitiligoidea—(*a*) Plana; (*b*) Tuberosa."

No. 10 is also a well-known original contribution to medical science—"On the Keloid of Alibert, and on true Keloid." No. 11 treats of "Disorders of the Brain connected with Diseased Kidneys;" and No. 12, "On the Influence of Electricity as a remedy in certain Convulsive and Spasmodic Diseases."

The last paper—No. 13—is perhaps that with which Addison's name will be best known to medical posterity, and is entitled, "On the Constitutional and local effects of disease of the Supra-renal Capsules." Beside his own preface, the editors have also prefixed one. Of course we need say nothing to our readers about "*Morbus Adissonii.*" This collection of Addison's papers is an admirable publication. Addison never wasted words; and so he, being dead, yet speaketh.

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[1] By A. Trousseau. Translated and edited with notes and appendices by P. Victor Bazire, M.D. (Published for the new Sydenham Society.) London, 1868.

[2] A Collection of the Published Writings of the late Thomas Addison, M.D., Physician to Guy's Hospital. Edited, with introductory prefaces to several of the papers, by Dr. Wilks and Dr. Daldy. (Published for the New Sydenham Society). London. 1868.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 12, 1868.

ARMY MEDICAL OFFICERS.

ARMY medical officers have some real grievances. They complain of the restriction under which, as compared with the combatant ranks, they obtain leave of absence, either on private affairs or on the recommendation of a Medical Board, when serving in foreign stations; and of the extremely short time they are, as a rule, permitted to remain in the United Kingdom between the completion of one term of foreign service and the commencement of the next. That there exists a desire on the part of the present Director-General to improve the position of his officers in both respects, there connot be a doubt. We really do know of a few very fortunate men who have of late returned to this country on what is called *private leave*, but we are no less aware of the utter hoplessness of a medical officer, other than in very exceptional cases, obtaining this boon, at the same time that the *battalion* officers of his own regiment obtain the indulgence almost, as would appear, without limit. With regard to *sick leave*, the medical officer is still more disadvantageously placed. A surgeon of a regiment, and a major in the same corps, for example, arrive in England from abroad, both "to appear before a Medical Board." Both have suffered from liver, or dysentry, or cholera, and the severity of the illness is as nearly as possible alike in both. The surgeon obtains three months' leave, the period being too short to permit him to fairly settle down into that regimen which is necessary for the restoration of health. At the expiration of that time he, perhaps, get an extension of other three months, but if, at the end of that period, his health should happen not to be restored, he knows perfectly that he must submit to being deprived of his regiment, in order that he may, in the words of a late Director-General, "make way for a more efficient medical officer." But this is not all. In the event of his health not being so completely broken as to render him totally unfit for work, he is placed upon duty at a home station, and, at the same time, in the roster for foreign service; but if so completely used up as to be fit for nothing, is shelved on *half-pay*. Not so with the major however. What is in this supposed instance sauce for the goose, is by no means sauce for the gander. He that is the major, has, in all probability, obtained six months' leave at at one fell swoop. He then obtains six months more; then an extension, and so on for eighteen months or a couple of years; and then, when convenience and season suit him, rejoins what is still *his* corps, but in which the name of the surgeon is all but forgotten, it is so long since he left it.

Now, if our views are correct, there are abuses both ways here. If the sauce be of Normandy pippins in the one, let it not be of crab apples in the other. And so, as regards home service. Regiments, as a whole, are supposed to spend five years at home for every ten they are abroad. Officers of the Royal Engineers make arrangements, as a matter of course, for five years at a home station; and so on with other "departments," save and except the medical officers in all ranks of which can seldom reckon upon more than a few months, or at most a year in England.

The reason assigned for all this, is that "the estimates" limit the numbers of medical officers to their present standard; and that really the *roster* comes round so rapidly that the existing evils are unavoidable under the system.

Precisely so! But ought not a system which works so unequally, and often so injuriously, be modified? Undoubtedly it ought. Let the officers most concerned, therefore, use their best endeavours to return to a Parliament a member pledged to support and advocate their interests as a department. If the present numbers of medical officers are insufficient for all the duties required of them, the interests of the service demand that they be increased.

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Notes on Current Topics.

Medical Honours at Oxford.

OUR great educational nursing-mother at Oxford has followed the example of her humbler sister in Dublin in its honorary rewards to the eminent members of the profession who have visited her walls this year, and has laid the hand of approval on the heads of six men worthy of every honour in her power to bestow.

Not only medical eminence, but great talents and indefatigable perseverance in the pursuit of science, have been rewarded in the persons of the gentlemen selected for the Honorary D.C.L. No one can say that Sir Charles Locock, the Rev. Dr. Haughton, Dr. Gull, Mr. Paget, Mr. Simon, and Mr. Syme are mere physicians or surgical handicraftsmen. They are men within whose minds there is room for greater considerations than money-getting practice, and it is a noble assurance to those competitors who labour for celebrity in the widest fields of medical science, that such men are not only successful practitioners, but are thought worthy of the highest praise our greatest University can give.

Nomenclature of Diseases.

WE are glad to report that the new nomenclature of the London College of Physicians, of which we have already given some particulars, is now ready. It will be adopted by all the public departments, and no doubt will shortly be recognised as the standard Nomenclature of Diseases. The College will, we suppose, present a copy to every fellow and every member on application, as was the case with the report on leprosy. We hope other medical men may be able to purchase the book at a low price. The College has no longer its pharmacopœia to produce, but a work of this kind may very well absorb its energy. There can be no reason either why some day a small profit should not accrue. If we think how many thousands of copies might be sold at a very low price, there is ample room for this. No publisher need be employed to take his large profits, but the College could sell at one uniform rate direct to the purchaser. The post would distribute it in a rapid and economical manner through the country. In London the purchaser could send to Pall Mall for it. We really see no reason at all why the College should not thus take advantage of its production in this way. At any rate, it might recoup the heavy expenses of getting up such a work. The book, too, like a pharmacopœia, will need revision, and the College already contemplates that contingency, and will be prepared after ten years with a revised issue.

This first attempt at a universal nomenclature in Latin, English, French, Italian, and German, is a work worthy of the learning and traditions of the Royal College of Physicians of London.

Sir James Simpson.

THE profession will shortly receive, in the person of one of its greatest obstetric representatives, a very unusual honour. It is seldom that eminence in our body receives a direct public and extra professional recognition, for very few medical men can afford to take such a part in the administration of the commonwealth as to render them suitable claimants for public honours. Sir James Simpson is to receive the freedom of the city of Edinburgh, and the honour is enhanced ten-fold by the fact that, in its conferring, he is to stand side by side with Lord Napier, of Magdala. Such a compliment at the hands of the Representative Council of the chief city of Scotland is an unequivocal proof of the estimation which Sir James has obtained in his private and local capacity, and amounts to a declaration that a medical man, who may prove himself deserving of public reward, is in no respect incapacitated from receiving as full a measure of honours as the most esteemed and worthy of the servants of the Empire.

The late Mr. Travers.

WE regret to have to notice the decease of Mr. Benjamin Travers, F.R.C.S., who bore through a long life most worthily the illustrious name he had inherited. If he ever had an enemy it must have been in his youth, and the feeling could scarcely survive. The almost sneering manner in which one periodical has spoken of the deceased is therefore particularly obnoxious to censure. The person who penned that paragraph has evidently no notion of greatness except such as consists in making great incomes. What an ignoble test of a professional life. The writer who applies it does not deserve to have any connection with the medical profession.

The Cattle Plague.

OUR congratulations on the entire annihilation of the cattle plague throughout the empire must be tempered with the recollection that its ravages extend much closer to our coasts and the sources of our import trade than we could wish. It has broken out with great violence in the districts of Heyde Kong and Goldup, in Prussia, and in the Tyrol, and the most active precautions are being enforced to prevent its spread. It is to be hoped that our official guardians will hold themselves on the alert against the importation of any cattle from these districts within our coasts.

Sunstroke.

THE exceptional heat of the weather this summer has excited unusual interest in the phenomena of sunstroke, and the prevention of this formidable malady, and its treatment when it appears alike deserves renewed attention.

It should never be forgotten that rational precautions seem almost always to be successful. In this country sunstroke ought to be not only rare but unknown. Protect the head and nape of the neck, wear loose clothing of proper material, and avoid stimulants—those are the cardinal rules for prevention.

How is it that the British gentleman cannot be persuaded to discard his absurd chimney-pot, and take as a head-dress any light-coloured and broad-brimmed cap? The ignorance and folly prevailing on these points astounds many. As medical men we ought to set a good example, and teach our patients to emancipate themselves from the thraldom of fashion. Some are ready to do so, but hesitate to go against established usage. The boldest reformers stop half way.

We lately met in Piccadilly a physician, whose name is well-known, walking in a white silk alpaca loose coat. He had been to visit his patients in that attire, and confided to us that they all complimented him on his courage; but even he had on his chimney-pot hat, although wise enough to use his umbrella as a parasol. The same day we met another physician walking about London in a Panama hat. He said, "What is the use of brains if we dare not use them?" We repeat his query, but we may add that to arrive at a proper dress for such weather as we have had it would be necessary to combine the courage of these two bold reformers.

So much for prevention. As to cure, Indian officers place most confidence in the douche to both head and shoulders. The best account of sunstroke we have met with is by Dr. Maclean's essay in Reynolds's "System of Medicine," the most remarkable collection of original medical memoirs produced in this generation. To that learned work we accordingly refer our reader for information of the most trustworthy kind.

Junior University Club, Dublin.

THE provisional committee of this Club have issued a circular, in which they announce that their exertions for its establishment have been attended with very fair success—such as to lead them to the conclusion that they may anticipate large support from the University Graduates throughout Ireland. The Club will be available for *alumni* of any University of the United Kingdom. Premises have been secured in the neighbourhood of Dawson-street, and it is hoped that accommodation will be available for the members by the 1st of October next.

The Plague of Flies.

THE activity of insect life, consequent on the recent tropical heat, has as yet only made itself manifest to the body corporate of the individual Englishman, but it appears from the correspondence of our contemporaries that more serious results are to be feared in the destruction of crops by the enormous multiplication of such depredators.

Against such a result we must look for help to our native small birds, and we may yet feel the punishment of the unreasoning slaughter of our natural protectors.

The sparrow clubs, which have hitherto been simple and comparatively inocuous aggregations of rural blockheads, become now absolutely hostile to the public gain, and it is to be hoped that the emergency may induce them to suspend operations until the plague of flies, which threatens our island, is neutralised.

Bathing.

The Royal Humane Society have followed up their valuable circular of directions for the resuscitation of persons apparently drowned, by a further paper drawn up by Dr. Sieveking and Professor Christison, on the subject of bathing. Though less within their function, the public are none the less under obligation to the Society for information which no one has thought of giving them elsewhere. The following, in substance, are the suggestions of the Society :—

Not to bathe until the stomach is empty ; at least two hours after a meal.

Not to bathe when the system is debilitated by unusual fatigue.

Not to bathe when the skin is in a condition of perspiration, or immediately afterwards, but when the surface of the body is warm.

Not to bathe when chilliness is felt, nor to cool down the body by standing naked *either before or after* bathing.

Not to bathe at all if a short stay in the water, under the above conditions, be habitually attended with chilliness or numbness of the hands and feet.

Not to bathe, if the system be weakly, early in the morning, when the system has been many hours without support, but, if possible, about three hours after breakfast.

Pepsine Biscuits.

Messrs. Bewley and Hamilton, of Dublin, have recently introduced to the notice of the profession biscuits prepared by them with the view of providing an agreeable and eligible form for the administration of pepsine. Each biscuit contains 5 grains of pepsine, so that two or three may be eaten before a meal. They are put up in ¼ lb. canisters, containing twenty biscuits. In this preparation the pepsine is administered in a perfectly unobjectionable form, for they differ in no respect from ordinary wine biscuits, and are devoid of any objectionable flavour whatever.

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THE BRITISH MEDICAL ASSOCIATION.

The meeting of the profession at Oxford which has been looked forward to with much interest, took place since the publication of our last issue, and may be pronounced to have been an entire success. The arrangements usual at all the meetings of the British Medical Association for the provision of information and accommodation were efficiently carried out, and several of the colleges opened a portion of the apartments at their disposal for the reception of the visitors. The very great length to which the addresses and communications run, prevent us from doing more than abstract their most important parts.

The inaugural meeting took place on Tuesday evening at eight o'clock, in the hall of Christ Church, and was so largely attended that it would be impossible for us to attempt an enumeration of the members present. The chair was taken by Dr. Stokes, Physician to her Majesty the Queen in Ireland, and the outgoing President of the Association, who proceeded to deliver his valedictory address.

The President, after some preliminary observations, said, let me, before bidding you farewell, say a few words as to the future of this great Society—now the most numerous body working for the benefit of science in the world, and which will doubtless attain to large dimensions. So far, we have been an united body, which is to be attributed to our federal constitution, with independent local action, and a representative and imperial executive. How long this strength giving union may last no man can predict ; nor, on the other hand, can any man say to what an amount of influence for good this Association may attain. But it is plain that its durability and usefulness will depend on its being made the instrument for the public good, rather than the machinery to advance the immediate worldly interests of the profession. And everyone of us must lay it to heart that a great issue rests within his hands. The man among us who by his unselfish labour adds one useful fact to the storehouse of medical knowledge, does more to advance its material interests than if he had spent a life in the pursuit of medical politics. Far be it from me to say that there are not great wrongs to be redressed. It is impossible, in any country, that evils of custom and of administration, private wrong, corporate shortcomings, hard dealings, unfair competition, and scanty remuneration for public and private services should not occur. But these evils being admitted, how are they to be lessened, if not removed ? Is it by public agitation and remonstrance, addressed to deafened or unwilling ears ? Is it by the demand for class legislation ? or is it, by the efforts of one and all, to place medicine in the hierarchy of the sciences in the vanguard of human progress; eliminating every influence that can lower it, every day more and more developing the unprofessional principle, while we foster all things that relate to its moral, literary, and scientific character. When this becomes our rule of action, then begins the real reform of all those things at which we fret and chafe. Then will medicine have its due weight in the councils of the country. There is no royal road to this consummation. On the one hand, the liberal education of the public must advance, and the introduction of the physical sciences in the arts courses of the Universities, has given the death blow to empiricism; and, on the other, that of ourselves must extend its foundations, and trust far less to the special than to the general training of the mind. When medicine is in a position to command respect, be sure that its rewards will be proportionally increased, and its status elevated. In the history of the human race, three objects of man's solicitude may be indicated: first, his future state; next, his worldly interests; and lastly, his health. And so the professions which deal with these considerations have been relatively placed; first, that of divinity; next, that of law or government; and, as man loves gold more than life, the last is medicine. But with the progress of society, a juster balance will obtain, conditionally that we work in the right direction, and make ourselves worthy to take a share in its government, not by coercive curricula of education, not by overloaded examinations in special knowledge, which are, in comparison to a large mental training, almost valueless; but by seeing to the moral and religious cultivation, and the general intellectual advancement of the student. Doubtless, such a revolution, which, could men only read the signs of the times, is slowly, though surely, coming, will lessen the number of a certain order of candidates for license to practice. Doubtless, also, while the funds of special corporations will be diminished, university education will be extended; and the whole character of medicine will be changed, greatly to the advantage of its social position in the country, and the interests of science and the public at large.

Putting aside the success of your labours at Dublin, in a scientific point of view, your meeting of last year deserves a long remembrance. It was the first occasion on which the members of all ranks of British and Irish professional men met to know one another, to unite in the common cause of the advancement of knowledge, and to learn, on a great scale, how the mutual cultivation of science will efface national prejudices ; for it is only in this way that those national dislikes and distrustings which become hereditary feelings, transmitted from one generation to another, which separate peoples and delay the peaceful federation of the world, can ever be removed. The star of knowledge, while it illuminates the path to wider and still wider discovery, yet is like unto that which guided the sages of the east to the cradle at Bethlehem ; for its benignant light is the herald of peace and good-will among men.

Dr. Stokes's observations were received with vehement applause, which was renewed on the assumption of the chair by Dr. Acland, the President, who proceeded to deliver the inaugural address.

Having spoken warmly of the success of the visit of the Association to Dublin—The President said,—We are living in a critical period of our country's history; in a new era in the history of man. Every part of our social fabric is now undergoing scrutiny, revision, and reform. Government, trade, institutions, laws, the artificial usages of society, the character to be given to our children by the method of their early training, are not only being criticised, but are most of them being changed—changed with unexampled rapidity; and the change is, some think, a tendency to absolute perfection, or, according to one philosopher, a last plunge down the Falls of Niagara. The facility with which ideas are communicated through the whole human family, distinguishes our age from all that precede it. Our own profession is not exempt from these influences ; even if it were, we are part of the body politic, and, as wise men, we might do well to look forth from the fretted shelter of this ancient hall, itself a memorial of the ferment of the Reformation, and, watching the storm as it drifts along, take the bearing of our own course in the stream of time. I propose to take a general survey of the position occupied by our professional knowledge in relation to other branches of knowledge, and to consider the objects which ought to be held in view when we discuss the temper required of us by our times, and the training proper for the formation of that character and temper.

Now, in judging of the medical character, we set aside, of course, all reference to individuals. We form an ideal character. And yet the ideal cannot be considered wholly in an abstract way. We have to judge of it in its relations—first to the condition of Science, and secondly to the constant properties and the variable accidents of Humanity. In the present age, science is advancing, and the means of its progress are increasing with altogether unexampled rapidity. No bounds can be set to its possible conquests. A profession dependent on science must vary with that on which it depends; and if it does not advance with the advance of science, that fact proves it to be in error. Humanity has its constant properties and its variable accidents; its constants of need of food, of warmth, and of clothing; its constants of sickness and disease; its constants of relative poverty and relative wealth ; its constants of yearning after good, and exposure to misery and guilt. But humanity has also its variable accidents of climate, of fashion, of ease, of luxury, of degradation; not, like death, unavoidable and irremediable, but accidents, terrible acidents—such as, however formidable and perilous, to a certain extent may be avoided or can be remedied. Reflection will show to what a vast range of subjects medicine is linked by these two circumstances, the progress of science and the fluctuations of humanity. How numerous are the points of science which touch us more or less closely.

Let us then consider, first, the relation of modern medicine to modern science. It was just now said that medicine is necessarily linked to the existing condition of science. This statement must be examined more closely. Medicine is at once in advance of the exact sciences, so-called, and behind them. It is in advance of them, inasmuch as it clinically observes as facts some things which science has not yet fully explained; and it believes with strong conviction what can at present be neither demonstrated nor ignored. It is behind them, inasmuch as they claim for every fact of science an exactness to which medicine cannot always pretend. But medicine too long consented to regard itself as an art as distinguished from science. Now, the existing relations of pure science and medicine are both direct and indirect. In the direct relations it follows the lead of science without hesitation ; in the indirect relations it cannot afford always to wait for positive instructions. Let us look for a moment at each of these relations. The relations are direct in the case of all those means of modern invention and research which are applied daily, in ways of which half a century ago there was no conception, to the discovery and the explanation of physiological and pathological phenomena. To the interpretation of sounds heard within the body, Laennec and a host of subsequent observers brought precise acoustical observation and experiment, and showed us how to map out the condition of external parts, the action of which we hear but cannot see ; so that though we are not always able to say absolutely what is the nature of an abnormity, producing an abnormal phenomena, we can at least say what it is not. By applications of optical instruments Czermak and Cruise have laid open to us many organs of the body before inscrutable—the pharynx, the vocal chords, the trachea, the vagina, the uterus, the bladder ; so that the actual but hidden causes of many phenomena are no longer matter of argument, but of sight and demonstration. The secrets of the eye, I need not say, are now disclosed by means of the physical contrivances of Helmholtz and others, assisted by the many elucidations contributed by our own countrymen. Albutt and Ogle in this country, and others on the continent, are working out the further proposition that some states of the eye are not only important in themselves as local abnormities, but as being pathognomonic of other suspected conditions in other and distant organs. The sense of touch is so supplemented by the skilful apparatus of Marey that the wave phenomena of the pulse and heart are registered ; and thereby, through indirect but clear induction, we can fathom the secrets not only of the circulatory apparatus, but of nerve-action and nerve-lesion behind and beyond. And am I to add in this company that the very romance of zoological evolution is brought to enlarge our knowledge of the parasites that infest our bodies, modifying sanitary regulations in a remarkable manner, or that in every practitioner's hand, the microscope and the test tube answer in a moment questions once unanswerable. though on them hang issues of life and death ?

The exploration of the nervous system by electrical agencies, by manometers and the like, through the recent labours of the many, but especially of M. Duchenne de Boulogne, and the registration of changes of temperature in evidence of chemical alterations and in proof of corresponding alterations in the organism, should be cited as among the less developed but equally certain advances of physical inquiry as applied to disease. The framework of medicine simply considered as an art now eepends on accurate data, on experiment, on observation, and direct induction therefrom. But though this be true, yet medicine as an art cannot always go hand in hand with medicine as a science. The physician, with emergencies constantly before him, cannot wait to act till science has established her conclusions with absolute certainty. In so far as medicine is purely scientific it is not in harmony with the average mind of mankind ; in so far as it is empirical it is at variance with pure science. Science being organised knowledge, and admitting no uncertain element, objects to the probabilities which guide the master of the art to his conclusions, and lead him to act with a promptitude incomprehensible and appalling to the uninitiated. Just as the scientific navigator, who is furnished (as every navigator ought to be) with the instincts of the empirical seaman, trusts those instincts in a gale as readily as his accurate observations in clear weather ; so the true clinical physician decides first, and afterwards puts together in logical arrangement the reasons for his decision. In so far as he does this he abandons the order observed in pure science. Still he must do so in many cases if he is to act at all. If he cannot do so, he is apt to become first sceptical, then indifferent. That such scepticism and such indifference may be a real danger in the practice of medicine, and is some counterpoise to the many advantages which modern medicine may derive from her scientific character, is hardly to be doubted. This subject of medical scepticism is too grave to be here passed over without some consideration. Healthy criticism of existing belief is one thing ; mere destructive criticism, with no honest purpose of getting at the truth, is another. The former is a necessary quality in a man of full power ; the latter is the frequent sign of idleness in youth, and of carelessness in advanced years. There was a time when the priest and the physician were one, and when the art of healing was looked on as a supernatural gift. It is so esteemed even now among savages. Cures wrought by a higher intelligence, being above the conception of the "rude untutored mind," seem emanations from the attributes " of the unknown god." The impostor priest could be also impostor physician. Trading on the weaknesses of his fellow-men, he would dogmatise on the ailments of the body and their cure, as well as on the diseases of the mind and their remedies The destruction of such dogmas, groundless though they may be, is a slow and dangerous process, as all students of history can tell. But the time is come when every opinion and conclusion has to be sifted ; and another danger has come rapidly upon us—that of reckless negation of the accumulated experience of our race. What are our fathers to us ? Are we not better than they ? This is with some the modern version of the well-known lamentation :—

> " Ætas parentum pejor avis tulit
> Nos nequiores, mox daturos
> Progeniem vitiosiorem."

But still in the traditions of the past there is a mass of practical wisdom. Nothing is more admirable than the caution and care—the generally scientific spirit, and often the truly scientific method, with which the best men, such as Morgagni, Sydenham, and Hunter, observed and reasoned. It is conceivable that this caution was due in great measure to the uncertainty of the ground they trod, and the want of precision in the means they possessed. We are superior to our fathers in the means at our disposal, and in the positiveness with which we can up to certain points enunciate our results. But we ought not to overlook the fact, that with these positive gains we are subject to contingent losses, and that in an epoch of details and comparatively facile methods of inquiry the great qualities of patience and reserve may be lost to those who are not themselves original investigators. From the causes of twining in the delicate tendril to the causes of variation in the human species, from the causes and local conditions of atmospheric changes to the causes and physical consequences of the combustion of a fixed star, the biologists and physicists of the day are seeking a true cause; and, each in his way appreciated by hundreds of fellow-workers and ten thousands of more or less intelligent followers, is making a step towards the first cause which, Newton says, "Is certainly not mechanical." And what have they reached? First, the conviction, clearly expressed many years ago, of the exquisite interdependence between our entire fauna and flora in the chemical circulation of matter on our globe; and next, the generalisation at once so simple, so overwhelming, that all action of which we are immediately cognisant is but the result of the operation of solar heat upon and through interdependent and correlative existences; that all things in this system are capable only of interchange; that there is no destruction of what exists; no creation of new energy. The theorem of the conservation of energy has not, as may be supposed, brought direct fruit to medicine, but indirectly it has already told in more ways than one. But it explains nothing whatever of the origin of things; nothing of the nature of will. However true it may be that the solar energy was stored up myriads of ages ago in the coalfields, however true it may be that, in the processes of vegetable life and decay, the sun's energy is constantly being first captured and then liberated for further use in other organisms, yet nothing of this emits the smallest spark of information on the *true cause* of orginisation, or of the working of a single organic cell. These fundamental ideas seem at first sight to belong so little to the work of everyday life or to the practice of an art, as hardly to have any relation to them. Yet very little reflection shows how the profession, which has always assiduously pursued, indeed has been the chief promoter of, natural knowledge, cannot separate itself from the indirect, any more than from the direct influence of science, and so has to follow these apparently remote speculations. Who would suppose that the question of spontaneous generation so keenly debated from a very early period to our own year and day, need have any immediate bearing on practice? Yet see how the observations of Pasteur are connected with the questions of infection—nay, more, of suppuration, and (as shown to be proable by Professor Lister) of surgical treatment. It would indeed be a great point if we could prove that no germs, carriers of disease, spontaneously originate, but must always immediately come from a progenitor cell. If so, there would just be a hope that some diseases might be effectually and finally stamped out. What we do know of zymotic diseases does not favour this expectation. At the same time it has to be borne in mind that both the success and the failure of vaccination disclose the existence of properties which it would have been fantastic to expect, but which experiments proved to exist. What the powers of "nature" are in producing and regulating morbid products, and what the powers of man may be, is becoming every day more apparent in such inquiries as those on the relations of vaccination to syphilis, which are now being discussed by Ballard and Seaton. If we take them into consideration, together with the researches into the origin of tubercle by Villemin, Sanderson, and Wilson Fox, the inquiries into the origin of the cattle plague, and the whole state of our knowledge of the nature of what is called infection, we have presented to us certainly one of the most remarkable series of biological and paththological investigations that has been ever recorded, and to an intelligent and cultivated person unacquainted with the state of human knowledge in respect of bialogy, one which must, at first, seem almost incredible. "There are two methods by which the art must work: first, the method of pure science, with no other object but the attainment of knowledge and truth, the method which works by observation and experiment, in physics, chemistry, anatomy, and physiology, by the study of agents, and, where necessary, by vivisections; and secondly, the empirical method, or the method which attempts to cure by rules derived from tradition, probability and tentative experiment."

Now, by the first of these methods we are able to ascertain the law or course of action of the most complicated vital processes, as appears from the researches into tubercle and syphilis to which I but now allude. But this method is unable to explain the relations of phænomena in any, even the simplest organism, for it cannot be said that we at present understand the simplest vital process. Still it is a great thing to see the laws or course of action of living bodies being gradually developed and laid down. We know, for instance, that a certain disease will run a certain course in a certain family. What is this but the law that living matter acts in a definite manner under definite conditions, and that when we can predicate the conditions we can predict some at least of the results? This law is of course the scientific basis of all curative medicine in individual instances, and of all preventative or state medicine in communities. The application of this law to vital as well as to inorganic phænomena strikes a blow at many ancient prejudices which assumed and sometimes fostered the notion of exceptional and erratic procedures, that is to say, of procedures for which no reason could be given. Viewed calmly, it is the ground for all hope of future progress in Therapeutics; and for this reason among others. In the present state of knowledge we are always on the verge of the most amazing results, and we do not know when or where the outcome will be. And slowly, but surely, the siege of the fortress of knowledge advances. Latterly it has shown sign of progress in a new and unexpected direction. Chemistry which used to be chiefly analytical has now become enthusiastically synthetical. There are virtually no limits to the substances which can be made. Berthelot makes a calculation of the number of combinations with acids of certain alcohols. He says if you gave each a name, allowing a line for the name, then printed 100 lines in a page, and made volumes of 1000 pages, and placed a million volumes in a library, you would need 14,000 libraries for your catalogue. He therefore properly calls such bodies infinite, instancing the synthetical construction of the alcohol and aldehyde series, of the organic acids, of the amides, of urea, and the millions of possible bodies which loom in the future—certain to be made, waiting to be made, the possessors of qualities suspected but unknown. I almost hesitate to observe that bodies of this kind have important relations to the properties of the nervous system in man. Chloroform and the various amides employed by Richardson have made this familiar to all. The beautiful experiments by Bernard upon amygdalin show the question to be still more intricate and vast than Berthelot puts it in the passage already cited. It is manifest, therefore, that the possible agents for affecting the human body are infinite, and the instances which I have partially touched on of the relations of glanders, tubercle, and irritation; of syphilis and vaccination, show what might antecedently have been expected—the equally infinite problems which may be experimentally discussed and solved in the higher animal organism, problems equally affecting the classifications of Pathology and Therapeutics. Of the second, or the Empirical method, to which I but now allude, it is not to the present purpose to speak.

Having said thus much on the relations of Modern Medicine and Modern Science, in the hope of vindicating our profession from one-sided attacks, founded on the notion that it is wanting in scientific precision, I leave this light sketch of a vast subject, in order to consider the present relations of Modern Medicine to Humanity; in other words, its relations to the wants of man in the complex state of modern society. There were great armies before the Christian era; there must have been great crowding in ancient Rome; a careful and detailed sanitary code was imposed on the Jewish people at the time of the Exodus; Rome paid no small attention to sanitary works. But neither permanent populous cities nor sanitary codes were the rule. In our day on the contrary, one of the peculiarities of modern life is shown from statistics to be the tendency to increase of population in great towns: so that in England between 1841 and 1851 there was an increase in the population of towns, of over 100,000 inhabitants, of 23 per cent.; and in the following decennial period, 1851 to 1861, there was, in France, in towns of similar magnitude, taken collectively, an increase of 50 per cent. In our day Preventive and Public Medicine has become a great branch of Medical Science. Imperfectly as yet carried out in this country, it is more fully developed in several Continental countries, and, of late in a noble manner, in the United States. It is here and there carried to great perfection, as in various departments of armies; it has made great progress also in navies and in almost every part of civil life. It will suffice to say that we have some reason to hope that we may see the relations which ought to subsist between this department of the Science of Medicine, and the community at large, investigated systematically by a Royal Commission.

To anticipate the conclusions of such a commission would be no becoming occupation. But this may be confidently expected, that one result would be the elevation of the duties of an officer in State Medicine to that of a recognised profession, as in several special instances it has already become. At present it is not uncommon for a young man to be charged with wasting his powers if he devotes himself to improve the public health. Hereafter, charge of the puclic health must be made as much a matter cf honourable ambition in the body politic, and must become as much an object of special education and training, as the business of any other recognised branch of the civil service. The Government will have to define the duties to be discharged by Public Health Officers or other Officers of Public Medicine, and the General Council of Medical Education will be able to direct the education of those who aspire to the performance of duties so defined. I have not here touched on the problems arising from the condition of great towns. They are become part of the literature—I had almost said the sensational literature—of the day. Long familiar with poverty, and the sorrows and penalties and crimes which hang about it, as well as the brightness and patience which called forth the words 'Blessed be ye poor,' I had not learnt the intricacy of these problems till in the work of the Cubic Space Committee (wherein I joined the most able President of your Council) I found myself set face to face with them, and had to consider what was the significance to the State of a child born in the workhouse of a prostitute, brought up during childhood in the workhouse, cast forth into the purlieus of the city becoming pregnant and returning poisoned with syphilitic sores, at an immature age to bear a syphilitic infant; nor did I see the magnitude of the problems till I found that, not in one instance but in thousands, not in one district but in many, is this process being carried on. Where and how these frightful evils can be stopped is known only to Him who can tell the causes which laid desolate whole kingdoms of Asia, and left us to wonder at the ruins of cities whose very names are unknown. But it rests upon us, more perhaps than on any other class in the community, to see to it that no remedy which can be applied, however partially, is neglected, and that no means by which the comfortable and indifferent public can be roused to appreciate the task before them shall be left unused. Still less do I presume to handle now the relation of physiological and medical knowledge to the habits of some among the higher classes—to the conditions of modern society which overstimulate nervous action, the late haurs, the exhausting effort, the wholly unhealthy existence. This is a subject which needs much tenderness and skill, and longer time than you can spare. But it is a subject on which the advancing knowledge and culture of modern medicine will have not a little to say; and which, it may be hoped, will be so said as to be heard.

There is one other relation of modern medicine which it would be improper to pass by, although it is one which an over-prudent man would instinctively avoid—its relation to spiritual beliefs. The reason why an over-prudent man would avoid all allusion to such beliefs is, that he dreads to entangle himself in the maze of angry controversy which not only surrounds, but almost fills, the ecclesiastical world—controversy, not between creeds permanently opposed, as the creeds of Buddhism, of Islam, and of Christendom, but feuds in the bosom of each separate religious system. The reason why we cannot, if we would, avoid considering our own relation to spiritual beliefs, lies in the two fundamental facts, that we are ourselves men like other men, and that we stand in a closer and more real relation to man, as man, than does any other class of the commonwealth. It has indeed been said, "Ubi tres medici, ibi duo Athei." The recent attacks by the Cardinals in the French Senate on the Faculty of Medicine show that the charge conveyed in this aphorism is not forgotten in France. Signs of the same notion are not wanting in this country. What is the fact? The fact seems to be, that the members of the medical profession are in their lives not less religious than the average of the society in which they live. As a body, they are calm, earnest men, who mingle little, perhaps too little, in the questions of the day, and seldom with violence. Religious enthusiasm is rare with them; fanaticism is generally absent; and, on the whole, it may be said that, as a profession, they stand aloof from religious discussion. Self-interest operates in some degree; usage operates to some extent; but there is a deeper reason for their standing aloof, which religious teachers would do well to lay to heart. There are none who know so much of the reality of man's nature, its phenomena, its conditions, its pains, its privileges. To the physician, the bodily nature is bared in its beauty and in its hideousness, in its formation and growth, and in its decay and dissolution, The physician sees in the body of man the material structure by which alone the known operations of the mind of man are possible in this world, the organs by which alone he can work his earthly work, whether it be the work which he shares in common with the beasts of the field, or the work through which he can enter into conscious relation to his unapproachable Creator: the frame by which, while bound down in an earthly charnel-house, he lifts his eyes and strains his heart with yearning ineffable towards a higher nature, and obeys the upward tending impulses of affections strong unto death, affections so pure and so divine as to lose in the love of others even the consciousness of self. All this, and much more, our profession sees as phenomena.

If these, then, be the relations of medicine to science and to the bodily wants and the mental condition of man, and such the character of the physician, what is to be the preparation for his duties? There is no better answer than this of Strabo:—"The value of a poet is bound up with that of the man. He cannot be a good poet who is not a good man." On which Joseph Henry Green, who quotes the passage, says:—"I anticipate no objection when I state that the process for attaining or approximating to this great moral result constitutes, in its scope or end, *a liberal education.*" What that is, and how to be attained, is held by all thinking men to be one of the problems which our age has to solve, in and for the interests of our country. May not grave mistakes arise herein? At all events, in the present transitional condition of this and other questions of social economy, it were a waste of time for an Association such as ours to undertake the investigation of this difficult subject. But so far may be said, that the object of academical education for *our* profession is *from early life to discipline all the faculties.* It is obvious that the physician should be many-sided: he should be capable of sympathy with every form of good; he should have all his senses, eye, touch, hearing, disciplined to nice precision and exactness both in perception and thought. We may take one instance—the bearing of the so-called Fine Arts on the development of certain qualities of mind. There is a refinement of observation and a tact acquired by the study of masters of music, architecture, painting and sculpture, which add a charm to the life and character of a man, whatever be his profession, such as is hardly attainable in any other way. Not, of course, that I would wish all men to be so educated as if they were to be artists or musicians. Mathematics are valuable to train the mind to habits of accurate thought. The mathematics may be forgotten, may vanish in all their details; but the accuracy and precision given by their study may remain. So the practical dexterity of the eye, and hand, and ear, in drawing and in music may be lost; but the delicate perception of form and colour and the relations of colour, of sound and the relations of sound, and the effect produced upon the mind by the study and cultivation of the arts therewith connected, may remain, and tinge with a higher character the whole nature of the man.

It would be trespassing too much on your good nature to ask you to listen to the proofs that an acquaintance with the mental constitution of man, of those ways of ennobling its impulses, and of that mixed knowledge and discipline, which are called religion, is more especially necessary for our profession. I therefore assume that you generally consider every scheme of preliminary education faulty which does not admit this, and will only state briefly what present circumstances seem to require of caution under that admission. Granted that, for the intellectual training of a medical man, religious discipline and psycological knowledge are required, how are they to be imparted? and of what kind should they be? If those who have investigated the subject were agreed as to the nature and origin of human families; if the unity of our race were conceded; if there were no variations in character dependent on family and inheritance; if there were no questions as to the future state, nor disputes concerning our relation to the Infinite; if no questions had arisen within the pale of Christendom as to the scheme of redemption, nor outside that pale as to the evidence of that Christian faith,—then, indeed, the student preparing for medicine would find some definite course of mental philosophy and religious instruction in all colleges from San Francisco to Calcutta. Till that day of united conviction arrive, we must be content to take some general position that all can accept. Nor is this difficult. All will agree that we must, first, study the phenomena of human nature as now known to us, without regard to the origin of man; and, secondly, study the principles of laws which ought to regulate the will and affections of man for the good of himself and society—in other words, the principles of universal morality. Nothing less than this is necessary for the youth who are to follow our profession; nothing more can we now enforce.

It will be useless to denounce the inquiries which tend to explain the relations between thought and material organisation. That bundle (as it were) of qualities, good and evil, which we call mind, does, as far as we know, require for its manifestation the continuity and integrity of a complex organisation. That organisation varies with the qualities which are exhibited. The mental organisation of animals inferior to man is as various as their bodily structure. In truth, we have as good right to call the bodily organisation the material part made for the action of mind, as the mind the consequence of the bodily organisation.

The President then dwelt on the functions of a University and the connection of the profession with them, and concluded thus:—As your representative I have asked freely for what you seemed to desire, and in your name I thank those who have granted it. In the name of your Oxford friends, and as official head of the ancient and honourable Faculty of Medicine in her University, I heartily welcome you to whatever in the lotus-growing, stagnant depth of the long vacation you may find still living here. You bring your own life, from England, Scotland, and Ireland, from the United States, France, and Germany. Live it among us. And in exchange for our welcome to the banks of the Isis give us your thoughts and your counsels, to the end that we may all return refreshed and strengthened to our common and happy toil.

A vote of thanks to Dr. Stokes, the Ex-President, having been then moved by Dr. Sibson, seconded by Dr. Paget, and replied to, the Secretary proceeded to read the Annual Report, from which the following extracts are made:—

"It is with great pleasure that the Council have again to report a continued and considerable increase in the number of the members of the Association. At the end of the year 1867 the number of members was 3130. During the year 56 have died, 68 have resigned, and 111 have been erased for non-payment of subscriptions. Since the 1st of January of the present year 621 members have been admitted. At this time the total number of members is 3627.

"The Treasurer's Statement shows a considerable increase in the receipts, and a sasisfactory state of the finances of the Association.

"The Sub-Committee, appointed by the Council in 1866 'to consider the mode by which the profession at large may be directly represented in the Medical Council,' was re-appointed during the past year, and a deputation of the Sub-Committee, consisting of Dr. Sibson, Dr. Waters (Chester), Mr. Southam, Dr. Simpson, Mr. Nunneley, and the General Secretary (Mr. Husband being unable to be present), had an interview, on the 30th of June, with the General Medical Council. At that interview the deputation presented a memorial in favour of the direct representation of the profession at large in the Medical Council, and they urged its object by arguments, the force of which appear to your Council to be unimpaired by any of the objections raised in the debate which followed in the Medical Council, as reported in the journals, where a resolution was carried to the effect 'that, under present circumstances, it would not be expedient for the Council to consider the propriety of attempting to obtain a change of constitution.' It would have been gratifying to your Council if the Medical Council instead of passing this resolution, had availed themselves of the opportunity thus presented to them, and had commenced the amendment of the constitution of their own body by a movement from within.

"The Council are deeply impressed with the conviction that the direct representation of the large body of registered practitioners in the General Medical Council is an object of high professional importance, that should be steadily pressed by representations to the Government and to both branches of the legislature. They feel satisfied that they have faithfully interpreted, in this matter, the wishes of the profession, and they are convinced that the efforts of the Association will not be relaxed until this object is attained. They recommend that this object should receive the best attention of the Oxford Meeting, and of the various Branch Meetings throughout the kingdom.

"The Committee on State Medicine, appointed last year in Dublin, commenced its duties before the close of the meeting and has since then, in conjunction with a Committee appointed by the Social Science Association, held several meetings. On the 22nd of May, a large deputation from the British Medical and Social Science Associations was received, by the Duke of Marlborough, the Right Honourable Gathorne Hardy, and the Earl of Devon, at the Privy Council Office, and a Memorial drawn up by the joint Committees, showing the necessity of a better administration of the laws relating to registration, medico-legal inquiries, and the improvement of the public health, was presented. The deputation was assured that the Government would give the subjects brought under their notice the best consideration.

"The Sectional Meetings, held for the first time at Dublin last year, were eminently successful. The want, however, of a section at which papers on State Medicine and Medical Policy could be read and discussed, was much felt. This want has this year been supplied by the formation of a Section on Public Medicine, and the Council anticipate that the meetings of that Section will be of deep interest.

"The Sectional Meetings have assumed so sudden and important a development, that the Committee of Council have appointed a Committee to consider and advise as to their future organisation.

"Two essays were received for the Hastings Medal, but your Council regret to announce that the adjudicators—Professor Stokes, of Dublin, Dr. Paget, of Cambridge, and Professor Gairdner, of Glasgow—have reported that they do not consider either of them to possess sufficient merit; and they therefore advise the Medal to be withheld for this year.

"The subject for competition for 1869 is 'Resection of Joints.'"

The motion for the adoption of the Report gave rise to a great deal of discussion, and speeches were made by Mr. Gamgee and others condemnatory of the action of the Council of the Association in regard to their deputation to the Medical Council.

This discussion was revived with considerable energy in a motion of thanks to the Committee.

Eventually an amendment was carried, and after some routine business the meeting adjourned.

Wednesday, August 5th.

The Association met this morning at breakfast, at the Corn Exchange, and the assembly numbered nearly 400. A large number of those present adjourned to the Convocation House at half-past ten, to be present at the granting of honorary degrees to Sir Charles Locock, the Rev. Dr. Haughton, Dr. Gull, Mr. Paget, Mr. Syme, and Mr. Simon.

The place of meeting for next year was, on the invitation of Mr. Nunneley and Dr. Husband, of York, fixed at Leeds, where the new Infirmary is expected to be an object of much interest.

Dr. Chadwick was accordingly chosen as President elect.

The following gentlemen were elected Honorary Fellows, in accordance with the new law, on the motion of Dr. Sibson:—Dr. Cookson (Vice-Chancellor), Professor Airey, and Professor Stokes, of Cambridge; Provost and Vice-Provost of Dublin University; Rev. Dr. Carson, of Dublin; Vice-Chancellor of Oxford, Dean of Christ Church, Warden of New College, Principal of St. Mary's Hall, Sir B. Brodie, Professor Phillips, Professor Clifton, Mr. Chapman, M Duchenne, M. Marey, Professor Victor Carus, Professor Gross, representing the United States Medical Association, and Mr. Edwin Chadwick.

The Joint Report on State Medicine of the Committees of the British Medical and Social Science Association having been then presented by Dr. Stewart, Professor Rolleston proceeded to deliver his address on Physiolgy—a disquisition which displayed very great erudition and ability, and was loudly applauded during its delivery.

WEDNESDAY AFTERNOON MEETING.

The members again assembled at two o'clock, when the Rev. Professor Haughton proceeded to read his communication on the "Relation of Food to Work." The delivery of this lengthened essay was received by the audience with the utmost enthusiasm, and listened to with marked interest.

On the termination of Professor Haughton's address, the Sectional Meetings were opened. In the Medical Section the chair was taken by Dr. Stokes, in the absence of Sir W. Jenner, and a communication was read by Dr. B. W. Foster of Birmingham, "On the Use of Ether and Etherised Cod Liver Oil in the treatment of Phthisis."

Professor Rolleston presided in the Section on Physiology, and papers were read by Mr. Paget "On Stammering with other Organs than those of Speech," and by Dr. Robert McDonnell, of Dublin, "On the relative claims of Bell and Majendie to the discovery of the function of the roots of the Spinal Nerves."

In the Surgical Department Mr. Paget assumed the chair, and heard essays, from Mr. Birkett "On the mortality from Abdominal Hernia," and from Mr. Southam "On the results of Operations for Lithotomy at the Manchester Royal Infirmary."

THE PRESIDENT'S SOIREE.

At half-past eight, the New University Museum was thrown open to a very large assemblage of the members. The tables were covered with a variety of interesting specimens. Dr. Beale exhibited a very complete series of microscopic preparations in Anatomy and Physiology. The Sphygmograph and Cardiograph were demonstrated in an adjoining room, and a variety of novel scientific instruments were exhibited and explained by Professor Clinton.

THURSDAY THE 6TH.

The Fourth General Meeting was held at ten o'clock, and the report of the Committee on the action of Mercury on the Biliary Secretion, was presented by Dr. Hughes Bennett. The experiments had been principally conducted on dogs, and their result is very startling as tending to overthrow all hitherto received ideas in the matter. The ultimate conclusion arrived at is that, inasmuch as mercury is found to act in most respects on dogs exactly as it does on the human subject, its effect on the secretion of bile may be assumed to be similar. That, nevertheless, it is found in moderate doses not to stimulate that secretion, and in large doses to act in the direction of retarding it.

The Report of the Parliamentary Committee was then read, and a Committee was appointed to confer with the Council of the Poor-law Medical Association.

The Sectional proceedings this day were signalised by a very able paper on "Preventive Medicine," read by Mr. Simon, in the Public Health Section.

The Public Dinner of the Association took plaee in the evening in the Hall of Christ Church.

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Correspondence.

LETTERS ON MEDICAL REFORM.—No. II.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The great importance of some of the "higher questions" which must necessarily occupy the attention of our representatives on the Medical Council, when the profession shall have acquired the right of self-government, renders it desirable that professional men should think over and make up their minds upon them before they are called on to name the conditions on which they will support such and such candidates for the honour of representing them and upholding their interests on the Council.

One of the first and most important of these questions is that of preliminary education. What are its objects? what ought to be its nature and scope? and whether a high standard or a low standard ought to be maintained? To which latter question, if put in a general way, I presume no person could think of replying that the standard ought to be low, though the vital importance to us, both as a body and as individuals, of maintaining a high standard, may, perhaps, be worth demonstrating. The object of the preliminary examination is of course to test intellectual ability in general, and in particular the possession of such special qualities and faculties of mind as shall guarantee that a young man shall be able to study and practise medicine with satisfaction to himself and benefit to the public; such powers of mind as shall ensure that after four years of average work, he shall be able without fail to pass his professional examination, and shall not find himself compelled, after so many of the best years of his life shall have been spent in the study of medicine, either to turn to some wholly different pursuit, or to settle down, as is so often done in England, as an unqualified assistant or practitioner, with just enough knowledge to be able to pass himself off as being very learned among the lower middle classes, underselling the respectable practitioner, and lowering the general estimate of medicine as a science, and medical practice as a pursuit. It is, indeed, of the utmost importance to us that a somewhat higher standard even than this shall be reached, since every additional member added to the profession increases the number of candidates for practice, and so far lowers the standard of professional remuneration; and this more especially when the new member is a man of low attainments, and hence under the influence of very strong pressure to undersell his brethren for the sake of his own livelihood. I know what the answer to this line of argument will be in the minds of a very large number of medical men. They will say—"It is very true that a high standard of preliminary and professional requirements will benefit us individually, but we have sons to put into the profession, and whom we hope to succeed us in our practices, and if we raise the standard of either examination too high they will not be able to enter the profession."

I presume that the difficulty is not one of cost, for which of us would not be willing to spend a little more on his son's education, and it would be but very little more, in order to get him into a profession so much better paid under those conditions than it is at present; but the question is one of intellectual ability to pass the higher examinations. Undoubtedly there would be some lads found, sons of medical men, who could not pass the barriers when raised, but these would obviously fail in the practice of their profession if they should now succeed in passing, and would do much better by selecting some pursuit in life requiring less study, thought, and grasp of mind. But I wish to urge it strongly on my medical brethren, that except in such rare cases the raising of the barriers is a movement altogether in favour of their sons as against others. Those who would be kept out by such a change would be the sons of the petty farmer and shopkeeper, who now look upon the profession as affording them an entrance into the rank of gentlemen. This will be obvious, on a little consideration, by a comparison of the relative advantages possessed by the son of the medical man over the son of a farmer or shopkeeper, as regards the passing of the preliminary and professional examinations.

The son of the medical man is brought up from his infancy in what we may call a scientific atmosphere. The knowledge which his father possesses of chemistry, natural philosophy, botany, and, we may almost certainly add, of mathematics and classics, is unquestionably very great when compared with that of the farmer or shopkeeper. In the company and through the conversation of his father, these things ingrain themselves into the lad's mind; they are the foundation upon which his education is built, the frame-work around which his ideas twine themselves. His rival meanwhile thinking on crops, the flocks and herds, or the markets, stores, and stock in trade, if indeed he ever *think* at all, in the sense in which a medical man understands the term. Which of these two lads will best and most thoroughly take up the instruction necessary for a high preliminary examination; on the side of which will the advantage lie in passing the examination, if the barriers be only raised high enough?

But this is an absolutely necessary step if the advantage is to be thrown where it really lies, on the side of the medical man's son; for, to illustrate the point by a reference to athletic sports, what advantage would the active and well-trained hurdle-leaper have over the clod-hopper in a race where the hurdles should be only one foot high?

I must defer to a future occasion the further consideration of this subject.—I am, dear sir, yours faithfully,

ISAAC ASHE, M.B. T.C.D.

Medical News.

THE PUBLIC HEALTH.—We extract the following from the weekly return of the Registrar-General :—In the week that ended on Saturday, August 1, 4416 births and 3770 deaths were registered in London and in 13 other large towns of the United Kingdom. The annual rate of mortality was 31 per 1000 persons living. The annual rate of mortality last week was 28 per 1000 in London, 25 in Edinburgh, and 23 in Dublin; 25 in Bristol, 39 in Birmingham, 36 in Liverpool, 36 in Manchester, 39 in Salford, 38 in Sheffield, 39 in Bradford, 39 in Leeds, 36 in Hull, 26 in Newcastle-upon-Tyne, and 30 in Glasgow. The rate in Vienna was 35 per 1000 during the week ending the 25th ult., when the mean temperature was 5·1 deg. Fahrenheit higher than in the same week in London where the rate was 31. The mortality from diarrhœa showed a decline last week in London, but had further increased in several of the other large towns, especially in Birmingham and Liverpool. The annual death-rate from this disease during last week was 4 per 1000 in Newcastle-upon-Tyne, 5 in Bristol, 6 in London, 9 in Bradford, 10 in Manchester and Hull, 11 in Liverpool, 12 in Salford, 13 in Sheffield, 14 in Leeds, and so high as 20 per 1000 in Birmingham. There is little doubt that under a well-organised system for treating the disease in its earlier stages this mortality would rapidly decrease, and the risk of the more dangerous choleraic forms would be reduced to a minimum. The deaths of 859 males and 806 females, in all 1665 persons, were registered in London during the week. It was the 31st week of the year; and the average number of deaths for that week is, with a correction for increase of population, 1583. The deaths in the present return exceed by 82 the estimated amount, but are less by 220 than the number recorded in the preceding week. The deaths from zymotic diseases were 691, the corrected average number being 638. Five deaths from small-pox, 46 from measles, 47 from scarlatina, 9 from diphtheria, 32 from whooping-cough, and 52 from fever were registered. Thirty-eight deaths from choleraic diarrhœa or cholera were recorded ; 27 fatal cases were those of children under two years of age ; five children who died were aged from 2 to 10 years, and 6 fatal cases occurred in adults. 384 persons died from diarrhœa ; of that number 42 were adults. The mortality from diarrhœa and choleraic diarrhœa or cholera in the London waterfields to 100,000 living was 12 in the New River, 11 in the Grand Junction, 17 in the Southwark and Lambeth, 14 in the East London, and 18 in the Kent fields of supply. The deaths of 6 persons from sunstroke were recorded ; and in many cases the fatal termination of diseases was stated to have been accelerated by the great heat. At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·801 in. The barometrical reading increased from 29·51 in. on Tuesday, July 28, to 30·16 in. on Saturday, August 1. The mean temperature of the air in the week was 67·6 deg., which is 5·3 deg. above the average of the same week in 50 years (as determined by Mr. Glaisher). The highest day temperature was 90·1 deg., on Tuesday, July 28. The lowest night temperature was 49·4 deg., on Saturday, August 1. The entire range of temperature in the week was, therefore, 40·7 deg. The highest reading of the thermometer in the sun was 167·0 deg. on July 28. The mean of the highest temperatures of the water of the Thames was 68·7 deg.; that of the lowest was 68·4 deg. The difference between the mean dew point temperature and air temperature was 12·9 deg. The mean degree of humidity of the air was 64, complete saturation being represented by 100. Rain fell to the amount of 0·23 in. The general direction of the wind was W.S.W. and S.S.W. Ozone was observed on five days during the week. According to a return furnished by the engineer of the Metropolitan Board of Works, the daily average quantity of sewage pumped into the River Thames at the Southern Outfall Works, Crossness, was 46,190,315 gallons, or 209,864 cubic metres, equivalent to about as many tons by weight.

MALVERN COLLEGE.—The annual speech-day was held on the 28th ultimo., and the Scholarship Examinations closed on the 30th. After a few introductory remarks by the head-master. The Rev. Arthur Faber, M.A., announcing the increase of the school, &c. The usual speeches were delivered by the pupils with much spirit, receiving at the conclusion loud and well merited applause. The prizes were then distributed, the chief award being the Beauchamp prizes (classical), J. Haworth, E. N. Jones, H. Barnes ; the Gully prizes (modern langauges), J. Smith, S. Curtis, A. Robinson, H. Walker ; the Council prizes to R. M. Drew, D. Faber, J. Perks, A. Hill, F. Pottes, J. Scholfield ; Modern department prizes to J. Rogers, J, Staight, &c. The Scholarship Examinations were concluded on the 30th. The Bishop Philpott Scholarship was awarded to H. Barnes ; the Council Exhibition to R. M. Drew and C. Lushington ; and the Modern Exhibition to H. Bowen.

BELFAST BRANCH OF THE ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.—The stated quarterly meeting of the committee of this local branch of the above invaluable society was held on Wednesday, 5th August, at No. 33, High-street. James Moore, Esq., M.D., M.R.I.A., was called to the chair. Amongst the other members present were:—Dr. Patterson, Dr. Whittaker, Dr. Wilberforce Arnold, and the honorary secretary, Dr. Stewart. The minutes of last meeting were read and confirmed. It was now reported that the several parties, six in number, who had been recommended for grants at the annual meeting of the Parent Society held in Dublin in June last, had since received the several sums, as had been suggested, and for which each was deeply grateful for the timely assistance so rendered. The only regret felt by the Parent Society was that more liberal grants could not be awarded, the total sum in hands being so very limited. It was pointedly observed at the meeting to-day how comparatively few of the profession in Belfast gave any pecuniary aid or countenance whatever to a society which, for its means, was doing so much good, and whose objects were so purely disinterested and humane. Much conversation took place as to the best means to be adopted to increase the number of the actual subscribers to this branch, especially in respect of Belfast, in which the names of little more than a third of the practising members of the profession were in the list of subscribers. Amongst other resources approved of to increase the list of subscribers, it was unanimously decided upon that it be an instruction to each member of the committee, in town and country, to use his influence as far as possible in furtherance of so good a cause as the society was engaged in, by making more widely known its really humane objects, and soliciting on its behalf the aid of every member of the profession, as well as of the affluent not belonging to its ranks, but upon whom the medical profession had the strongest claims. A letter was read from the Secretaries of the Parent Society requesting that the subscriptions of the respective branches would be transmitted to the Treasurer, in Dublin, as early in the month of May, yearly, as possible, a request which it was resolved should be acted upon for the future by this branch. After transacting the usual routine business the chair was vacated, and the meeting separated.

STATISTICS OF INSANITY IN IRELAND.—By the aid of the Royal Irish Constabularly and the police, a very careful inquiry has been recently made throughout Ireland into the number of insane persons not placed in any asylum or other institution (including wandering lunatics), with a view to ascertain by the returns, coupled with those from asylums and other establishments, the gross amount of insanity in the country. The result is as follows :—On the 31st of December, 1867, there were 5212 insane persons in public asylums in Ireland, and 626 in private asylums ; 2705 in poor-houses; 334 in goals; 158 in the Dundrum central asylum for criminal lunatics, and 51 in Lucan private asylum, supported by the Government ; making 9086 registered lunatics. To these are to be added 6564 lunatics at large, making the total number of the insane in Ireland, 15,650. In Connaught they constitute 2·0 per 1000 of the population enumerated at the Census of 1861 ; in Ulster. 2·4 per thousand ; in Munster, 2·7 per thousand ; in Leinster, 3·0 per thousand. Taking Ireland as a whole, the number is 2·7 per thousand of the population at the Census of 1861, or 2·8 per thousand of the estimated population at the end of 1867. All classes of persons of unsound mind are included —lunatics, idiots, epileptic imbeciles. Omitting the 51 in Lucan not classified, 8322 are males, and 7277 females. The returns relating to the 5212 patients in district asylums show that in 952 cases the insanity was due to moral causes; in 1074 to physical causes; in 542 it was hereditary; in 2644 the cause was unknown. An examination of the 952 cases of insanity traced to moral causes shows that in 280 cases it arose from grief, fear, or anxiety ; in 190 from poverty and reverse of fortune; in 154 (57 men and 97 women) from love, jealously, or seduction; in 93 from domestic quarrels and afflictions; in 129 (53 males, 76 females) from religious excitement; in 59 from study and mental excitement; in 30 from ill-treatment; in 9 from pride; in 8 from anger. Among the 1074 cases of insanity from physical causes are 289 from intemperance and irregularity of life, 76 from effect of climate or sunstroke, 14 from abuse of medicine, 30 from sedentary habits. There were 5070 patients in district asylums at the beginning of 1867, and 1527 were admitted in the year, making 6597 under treatment; 638 were discharged recovered in the year, and 465 dead. More than one-fourth of the lunatics in these asylums (excluding idiots and epileptics) were pronounced probably curable.

THE COCKCHAFER.—M. Payen communicated to the Academy of Sciences the leading points of a paper published in the "Mémoires" of the Société d'Emulation of Abbeville, by its vice-president, M. E. Hecquet d'Orval, on the enormous havoc caused in 1866 by the white grub, or larva of the cockchafer. In Lower Picardy the damage done to breadstuffs amounted to from 35 to 50 per cent., to fodder and meadows to between 25 to 50 per cent.; to beetroot, potato, and poppy to 50 per cent., while the Jerusalem ortichoke only suffered at the rate of 27 per cent. The average amount of the loss in the aggregate is therefore 40 per cent., chiefly owing to the larva of the cockchafer, but also partly to the *Agrotis segetum* caterpillar. The author of the paper shows that a severe winter fails to destroy any great quantity of these enemies, and that, if moles do some little damage to fields, it is far outweighed by the great services they render agriculture by devouring grubs. He also rejoices to see that birds are more protected now than formerly. Ground lying fallow is generally a hotbed for the propagation of the white grub, and such fields ought, therefore to be ploughed and harrowed at least five times during the year, when these worms are near the surface; in that way they are either picked up by the birds or killed by the heat of the sun. M. Payen remarked that last year M. Reiset proved that the collecting of these noxious insects may be effected on a large scale at a very moderate cost; they might then be easily killed by the vapours of napthaline, and used for manure. In the department of the Oise, M. Lallouette, proprietor of the sugar manufactory of Barberie, last spring paid 20f. for every 100 kilog. of cockchafers, and for 6000f. obtained 30,000 kilog. of them, representing 34 millions and a-half of individual insects, which would have produced 690 millions of white grubs. The department of the Seine Inférieure, last year, at a cost of 80,000f., got 1,149,000.000 cockchafers, which might have produced 22,980,000.000 of white grubs, capable of devouring the produce of 300,000 hectares (750,000 acres).—*Galignani.*

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OBITUARY NOTICES.

THE LATE DR. ELLIOTSON, F.R.C.P. AND F.R.S.—This distinguished member of the medical profession, who died, at the advanced age of 82, on the 29th ult., whilst staying at the house of an old and attached friend, our contemporary, the *Standard*, says, was the son of a chemist in the borough, in which the subject of the present short notice afterwards practised. As soon as his preliminary studies were completed he went to Edinburgh, then the chief medical school in the kingdom, At Edinburgh he remained three years, and proceeded to Cambridge, where he graduated, and took his degree of M.D. In 1817 he became assistant-physician to St. Thomas's Hospital, and a few years later one of the principal physicians. On the establishment of University College, in Gower-street, he was appointed Professor of Medicine in that institution and physician to the hospital. These offices he resigned in 1838 in consequence of the opposition raised to his system of mesmeric treatment of cases in that hospital. Before Dr. Elliotson yielded his faith to the marvels of mesmerism he made some useful contributions to medical literature; among which he published a translation of "Blumembach's Physiology," and a work on "Diseases of the Heart." He had a very extensive practice, and was the first man to introduce the use of the stethescope into this country. He was elected a Fellow of the Royal College of Physicians in 1822; of the Royal Society, in 1824; and has been president of the Royal Medical and Chirurgical Society.

THE LATE DR. STEVENS.—It becomes our duty to record in this week's *Herald* the death of a gentleman who made for himself a name not only in this locality, where he was well-known, but in the wide world of science also; we allude to William Stevens, M.D., D.C.L., formerly of the Island of St. Croix and of this city. Dr. Stevens was a very eminent physiologist, and recognised as a man of exceptional acquirements by the ablest men of his day. In 1834 he was chosen by the University of Oxford, on the inauguration as Chancellor of the Duke of Wellington, as one of the three members of the medical profession to whom the honorary degree of D.C.L. was awarded in convocation, the other members of the triumvirate being J. H. Hume, M.D., and Sir Astley Cooper, M.D. The magistrates of the county of Middlesex awarded Dr. Stevens a vote of thanks and presented him with a piece of plate of the value of a hundred guineas as an expression of gratitude for his valuable services in combating the cholera in the county prison of Coldbath Fields, and King Christian VIII. of Denmark, in admiration of his genius, and in requital of his valuable services rendered in the Danish West Indies bestowed upon him a princely gift. The mode of treatment adopted by Dr. Stevens in cases of cholera is now acknowledged to have been founded upon a most enlightened view of the diagnosis of that terrible disease. His writings upon diseases of the blood will always be recognised by the profession, and he leaves a monument of his research in the well-known remedy for all affections of the kind, sold everywhere as "Lamplough's Pyretic Saline." Dr. Stevens had reached the patriarchal age of 82. A genius, a philosopher, and a man of strong and original thought, he lived down prejudices, and had the pleasure of seeing his theories carried into practice by men who were at one time a little too willing to cry him down.—*Worcester Herald.*

19TH July, on board the African Mail-boat, Lagos, on his passage home from Sierra Leone, John Bradshaw, Esq., L.K.Q.C.P.I., and L.R.C.S.I., Staff-Surgeon, aged 32 years, fourth son of the late Dr. George Bradshaw, of Thurles, county Tipperary.

Dr. Bradshaw fully maintained the prestige of the Dublin Schools of Medicine, as by his superior attainments he was promoted to the rank of surgeon after serving only four years and three months as assistant-surgeon.

He was a young man of much promise as regards his profession, and had endeared himself to all who had the pleasure of his acquaintance by his many sterling good qualities.

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NOTICES TO CORRESPONDENTS.

Proofs reaching authors in England on or before Friday morning are expected to be returned to the Editor, at the office, 20, King William-street, Strand, W.C., before five P.M., on Friday afternoon. Proofs reaching authors on Friday evening or Saturday morning *must* be returned to the office by two P.M. on Saturday, which is an early closing day. Duplicate proofs are sent to authors, in order that they may correct and return one copy, and keep the other for private use. Contributions should be LEGIBLY written, on one side of the paper only.

All Communications and Letters must be authenticated by the name of the writer, though not necessarily for publication.

J. M. J.—Having perused the *memorandum* in question, we do not think it would be sufficiently interesting to our readers, to accord it space in our columns. We are disposed to question whether the flesh of the Kangaroo, is the article, *par excellence*, for assisting the digestion of all other foods.

A SUBSCRIBER.—Your friend in Washington, should have no difficulty in procuring the regular supply of this journal, if his commands were given to Messrs. Kelly and Piet, Baltimore, who are our sole agents for the United States.

Dr. E. S.—Mr. Walton, of Gower-street, is the publisher of the book in question, we believe the price is 3s. 6d.

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BOOKS, PAMPHLETS, &c., RECEIVED.

The Practitioner for August.

A Treatise on Odontalgia, by S. Parsons Shaw. Manchester: Palmer and Howe.

Theory of the Treatment of Disease adopted at Ben Rhydding, by William Macleod, M.D. London: John Churchill and Sons.

On Digitalis, by T. L. Brunton, B.Sc. M.B. London: John Churchill and Sons.

On the Immediate Treatment of Stricture of the Urethra, by Bernard Holt, F.R.C.S. London: John Churchill and Sons.

The Edinburgh Medical Journal; the Dublin Medical Journal; the Glasgow Medical Journal; Gazette Medicale De Paris; Le Mouvement Medical; L'Union Medicale; and the Philadelphia Medical and Surgical Reporter.

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APPOINTMENT.

EDWARD BOROUGH, M.R.C.S., L.R.C.P.E., late Senior Assistant House-Surgeon to the Leeds Dispensary, has been appointed House-Surgeon to the Leeds Fever Hospital, vice Henry C. Libbey, Esq., resigned.

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SESSION—1868-69.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 19, 1868.

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ON THE NERVOUS CONNECTION OF CERTAIN SKIN DISEASES.

By HENRY SAMUEL PURDON, M.D.,

PHYSICIAN, BELFAST DISPENSARY FOR DISEASES OF THE SKIN, ETC.

In a former paper[1] I endeavoured to point out one or two symptoms held in common in three distinct diseases—viz., Herpes, Pemphigus, and Urticaria. Since the publication of that paper an interesting article has appeared, by Dr. Handfield Jones, on "Pleurodynia accompanied by a Peculiar Eruption."[2] Drs. Woakes, Morris, Wilson, &c., have also contributed papers on the nervous origin of many skin diseases.

The nervous system is divided into two orders—viz., the cerebro-spinal and sympathetic; the former comprising the brain and spinal cord, together with the nerves proceeding from those structures; the latter presides over organic life. Its nerves being chiefly sent to the blood-vessels, glands, and internal viscera, intimate communication exists between the two systems; but, as our enquiry is more towards the nervous relations of various cutaneous diseases, I shall only state that the skin which envelopes our bodies is of varying thickness in different regions. No nerves or blood-vessels have as yet been traced into the epidermis, its nutrition being carried on by means of the selective properties of the cells; and upon the deep or under surface of the cuticle granular cells are abundantly found. The tactille papillary layer of the cutis vera presents furrows which pursue different directions, separated by elevations which are occasioned by a double row of conical papillæ, and into which a couple of capillary loops, together with a nervous twig, enter. The skin is united by "connective tissue," which is loose and soft in texture, to the subjacent parts, and which allows of motion taking place. Into this connective tissue an exudation may take place, especially if the part be very vascular. Nerve irritation may occasion an exudation, which is due to direct transudation from the capillary vessels themselves; for, according to Bernard and other physiologists, the cerebro-spinal nerves cause dilatation of the capillaries, the sympathetic, the opposite—viz., constriction; and if these two functions be not equally balanced transudation may take place; or, according to Dr. Woakes,[1] "the capillaries are in a state of equilibrium between the forces exercised upon them by these two portions of the nervous system. A state of tone is in this way maintained in them, the greater in accomplishing which is referable to the regulating influence of the sympathetic fibres. By the term 'tone' is meant that condition of equilibrium between the capillaries and tissue cells surrounding them which is necessary for the exercise of those elective functions by the latter, upon the due performance of which the ultimate process of nutrition mainly depends."

When the skin is inflamed, say, for instance, in erythema, we have—when the disease is chronic—an exudation poured forth into the subcutaneous tissue; or papules may appear at certain anatomical points, as, for instance, at the orifice of hairs, gland ducts, or other vascular spots, as is well observed in eczema lichenoides.

Herpes and pemphigus form the connecting link between erythema, on the one hand, and urticaria, on the other. In erythema both the corium and subcutaneous cellular tissue are infiltrated with fluid which many pathologists consider to be exuded through the walls of the capillary vessels; and, according to Virchow,[2] "the exudation that we meet with is essentially composed of that material which is generated by the altered condition of the inflamed part, and of the transuded fluid which escapes from the vessels." In an article on "The Passage of Blood Corpuscles through the Walls of the Vessels," *Medical Times and Gazette*, May 2nd, 1861, the following occurs:—"The second experiment consists in producing congestion of the capillary system in the web of a frog's foot by the application of a ligature to the femoral vein. The resulting phenomena are:—1st, retardation of the stream; 2nd, the occurrence of oscillation; 3rd, stasis. This is followed by massing together of the corpuscles to the walls of the vessels, which usually become pouched at these points. On relieving the congestion, by removing the ligature, the conglomerates of corpuscles break down and the stream recommences. The corpuscles, however, which had become adherent to the walls are now *seen to pass through them* and to appear in the surrounding tissues. They are followed by others, and soon the spaces between the capillary network will become loaded with blood globules. In attempting to determine how this process takes place, we have to consider, first, whether there are really apertures in the vascular parietes; and, secondly, whether the result is due to any peculiar properties of the blood corpuscles themselves. Dr. Cohnheim inclines to the belief that interspaces exist between the cells of the lining membrane of the smallest vessels; and, in this view, he is supported by the fact that openings have been proved to exist in the smaller branches of the lymphatic system, apparently in connection with the stomata-like orifices in the epithelium of the serous membranes." The so-called trophic nerves have allotted to them the office of regulating nutrition, but the vaso-motor nerves fulfil the same function, control the flow of blood and the vital actions of the different parts. Hyperæmia and effusion are common to certain skin diseases, and which are owing to nerve irritation—the transudation to pressure. This latter may be limited or diffused according to the nature of the disease and the tract of nerves injured. In large nerves the vasal filaments may be bound up with the sensory when there will be more pain accompanying the disease, as in herpes. Belladonna has the power of acting on the vaso-motor nerves, causing them to constrict the vessels, and is valuable medicine in herpes, engorgement of the mammary gland, &c.

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[1] "Notes on Herpes Pemphigus and Urticaria."—*Dublin Quarterly Journal*, May, 1868.

[2] *Journal of Cutaneous Medicine*, July, 1868. No. VI.

[1] *Journal of Cutaneous Medicine*, No. III. page 279.

[2] "Cell Pathol.," page 356.

Owing to injury of nerve trunks, a change of structure is observed in the skin, which covers the distribution of the affected nerves, and from the observations of Dr. Woakes[1] and American army surgeons during the late civil war in the United States, on cases of injury to nerves by gunshot wounds, &c., it appears that the skin affected usually takes on either an erythematous, papular (lichen), or herpetic character. It also loses its hair (when on the head alopecia), is smooth and glossy. I have met with a disease of the hair which might be called "fragilatas crinium," or extreme brittleness of the hairs, an affection in which no parasitic fungus could be detected, which is essentially a disease of defective or deficient nutrition and of nervous origin. The following are the brief notes of the case:—J. M., aged 45, consulted me on March 4th, 1868, for a "breaking-short" and brittleness in the hairs of his left whisker, which has existed for about one year. He cannot offer any explanation of how the affection commenced, and never had syphilis. His health latterly has not been good, is very nervous, easily agitated, sleeps badly at night, and troubled with dyspepsia. No parasite could be detected on the hairs, for at first sight it presented some of the appearances of the declining stage of tinea tonsurans, except the brany desquamation of the cuticle, the skin of the affected part being healthy. The hairs were uneven in length, fissured longitudinally, and extremely dry, but of the natural colour, which was black, thus differing from the hairs in tinea tonsurans, which are usually bent, of a lighter colour than natural, nodulated, and easily broken; this latter state being due to the sporules of the "tricophyton tonsurans," which are embedded in their structure. The hair bulbs in "ringworm" are also diseased and considerably enlarged, but in this case were quite healthy. I considered the affection to depend on atrophy of the hair, arising from defective nutrition, which was due to impaired nervous power, and consequently prescribed tonics internally, and locally the application of a stimulating lotion, the hair being kept cut short.

Should another case of the above affection present itself I would be inclined to try phosphoric acid, considering, as I do, that the disease was of nervous origin. The presence of dyspepsia in this case is also of interest, and in Bostock's Physiology, page 92, I found the following passage:—"Vanquelin found that the colouring matter of the hair is destroyed by acids, and suggested that when the hair has suddenly changed its colour, and becomes white in consequence of any mental agitation, it is owing to the production of an acid in the system." But this idea seems to be very hypothetical. No doubt, in the case recorded, dyspepsia, accompanied by acid eructations, was present, and a form of dyspepsia has been called "nervous," usually arising from mental anxiety, but to establish a case between them would be difficult; nor is it at all easy to account for how the physical properties of the hair was changed, except on the ground of nervous origin. But, to return from this digression, M. Dubois-Reymond has examined into the so-called quiescent state of nerves, and found that cell growth depended upon the nature and intensity of the exciting cause, and that nervous depression gives rise to hyperæmia, eventually leading to disease of nutrition; and in the rare disease called morphœa, in which, according to Mr. E. Wilson,[1] "The nerves and the capillary vessels, the papillæ, in fact, the more highly organised of the tissues of the skin have become atrophied. . . . While, therefore, we regard this remarkable disease pathologically as a retrograde metamorphosis of the tissues of the derina, originating in neuro-paresis, as, in fact, a fibrous degeneration of the skin, we must look upon it therapeutically as a debility and aberration of nutritive power." Morphœa, when situated on the head, exhibits a bald patch, of a white appearance, and corresponding to the distribution of particular nerves.

In the disease known as prurigo, we have, on the authority of Dr. Parkes,[2] a highly exalted, sensitive, and irritable condition of the nervous system, a condition not unfrequently depending on a morbid state of the spinal cord; and from the researches of M. Bréschet on the structure of the skin, we are made aware of the fact, that the various nerve filaments proceeding from different trunks are dispersed in many directions, and ramify and subdivide minutely on approaching the cutis, ultimately entering the papillæ. Again in gutta rosacea, a disease due to debility, a close sympathy and nervous connection is evident between the part affected—viz., the sebaceous follicles and the reproductive organs and uterine functions. We have in this disease a determination of blood to the capillary vessels of the diseased part, in fact, a hyperæmia, and which finally ends in suppuration.

Like erythema, herpes and pemphigus are diffuse eruptions, appearing over a considerable extent of surface at once. Pemphigus resembles urticaria, and which, according to Hebra,[3] "not only in its acute, but even in its chronic form, sometimes presents the peculiarity, that instead of wheals, bullæ are found at certain spots. But no one need be astonished at this exceptional occurrence, who bears in mind that wheals themselves result from the pouring out of serum, and that an *increase in the quantity* of fluid is all that is necessary to raise the cuticle over a wheal, and to form a bleb. That this was known to the older authors is proved by the expressions *urticaria vesiculosa*, *urticaria bullosa*." In urticaria, it is the deeper filaments of the cutaneous nerves which are affected, and that occasions, according to some dermatologists, spasm of the muscular tissue of the cuticle, whilst in erythema it is principally the papillary layer that is affected. In urticaria, the redness of the cuticle surrounding the wheals is due to hyperæmia, the elevation of the epidermis, which is called a wheal, to fluid; and this latter state was considered by the late Dr. Buchanan to arise from a circumscribed œdema of a cluster of capillary loops, springing from a common stem, and under the influence of a common nervous twig. From this cause the epidermis may be raised, either in the form of vesicles or bullæ, the former in connection with the distribution of particular nerves, being called herpes, and the latter, from its size, pemphigus. Mr. E. Wilson[4] has remarked that "pemphigus may be complicated with herpes; indeed the smaller bullæ of this disease bear a considerable resemblance to the vesicles of herpes phlyctenodes, and the likeness to herpes is still further increased by the occasional appearance of the small bullæ of pemphigus, in the form of rings;" and in the late epidemic in Dublin of cerebro-spinal meningitis, herpes and pemphigus were observed together, complicating the disease.[5] In consumption, the excessive sweating is evidently due to nerve-paresis, and I may mention that I have found no medicines more useful to check it than large doses of tannin, combined with quinine. The following remarks of Dr. Handfield Jones[1] are extremely interesting:—"The fact is of much significance, that in tolerably vigorous persons, the application of a linseed poultice produces only a macerated state of the epidermis, whilst in the weakly it gives rise to well-marked eczematoid eruption. The influence of the vaso-motor paresis in promoting perspiration is shown by many facts, as the occurrence of profuse sweating during sleep in phthisical, rachitic, and other persons. The same results from strong exercise, where the nerve-force is used up by the muscles, and to a much greater degree in those who are in training. By a statement made in a report from the Vienna Hospital, that when the sympathetic nerve is divided on one side of a horse's neck, that side of the face and head appear bathed in sweat. The occurrence of sweating and vesicular eruption as co-results of nerve-paresis is illustrated by a report given by Schrann respecting genuine intermittent fever, in the Upper Palatine, in 1856. The cold stage was short, while an abundant sweat came on early, attended with an eruption of herpes of varying intensity, which occupied the abdomen and forearm, and appeared to be rather *the cause* than the consequence of the sweat. In the above-mentioned instance, the vaso-motor nerves alone, or with the sensory, seem to have been directly affected; but the same phenomena, or very similar, may be produced by inhibitory (reflex) irritation."

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[1] *Journal of Cutaneous Medicine*, No. III.

[1] *Journal of Cutaneous Medicine*, No VI., page 153.

[2] Thompson on Diseases of the Skin, edited by E. A. Parkes, M.D.

[3] "Disease of the Skin." By F. Hebra. New Sydenham Society.

[4] "Diseases of the Skin." 2nd edition.

[5] *Journal of Cutaneous Medicine*. No. V., page 87.

A short time since, I admitted a boy, aged 12, at the dispensary for skin diseases, who first suffered from urticaria, which gradually disappeared. Labial herpes and pemphigus of the lower extremities then ensued; for, according to Dr. Burgess, the same exciting cause will produce different kinds of cutaneous diseases in different individuals. Thus, certain substances which suddenly derange the organs of digestion, sometimes produce urticaria, sometimes erythema or roseola. The form presented by an eruption is no criterion as to its cause. In many instances urticaria is nosologically identical with erythema, as is proved by their occasional occurrence in the same person, from the same cause. In other instances, urticaria is a reflex irritation proceeding from some important organ, usually the stomach or uterus, and under the control of a plexus of the sympathetic system. Dr. Russell[2] has published a case of a female, aged 23, affected with pemphigus. Every attack was preceded from a few minutes to an hour by itching, accompanied with pain; the part about to be affected appeared perfectly healthy until the eruption was becoming developed, when a raised red spot became visible, at the apex of which effusion quickly took place, a bulla forming, the pain then began to moderate. The exciting cause of herpes, or pemphigus, may be from exposure to cold and wet, pemphigus being often observed in barge and lightermen, who are, from their occupation, frequently wet for hours, especially their lower extremities. In these individuals the cutaneous eruption is often of a mixed character, if I may so express myself—viz., bullæ and vesicles, when the latter, a considerable area of the skin may be covered by the eruption. The origin of pemphigus in these men is considered to be due to cutaneous imbibition; but I think that exposure to cold and wet, which paralyses the nerves of the part, and the capillary vessels thus losing their tone, allow of the escape of the more fluid parts of the blood, is most probably the chief cause; in other words, a paresis of the vaso-motor nerves takes place, for, according to Dr. Brown-Séquard,[3] if the nervous supply of a part be injured, the blood-vessels become dilated, and the temperature of the affected part is increased. That herpes may arise from exposure to draughts of cold air, &c., is well-known, the eruption being preceded by neuralgia. In common catarrh, herpes of the lips is a common symptom, and this eruption has also been observed alternating with asthma; indeed Trousseau[4] states, on the authority of Dr. Duclos, that nearly all asthmatic subjects present a herpethic diathesis. Dr. Woakes, in a paper on the "Correlation of Cutaneous Exanthema with Neuralgia,"[1] records cases of herpes arising from the exposure to a cold wind. One case is especially interesting—a little girl, aged 3, took a long journey in a waggonet during the prevalence of a cold north-easterly wind. Though well covered in front, it escaped observation that the seat against which the child leaned was open at the back, and the short skirts of the child, resting on the seat allowed an almost uninterrupted admission of cold air to her waist. The following day, although previously in good health, a dense streak of herpes began to make its appearance round the left half of the body, about the line of junction of the child's skirts, and the more closely fitting portion of its attire.

Allusion has been made to the fact that herpes zoster is frequently preceded by neuralgic pain in the part about to become affected, and it is interesting to note that Heberden was aware of this, as in the following case—"In a woman, more than 50 years old, the herpes appeared upon the right clavicle, together with fever and pain throughout the whole right arm; the eruption and fever continued some weeks, but the skin remained scaly for several months, and the whole arm gradually became weaker, till it lost all power of motion, and in this state continued at least three years, and probably her whole life. The fingers were constantly in an involuntary tremor." Brodie and Watson have noticed more or less inflammation accompanying neuralgia; and, according to Dr. Handfield Jones,[2] Dr. Anstie has seen a well marked erysipelatoid condition developed under the same circumstances.

Vesicles are defined by Hebra[3] to be elevations of the horny layer of the epidermis by transparent or milky fluid. "An essential character of the vesicle is its size, for only those elevations of the epidermis, which are in size between a lentil or a millet seed, receive this appellation, all those larger are reckoned as bullæ." This latter elementary lesion is considered by the same author to have its seat in the epidermis between its mucous and horny layers, and are found "both at the aperture of hair sacs and in the inter-follicular spaces, bullæ, or blebs, are distinct from vesicles *simply by their magnitude*." In another part of his work the same author states that the first formed cluster of vesicles are always nearest the nervous centres, and that those which subsequently develop themselves lie more towards the peripheral distribution of the corresponding nerves.

The following are Dr. Handfield Jones'[4] views of the pathology of herpes zoster:—"Some morbid matter or influence strikes the cutaneous branch of an intercostal, or other nerve, and affects both the sensory and vasal nerves, paralysing them. The alteration produced in the former conditionates pain, which is a mode of sensory paralysis. The alteration of the vaso-motor nerves gives rise to hyperæmia and vesicular eruption. Nothing is of course more common than the neuralgic affection of the sensory nerves, the vaso-motor remaining exempt, yet we have not unfrequent examples of the latter becoming involved in the paresis of the former."

Herpes zoster resembles urticaria in its connection with the nervous system, being now understood from the observations of Dr. Von Bärensprung to be occasioned by irritation of the spinal ganglia, the posterior roots being implicated,[5] and, according to Trousseau, in neuralgia, a disease intimately connected with herpes, there is always tenderness on pressure over the spinous processes of the vertebræ accompanied by cutaneous hyperæsthesia at the point of exit of the nerve trunks.

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[1] *Journal of Cutaneous Medicine.* No. VI.
[2] *Medical Times and Gazette*, October 29th, 1864.
[3] *Lancet*, November, 1858.
[4] Trousseau's Clinical Medica, translated by Dr. Victor Bazire.

[1] *Journal of Cutaneous Medicine*, No. III.
[2] *Journal of Cutaneous Medicine.* No. VI.
[3] Hebra on Diseases of the Skin. New Sydenham Society.
[4] *Journal of Cutaneous Medicine.* No. VI.
[5] Herpes zoster has, according to Dr. Eulenburgh, always a peripheric origin, and consists of a characteristic change in the skin, with an accompanying affection of the vaso-motor system of nerves, and not as Von Bärensprung insists, in a primary affection of the spinal ganglia. In no case is it the rule that zoster follows the whole course of a certain spinal nerve, frequently only a single twig, and certain branches of the plexus are affected, which sometimes is observed in the neighbourhood of individual branches of a plexus (for instance, the brachial) with interruption of motor power in the corresponding nervous branches, complicated with paralysis of individual muscles. He records a case of a shoemaker, in which the symptoms were as follows:—Neuralgia, then

That the wheals in urticaria contain fluid has been proved by the simple experiment of G. Simon, who passed a needle into one, and subsequently observed fluid to ooze from the puncture, and the vesicles of herpes zoster are nothing more than small bullæ, the only difference between this disease, herpes, and urticaria is that in the former the œdema ends in serous exudation, which elevates the cuticle in the form of vesicles or small bullæ, whilst in the latter, the effused fluid is in less quantity, not so superficial, and gives rise to the appearance known as wheals.

M. Dumontpalier[1] has reported a case of intermittent urticaria, in which the attack appeared each night for six weeks; and it is interesting to note that different members of the same family had each some nervous affection—the parents were asthmatic, the grandfather rheumatic, the grandmother had angina pectoris, the brothers were rheumatic, and four children suffered from intermittent diarrhœa.

The observations of Trousseau[2] on the connection of asthma with cutaneous eruptions is of much interest—viz., that asthmatic subjects usually exhibit in their youth eruptions of an eczematous or herpetic character, "indeed, nothing is more common than to find herpetic, rheumatic, gouty, and hæmorrhoidal affections transform themselves into asthma. . . . Thus, eczematous eruptions, rheumatism, and gout are complaints which may be replaced by asthma, and may replace it in turn." Asthma, as is well known, is a neurosis.

Mr. E. Wilson[3] has recorded a case of traumatic eczema, which occurred in the person of a volunteer at a review from a "kick" of his rifle on the shoulder, and upon which he rubbed tincture of arnica. In the course of a few days the disease (eczema) appeared on his groin, as well as on his shoulder. The tincture of arnica, probably, acted as an irritant; and the irritation, Mr. Wilson states, excited in the injured part is propagated by the injured nerves to the cutaneous branches at a distance, the mechanism of nervous reflex function is set in motion, and papular and vesicular eruption with pruritus are developed on parts of the body at a considerable distance from the focus of irritation.

Mr. Hooker[4] has published a case of a neuralgic affection of the leg, complicated by superficial ulcers, and which was cured by division of the popliteal nerve, derangement of the digestive organs, suppressed menstruation, &c., have caused the appearance of herpes and pemphigus—in fact, the same set of causes as in urticaria, only that this latter disease is more intimately connected with the function of digestion and assimilation. Pemphigus usually occurs in debilitated subjects, frequently from intemperance, is secondary to some constitutional derangement, occasionally arises from local causes, and has been observed to co-exist with urticaria; indeed, Hebra[5] has described a case of urticaria, in which several of the wheals passed into bullæ.

From the preceding remarks, it will be evident that there exists an intimate connection between certain cutaneous diseases, especially as regards their origin. This group might be arranged, as follows :—

1. Erythema.	2. Herpes.
3. Pemphigus.	4. Urticaria.

For instance, we have in erythema, redness of the skin, and fluid effused into the subcutaneous tissue, especially in chronic cases; this effusion may elevate the cuticle in the form of wheals, and which, pressing on the cutaneous nerve filaments, gives rise to tingling; the disease may now be called urticaria. The effused fluid may increase in quantity and elevate the epidermis either in the form of vesicles (herpes) or bullæ (pemphigus). After the disappearance of these symptoms, the infiltration may still remain accompanied by itching, and leads to the establishment of an eczema; all these symptoms may be called the rebound of nature against irritation either internally or locally, which signifies in other words reaction, and which may become permanent, as in chronic urticaria, for all chronic diseases are liable to exacerbations.

Dr. Haughton[1] has well described this condition as a series of continuous vibrations against a cause which was formerly operative, but which has long ceased to have a real and tangible existence. A familiar example of the principle in question is the sensation as of sand in the eye, after the offending particle has been removed, as is also the common feeling as of pain in the foot, felt by men whose legs have been amputated.

And now, in concluding my rambling paper, I hope that the preceding remarks, in which the observations of others are freely made use of, may direct our attention to the morbid process going on in the lungs, and occasioning many cutaneous affections, and also furnish us with a hint to their successful treatment.

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anæsthia and cramp in those parts to which the ulnar nerve is distributed, diminution of sensibility; and, lastly, herpes zoster, with distinct localization to the course and distribution of a cutaneous branch. Primarily, here we have the affection of the ulnar nerve, apparently rheumatic or perineuritic; from this arose diminution in the conducting power of the scissory and motor portions, and loss of function of the vaso-motor and sensory fibres which supply the skin, and hence the zoster.—*Edinburgh Medical Journal*, No. CLXI., June, 1868.

[1] *Bullen de l'Acad. Imper. de Med.*, November 30th, 1866.

[2] Lecture on Clinical Medicine. Translated by Dr. V. Bazire.

[3] *Journal of Cutaneous Medicine*, No. V., p. 101.

[4] *Lancet*, 1859.

[5] *Allg. Wien. Med. Zeitung*, 1858, No. II.

[1] *Medical Mirror*. October, 1867.

ON SOME POINTS CONNECTED WITH THE OPERATION FOR HARE-LIP AND EXCISION OF THE LIP FOR CANCER.

BY RD. J. KINKEAD, A.B., L.M.T.C.D., L.R.C.S.I., &c.

THE operation for excision of the lip for epithelioma (being almost identical with that for hare-lip, and treated of under the same head by most surgical writers) is, perhaps, one of the simplest and commonest in surgery; but it is also a most important one, for on its being skilfully performed, and the after-treatment carefully attended to, depends much of the future comfort and, I may say, happiness of the patient. Personal appearance being a subject so dear to mankind, that very few are philosophical enough to regard with unconcern the disfigurement of the natural beauty that each one of us believes that our own particular self is gifted with.

But its importance has, like most surgical operations, a two-fold bearing. The first, and most important, that relating to the patient, and just now treated of; the second, that relating to the surgeon. I know of no operation that will gain the surgeon, and the young surgeon especially, more credit if skilfully, or more discredit if unskilfully, performed than that for hare-lip or for cancer of the lip. The child is exhibited by its mother, the grown patient will point out his own lip: and each will tell how beautifully the operation was performed—how carefully the wound was dressed afterwards. No unevenness, no gap, in the free edge of the lip, little or no "mark" in the skin, no one, if not told, would have known that a piece of the lip had been taken away, or that there a hideous gap had before existed.

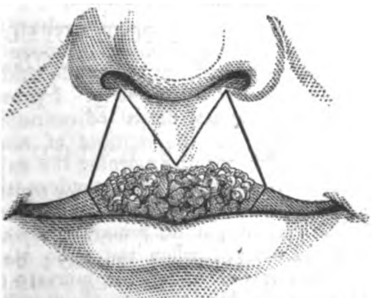
It is easy, on the other hand, to imagine how detrimental must be the censures passed where the edges of the wound are irregularly joined, where the lip is notched, and a broad cicatrix disfigures the patient for life.

Many deem that the most important part of the treatment consists in the revivifying of the edges of the fissure in hare-lip, or the excision of the diseased portion in epithelial cancer, and that the after-treatment of the case is trivial in comparison, but such is not the case. No doubt, the cutting part, the actual operation, is most important, but the after care of the case is no less so. The success of the most skilfully performed operation may be defeated by carelessness or ignorance with regard to the treatment of the wound after the operation.

The two following cases show this so fully, and besides contain many interesting points, such as the seat of disease in one case, the extent of lip removed, &c., that I need no apology in bringing them under the notice of the profession.

S. M'G., aged about 80, a farmer, called on me towards the end of August, 1867, to consult me about a sore lip. He gave me the following history :—About three years before a small sore came on his *upper lip,* he thought from sun-burn, but he did not mind it at first, thinking it would get well in winter, and in the first winter after its appearance it almost passed away, reappearing next summer, in a more aggravated form, again getting better in winter ; the next summer it was again worse, gradually extending from near the centre of the lip towards both angles of the mouth ; this winter it did not get better, but continued gradually to get worse till the date at which I saw it. For about six months the growth had been rapid, and the discharge annoyed him greatly.

The lip presented the following appearance :—Its free border was ulcerated for about three-fourths of its length, the commencement of the ulceration being about equidistant on both sides from the angles of the mouth. The surface of the ulcer had a warty appearance ; its edges were white and indurated. The induration and thickening of the lip spread for something more than one-fourth of an inch from the free edge of the lip towards the nose.



I operated on the 1st of September, 1867, in the following way :—

An assistant compressing the arteries at the angle of the mouth, I transfixed the lip from within outwards with a straight bistoury, at a point opposite the centre of the left nostril, about two or three lines below its orifice, and carried an incision in a right line (so as to include the cancer) towards the centre of the portion of healthy lip, between the angle of the mouth and the diseased part. When the knife had arrived within a line of the junction of the mucous membrane and skin, I here turned the blade inwards, and finished the incision as Druit recommends ; the raw surfaces of the cut forming at the termination an angle of about 100° with each other I made an exactly similar incision on the right side.

The diseased part of the lip was now supported by a portion equal in thickness to a half of each nostril and the columna nasi. Taking the diseased part in my left hand, I cut down on each side from the angles of the incisions at each nostril to the middle of the sustaining part, the cuts terminating at a point opposite the centre of columna nasi, and three lines from termination of the induration of the lip (about one-half inch from free edge). The disease had now been removed by what I may call a W-shaped incision. I brought the edges into exact apposition by means of three needles with sealing-wax heads, and a "twisted suture," laid a bit of wet lint over them, and as there was considerable strain on the suture, owing to the great loss of substance, I supported the parts by a long strap of adhesive plaster, extending from ear to ear. The third needle transfixed the V-shaped centre portion. Very little blood was lost.

On the 2nd, twenty-four hours after the operation, the wound seemed to have united throughout. No pain, no pus. He complained of nothing but that he said his mouth was too small, and asked me if I would not take out the needles and make it larger, as he feared the neighbours would laugh if his mouth was so small. The strain on the suture appeared to have disappeared.

On the 3rd, forty-eight hours after the operation, I withdrew two needles, but as the third was very firmly adherent I did not remove it till the next day.

On the 5th, I found the whole anterior portion of the lip in a sloughy condition. After being poulticed for a couple of days the slough separated, and showed that the mucous surface and about the posterior third of the lip were firmly united, and the anterior two-thirds, or that compressed between the ligature and needles, was that which sloughed; the V-shaped portion escaped.

The wound healed rapidly, contracting as it healed, and leaving very little more scar than would have been the case if it had united by the first intention.

The situation of the disease in this case was very rare, epithelioma as a rule attacking the lower lip.

Its situation, also, taken in connection with its size, made the operation more difficult than it would otherwise have been. If the same extent of the lower lip had been implicated I would have removed it by a semi-circular incision extending from one angle of the mouth to the other, tied the arteries, and brought the mucous membrane and skin into apposition by a few points of suture; but this method was inapplicable to the upper lip, as, owing to the immovability of the parts, a gap, the shape of the incision, would have left the teeth exposed and the patient unable to close his mouth (this would not be the case in the lower lip, the mobility of the skin over the chin being such that in twenty-four hours it would be hard for a casual observer to know, only for the suture, &c., that an operation had been performed). Under these circumstances I was compelled to leave as much as possible of the upper, or, if I may so call it, the nasal portion of the lip, as it was the most immovable, and hoping, also, that it would give support and take off some of the strain from the freed edge of the lip. This I was able to effect by leaving the V-shaped portion, and making the whole incision like an inverted W (*vide* woodcut). I finished the incision in the angular direction, in order that a prominence might be left opposite the line of union, to guard against a depression being left when the wound was healed, for the wound not only contracts from side to side in healing, but also in its length, so that if this precaution be not taken the line of the lip will not be perfect, and the patient will be more or less disfigured.

The next case is only interesting as exemplifying the lesson taught by the last, with regard to the length of time the pins should be left in.

M. O'S., aged 69, farmer. Had an epithelial ulcer, on lower lip, of moderate extent. On the 5th December, 1867, I removed the ulcer by the ordinary V incision, and brought the edges together by three needles similar to those used in last case.

On the 6th, exactly 23 hours after the operation, I withdrew the middle pin (which compressed the vessels) ; six hours after I removed the pin nearest the angle of the wound, and the following day the third pin, which was only used to bring the edges into exact union. The wound united throughout by the first intention, not a single drop of pus appearing. A small ulcer formed at the orifice nearest the point of the last pin withdrawn, a couple of days after its withdrawal.

In this case I withdrew the needles so soon, one in 23 *hours*, one in 30 hours, and the last in 48 hours, because I am convinced that the sloughing in the case of M'G. was occasioned by leaving the needles in too long, and that such was the case is shown by the posterior portion of the lip not exposed to the pressure between the needles, and the suture uniting at once, and not participating in the sloughing condition of the anterior parts between the two lower needles, and yet I left in the two lower needles only 48 hours, and the upper needle 72. Most surgical writers recommend the needles to be left in as long, if not longer, as, for instance, Liston says 48 hours, Erichsen 60 hours, S. Cooper 4 days, and Druit says that in 5 to 7 days is quite time enough to withdraw them.

In all cases where a large piece of the lip has to be removed, there must, of necessity, be a very considerable pressure of the lip between the hemp or silk of the suture and the needle, in order to get the edges to meet at all, and therefore there must be (and especially in old people) a great danger of killing the part, and losing, as in S. M'G.'s case, the whole portion by sloughing, or, as I once witnessed, the needles ulcerating out, and leaving not only the scar of the incision, but that, also, of each needle, which, to say the least of it, is not an improvement to the human face divine.

I would even recommend in many cases the needles to be removed in even a shorter period than 24 hours, as the hemp or silk of the suture is firmly cemented to the lip by the coagulated blood, &c., and will keep with the aid of a strip or two of adhesive plaster, the edges of the wound in firm apposition.

OVARIAN NEURALGIA TREATED BY HYDROCHLORATE OF AMMONIA AND TINCTURE OF ACONITE.

By J. WARING-CURRAN, L.K.Q.C.P.I., &c.

Whilst acute inflammation of the substance of the unimpregnated ovary is of rare occurrence, having never myself, in either hospital or private practice, met with what one would be led to believe a genuine or an established case, thus believing that the *ovarites* of writers on the subject is in character *chronic*, or perhaps in a few rare cases *sub-acute*, yet *neuralgia* of the *ovary* is far from uncommon. By neuralgia of this body, I mean that class of ovarian disturbance which Dr. Churchill has described under the nomenclature of "*ovarian irritation*," and to that which Dr. West applies the simpler designation of "*ovarian pain*," to me *ovarian neuralgia* appears a preferable and more correct term. Clinical observation has taught that the disease is independent of any local lesion, and more remediable by constitutional than any other method of treatment. My object here is not to enter into those cases of *ovarian neuralgia* dependent on defective moral training, and where a strictly moral treatment is to be enforced, and undue connubial excitement checked, but those cases where the patients' sufferings are constant and severe, when there is no hysterical temperament, and no obvious symptom of imprudence or immorality. My object, also, as briefly as possible, is to enter upon the treatment of such cases, and to illustrate, by the history of the six following, the great benefit to be derived from the muriate of ammonia and tincture of aconite in the treatment of this affection, when leeching, purgation, antispasmodics, vesicants, sedatives, internally administered and locally applied, had signally failed.

Case 1.—R. A., twenty-seven years of age, of sedentary habits and chlorotic appearance, unmarried, sought advice for a severe and constant pain suffered in the left iliac fossa; had been under another medical gentleman for ten days, from whose treatment she stated she had experienced no benefit. The pain was dull and aching in character, occasionally passing along the anterior surface and inner side of the thigh; has not slept for a week; the appetite is impaired, but the secretions are all healthy; the tongue has a characteristic nervous coating, and the pulse is quick; there is no hysteria. Upon examination, I find a fullness in the left iliac region, with tenderness. I ordered the application of liniment, belladonna, with chloroform, over the seat of pain; prescribed a saline aperient mixture, containing tincture of belladonna and a sedative draught at bedtime. For three days this treatment was persevered in, but there was no relief to the symptoms; the only ease experienced was when the patient lay flat on the face. I then applied a blister over the seat of mischief, gave opium, cannabis indicis, and camphor, in the form of pill, and tincture of conium in mixture. The following day there was an aggravation of the symptoms; the patient had spent a restless night, and the relatives became anxious. Upon this I prescribed an eight-ounce mixture, containing two drachms of the muriate of ammonia, with five-drop doses of tincture of aconite. The combination seemed to act magically; before the bottle was finished the pain was gone. Sulphate of iron and quinine was afterwards given, and four months have now elapsed without any return of the complaint.

Case 2.—A. L., aged 19 years, single, of a full habit, and hitherto healthy, became affected with a violent pain in the left groin, for which immediate advice was required, as the woman in attendance dreaded the existence of a hernia. On being visited I found the pulse high, and the usual symptoms of inflammatory fever. She had suffered severely four months previous to being visited, and had passed no water from the commencement of the attack; vomiting was a constant and distressing symptom. On examination I found slight swelling on the left side, with intense pain on manipulation; the tenderness extended below Poupart's ligament. Having satisfied myself that there was no rupture, I ordered turpentine stupes to be applied, and directed her to have a warm hip-bath, and a mercurial aperient. The following day, as there was no progress towards amendment, I applied six leeches over the site of pain. This gave temporary relief, but towards evening the pain became if anything more severe. I found her, on being visited, on her hands and feet out of bed, apparently suffering most acutely. I prescribed her a draught containing twenty drops of cannabis, and immediately placed her on the muriate of ammonia and aconite mixture. The ensuing morning she expressed herself considerably relieved, but the tenderness remained, and at times the pain recurred, producing vomiting when it did so. The patient got on remarkably well until the menstrual period arrived, when the same state of things occurred over again; but under the muriate of ammonia and aconite much was done to arrest the disease. She has had a menstrual period since without any recurrence of the pain.

Case 3.—A. R. F., aged 22 years, married for the last 14 months, has long suffered from chronic ovarian pain, increased during the menstrual period. Has taken, to use her own words, "no end of medicine," and has been under the treatment of various physicians, "who all told her the same thing." I prescribed at once the muriate of ammonia and aconite; two bottles in the course of six days entirely removed the pain. Six weeks have elapsed, a menstruation passed with little pain, and at the present time (July 14) I learn from the woman, who came with another patient, that she has entirely recovered, and has had no return of the pain since she finished the last mixture.

Case 4.—J. L., married, aged 40 years, has suffered from ovarian neuralgia for a number of years. At times the pain is unendurable; during its existence there is fulness and tenderness over its site. Having been under treatment for an hepatic lesion, and obtained the above information in the history of her case, I told her, when the ovarian neuralgia returned, to apply, and I should prescribe for its relief. She accordingly did so in the course of time, and from the muriate of ammonia and aconite she obtains almost immediate ease.

Case 5.—G., about 25 years of age, single, has suffered from the time of her first menstruation with ovarian pain, causing frequent and painful micturition, with vomiting. Gave her the muriate, and had the satisfaction of hearing her express that she obtained instantaneous relief after its administration. Has suffered from subsequent attacks, which invariably yield to the medicines advocated.

Case 6 is furnished to me by a professional relative. It is that of a woman, aged 30 years, who has borne three children, and has laboured under ovarian suffering for a term of years. She had been a constant patient of my informant. He had "exhausted the Pharmacopœia," as stated, but with no benefit. Upon the exhibition of the muriate and aconite, the symptoms directly yielded to treatment, and the woman was relieved much periodic suffering, and the physician re-established the confidence hitherto placed in him.

Although I am at a loss to account for the inexplicable property possessed by the muriate of ammonia in curing ovarian neuralgia, I can unquestionably vouch for its efficacy in the same way as the French and German authors first bore out its high character and undeniable specific action as a stimulant in mucous fevers, when the inflammatory symptoms have subsided.

P.S.—Since writing the foregoing, my attention has been directed by an eminent London physician, to whom I submitted the paper, to the exhaustive treatise of Dr. Prosser James, "On Sore Throat and the Laryngoscope," wherein I find that, in several recorded cases of tonsilitis complicated with ovarian neuralgia, aconite had been prescribed, and with success, by the distinguished author.

I had not the benefit of being previously acquainted with the book in question, and although I am ever ready to give honour where honour is due, I believe that this circumstance, together with the fact that the exact nature of the cases are materially different, does not deprive the above paper of its therapeutical importance, whilst an honest acknowledgment screens me from what the gifted candidate for the representation of Edinburgh and St. Andrews might feel inclined to look upon in the light of plagiarism, my motto not being "*Pereant qui ante nos nostra dixerunt.*"

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Hospital Reports.

CITY OF DUBLIN HOSPITAL.

TWO CASES OF CHOREA TREATED BY THE ICE-BAG.

UNDER THE CARE OF DR. J. HAWTREY BENSON.

In the month of March last I brought under the notice of the Surgical Society of Ireland two cases treated successfully by means of the ice-bag, the report of which appeared afterwards in THE MEDICAL PRESS AND CIRCULAR for April 8th. One of these was the case of M. P., who had been suffering for about twelve months from incomplete hemiplegia of the left side, accompanied with choraic tremors. The disease had resisted all treatment both in the country, whence he came, and in the City of Dublin Hospital under my care, until its progress was arrested, and the disease greatly benefitted, by the application of Chapman's spine-bag. When admitted on that occasion into hospital, and for a month after while we used other remedies, the patient was quite unable to walk across the room without assistance, but after twenty-five days' treatment with the spine-bag, the use of the limbs was so much restored that he was enabled to walk up and down stairs, and the choraic tremors had so far subsided that he could raise a tumbler filled with water to his mouth, several times successively, without spilling the fluid—a feat which he could not have performed for more than a year previously. He left the house, however, before the treatment had been continued as long as I was desirous, and subsequently many of his former symptoms soon returned, but in a milder form than at first. In the following May, 1868, he returned to town, and I admitted him a second time into the City of Dublin Hospital.

I found on his re-admission that the paralysis had not altered much in its condition for the worse, since he left the house in July, 1867, but the choraic tremors had in great part returned, so that he was unable to undertake any employment necessitating the use of the left hand. These muscular movements were now almost confined to the neck, shoulder, and upper extremity of left side, and were most conspicuous in the extensors of the forearm. The fingers were jerked backwards continually, and with considerable force, either singly or in pairs, but rarely all together. The whole arm was occasionally drawn suddenly backwards or forwards, and sometimes the shoulder was involuntarily shrugged. He was enabled to flex the forearm at a right angle with the arm, but could scarcely separate the latter from the trunk. I immediately ordered the spine-bag to be applied for an hour and a-half twice daily, regulated the bowels, gave him cinnamon water as a *placebo* and put him upon full diet. This treatment was continued for about one month, during which he steadily improved, and by the end of that time the choraic tremors had almost completely vanished, and the use of the left arm was so far restored that he was enabled to raise his hand once more to his head.

Case 2.—E. M., a girl, æt. 13, was admitted into the City of Dublin Hospital on May 12th, 1868, suffering from chorea. She was well nourished, fat, and florid in complexion. Up to the commencement of her present illness, about three weeks previously, she had habitually enjoyed excellent health, with the exception of being subject to constipation. This, however, never produced any ill consequences, as far as she was aware. The origin of the chorea from which she was now suffering was referred, by her mother and herself, to her having used fatiguing physical exertion in lifting large buckets of water.

When admitted into hospital the muscles of the face, neck, extremities, and trunk were convulsed to a degree painful to witness. A female attendant was obliged to stay with her constantly to prevent her injuring herself against the bed-posts, or throwing herself out of bed. The tongue was furred; the pulse at the wrist could not be counted, owing to the subsultus of the neighbouring tendons; but, by placing the hand over the apex of the heart, the number of beats per minute were ascertained to be about 80. The action of the heart was very irregular, but no murmur was heard. The bowels had been confined for several days previously.

The ice-bag was applied, immediately after admission, along the whole length of the spine, and kept in its position by carefully-adjusted bandages. After one hour and a-half the bag was removed, as the application did not seem to be attended with the slightest benefit. She was then ordered a dose of jalap and calomel.

13th.—The purgative powder had acted well on the bowels during the night, but still the chorea, though somewhat moderated, was distressingly severe. The ice-bag was again applied, as at first, but before it was removed a most marked abatement of the choraic convulsions had taken place.

14th.—The muscular movements were about the same as at the time of the removal of the bag on the previous day. A dose of turpentine and castor oil was ordered.

15th.—The medicine had operated well, and brought away a large quantity of dark fœtid material from the bowels. The bag was again applied, and with a benefit almost equal to that experienced on the 13th. Menstruation coming on then interrupted the treatment, it being deemed not prudent to use the ice to the spine during the continuance of that function, lest it might be followed by some derangement, possibly by menorrhagia. Before the natural flow had subsided, however, the patient had so far convalesced that no further treatment was used beyond a few shower baths as a tonic.

She left the house in a week after perfectly recovered.

Observations.—The first case I have designated one of chorea, following the example of Trousseau. He did not confine that name to the disease called by Sydenham chorea sancti viti, but used it as a generic term to designate convulsive diseases, affecting any part or parts, no matter how local or how general, characterised by muscular agitation, or more or less strange movements and contortions, which were not distinctly admissible under any other head. Duchenne would, probably, have designated the affection of the forearm, where the mass of the disease seemed, at this his second admission, to be concentrated, as *functional spasm*, it being accompanied by paralysis, and being, probably, a consequence of the monotonous over-use of some of the muscles of the forearm in the practice of his trade as shoemaker.

Whatever its name be, the success of the treatment, in removing a second time the muscular agitations, and in affording a more free use of the limb, speaks highly in favour of the method employed, and, even if the benefit afterwards prove not permanent, it has, at least, done more than any other of the numerous treatments used with the patient.

Case 2 illustrates how the ice-bag may be useless as a sedative to the nervous centres so long as any eccentric cause of irritation exists, and how that sedative effect may be exerted when such cause is removed. In this case, doubtless, an accumulation in the bowels, or some irritating substance there, was the eccentric, reflex cause of the disease. But, even after the cause was removed, the disease continued till the sedative action of the ice rapidly restored equilibrium to the agitated muscular system, by operating on the disturbed nervous centres. No doubt the mere removal of the cause might have been followed by recovery, but the application of the ice, as we have every reason to believe, very materially hastened the event.

UNDER THE CARE OF MR. CROLY.

CASES OF BENT KNEE, IN WHICH DIVISION OF THE HAMSTRING TENDONS WAS PERFORMED—EXTENSION HAVING BEEN SUBSEQUENTLY EFFECTED: RECOVERY IN EACH CASE, WITH A USEFUL LIMB.

CASE 1.—J. F., a lad, aged 16 years, was admitted into the surgical wards, under Mr. Croly's care, suffering from contracted knee-joint.

History.—Five years previously, an abscess formed in the lower and outer third of the left thigh, and was opened by a surgeon. No cause could be assigned for the abscess, and the patient enjoyed good health up to that time; a year subsequently he fell upon his left knee, inflammation of the joint ensued, and the knee became gradually bent; he was obliged to use a crutch or stick in walking.

Condition of joint on patient's admission into the Hospital.—The internal condyle of the femur projects considerably inwards and forwards; the tibia is partially luxated backwards and outwards; the back of the condyles of the femur rest on the anterior edge of the head of the tibia; the patella is dislocated outwards; the hamstring tendons are tense; the muscles of the thigh and leg are wasted. The ends of the toes touch the ground; the heel is raised; the knee-joint can be flexed, but cannot be extended; the patient uses a stick, on which he leans when walking; his general health is good.

Treatment.—The limb was placed upon a well-padded McIntyre's splint, and fixed by a carefully applied roller. The screw of the splint (corresponding to the popliteal space) was turned gradually from day to day, so as to make further extension. This treatment was steadily persevered in for some days, and then Mr. Croly performed tenotomy in the following manner:—The splint having been removed, and the patient placed on his face, the tendon of the semi-tendinosus muscle, which was most prominent, was first divided, by passing the tenotome flatwise beneath the integument, and turning its edge against the tendon, which on division yielded with a crackling sound. The tendon of the semi-membranosus muscle then became prominent, and was also divided through the same wound; and lastly, the biceps tendon, on the outside, was cut in a similar manner, due care having been taken to avoid injuring the peroneal nerve; each puncture was covered with a small compress of lint, retained by adhesive plaster, and the splint was re-applied; no attempt at extension was made until the wounds had healed.

The patient suffered but little pain, and when all irritation had subsided, extension was made cautiously and gradually, by an occasional turn of the screw on the back of the splint, and in about twelve weeks the limb was almost as straight as the sound one. The McIntyre's splint was removed, and a starched bandage applied with pasteboard splint, to give additional support. The patient was supported by nutritious diet and a liberal allowance of porter, with cod-liver oil and syrup of iron. He was discharged from hospital, and is now able to walk without any artificial support. He works at a trade, and has almost as good use of the limb as of the sound one.

Case 2.—J. Q., a boy aged 16 years, was admitted into the hospital for contraction of the right knee, and inability to walk, except by the aid of a crutch.

History.—He fell when ten years old, and struck the patella. He suffered much pain from the injury. Inflammation and abscesses around the joint resulted. The knee became gradually bent, until at length he could barely touch the ground with the ends of his toes. He was received into an hospital in the city, but did not remain, in consequence, as he said, of amputation having been proposed to him.

State of joint and limb on admission of patient into the City of Dublin Hospital.—Right leg flexed, condyles of femur projecting forwards and inwards, the toes pointed and raised two inches from the ground, the heel six inches, the tibia thrown backwards into the popliteal space, the hamstring tendons prominent but not tense, the joint moveable. Flexion can be performed, but not extension. Two cicatrices are visible above the external condyle of the femur, the result of abscesses consequent on the injury. The boy is pale and delicate-looking.

Similar treatment as in case 1 was adopted—viz., McIntyre's splint, of suitable size, and well padded, and the same constitutional treatment, with subsequent division of the hamstring tendons, and cautious, gradual extension of the limb. In two months the knee became sufficiently straight, and the patient was discharged.

This young man is now engaged as a teacher in a school, and walks several miles daily, and uses neither crutch nor stick. The joint is *not* stiff. A cast and drawing of the limb were taken previously to commencement of treatment. The cast is preserved in the Museum of the Royal College of Surgeons, and the drawing is preserved in Mr. Croly's private collection. A photograph and cast were also lately taken, which show that the limb is almost as sightly as the unaffected one.

Case 3.—M. W., a girl, aged 5 years, came under Mr. Croly's observation as an extern patient, suffering from strumous abscesses around the left knee-joint.

History.—Her mother states that the child was in good health until about a month previously, when she complained of pain in the knee-joint. She limped, and kept her leg in the flexed position. The symptoms increased in severity, and she passed sleepless nights. Fomentations were applied without relief, and abscesses formed on inner side of the joint.

Appearance of child and condition of joint on admission into Hospital.—The patient presented the usual symptoms of hectic fever. The left knee-joint was enlarged, and the leg was flexed upon the thigh. The hamstring tendons were tense. The little sufferer screamed when any attempt was made to move the limb, for the purpose of examining the joint.

Treatment.—The child having been placed fully under the influence of chloroform, the limb was fixed upon a gutta-percha splint, which was moulded so as to support the joint. Liberal diet, with wine and quinine, were prescribed. The ulcers on the inner side of the joint were dressed with lint steeped in cod-liver oil. Under this general treatment the joint improved in condition, and all inflammatory action ceased. Mr. Croly then performed tenotomy, as in cases 1 and 2, and the limb was gradually extended.

The patient was discharged in one month, the joint being supported with a starched bandage and paste-board splint. The child is able to walk and place her foot flatly on the ground, and she has recovered her usual strength.

Remarks.—The foregoing cases are examples of false anchylosis of the knee-joint, resulting from injury, and subsequent inflammation, in strumous patients. In each case the tibia was drawn backwards by the action of the hamstring tendons, and the posterior part of the condyles of the femur rested upon the anterior surface of the head of the tibia. The patella was luxated outwards. The leg was flexed, and the foot everted. The limb in each case was not only deformed, but weak and useless to the patient. The cases prove the value of tenotomy and *cautious* extension of the limb (nearly to a straight line) *after all inflammatory action has been subdued.* The results were most satisfactory.

DR. STEEVENS' HOSPITAL.

CASES OCCURRING UNDER THE CARE OF MR. E. HAMILTON.

THE ANTISEPTIC TREATMENT.

IT is the manifest duty of every Hospital Surgeon to submit to the test of clinical practice, modes of treating disease which have been proposed in the advance of surgical science, in order to determine whether they are mere speculative innovations, or *bona fide* improvements.

There seems to be little doubt that the antiseptic treatment, as suggested and carried out by Professor Lister, will ultimately take its place under the latter head; but, as in the case of many similar discoveries, it will require time to sweep away old prejudices, and assert its true value, a few cases, selected at random from a great number which prove its utility, may not be uninteresting to those who still hesitate to adopt it.

A boy, aged 16, sustained a severe contusion in the left leg by the passage over of a car wheel. The skin was unbroken, and the bones escaped fracture, but there was extensive effusion of blood into the subcutaneous tissue. Attempts were made to promote its absorption by the continued application of cold lotions, and the use of saline purgatives. Inflammation set in, followed by suppuration, yielding a mixture of pus and blood most unfavourable for the ordinary treatment of abscess. The part was covered with lint, saturated with carbolic oil; beneath which it was opened, the water pressed out, and the aperture carefully closed with the carbolic acid putty and tinfoil, with the most satisfactory result.

A painter, aged 65, fell from a scaffold and sustained a compound fracture of the lower end of the humerus, extending into the joint. A portion of the inner condyle was detached, and removed through the wound. There was considerable oozing of blood, but no distinct vessel required hæmostatic treatment. The limb was placed in a bent position, the fragments adjusted, and the wound closed with the carbolic acid in linseed oil. As the parts lay well, and there was no pain or constitutional disturbance, the dressing was not removed for four days. At this time the wound had united without a trace of suppuration, and the progress of the case has been most confirmatory of the value of this treatment.

A female, aged 40, presented a tumour at the verge of the left breast, which had the character of schirrus in a marked degree. In consultation, its removal was decided on, but the presence of herpes zoster obliged us to defer it for a week. It was necessary to remove the skin over the tumour very freely, as it was discoloured. One or two small vessels were twisted. The wound was not washed with any antiseptic, but carefully sponged until all oozing of blood had ceased, and then accurately closed and covered with the carbolic acid putty. On the 4th day the dressings were carefully removed under cover of lint and carbolic oil—the sutures cut, and the putty re-applied. At the next dressing the cavity was filled, and the wound united without suppuration. In this case the temperature was accurately noted, and no elevation was observable at any time after the operation, nor was there any other indication of traumatic fever.

A man, aged 25, presented symptoms closely resembling those of acute rheumatism: severe pain in the larger joints, which ultimately became concentrated in the hip of the right side. The thigh was much enlarged, and the movements of the joint attended with severe pain. After some weeks, fluid was perceptible on the outside of the thigh: poultices were applied until the coverings became thin. It was then opened on the antiseptic plan; the fluid was greenish and unhealthy in character; the patient's system lowered by long confinement, yet no unpleasant results followed.

On the same day, in the same ward, for the purpose of clinical comparison, a large psoas abscess was treated with the drainage-tube, which was followed by very severe constitutional irritation. I candidly confess that the earlier trials which I made of the antiseptic plan, did not impress me favourably with it, but having had, through the kindness of Dr. Fleming, an opportunity of seeing Professor Lister himself demonstrate the *modus operandi*, and having since attended strictly to the minute details of it, and from what I have seen of the practice of others, I am satisfied that it will prove a valuable aid to the practice of surgeons; but to be successful, it must be applied and carried out with care and steady perseverance.

KING'S COLLEGE HOSPITAL.

CASES UNDER THE CARE OF DR. BEALE, F.R.S.

(From brief notes by Dr. TONGE.)

CARDIAC DISEASE.—M. F., æt. 21, nurse. Admitted September 17; discharged September 28. In hospital 11 days. *Unrelieved.* Cough, night sweats, dyspnœa, and slight hæmoptysis 1 month; increase of cough and dyspnœa one day. On third day after admission pulse 132, respiration 44, much dyspnœa and cough; slight gurgling at left apex; heart's action tumultuous; double bruit at base; two days later expectoration tinged with blood.

Quinine, dilute sulphuric acid, and liq. morphia; seidlitz powders.

CARDIAC DISEASE—TYPHUS.—Rebecca N., æt. 16, works sewing-machine. Admitted March 19; discharged May 6. In hospital 48 days. *Much relieved.* Three attacks of acute rheumatism, 6, 4, and 2 years ago; palpitation and dyspnœa on exertion 6 years; three attacks of angina, the last one month ago; lately cough, night sweats, emaciation, and œdema of legs. On admission very pallid, pain over heart and in left side; cough, palpitation, and dyspnœa; pleuritic rub at lower part of left side; loud systolic blowing at heart's apex, and loud diastolic bruit at base; urine one-third albumen. On third and fifth days after admission had severe angina—almost moribund in second attack; also much diarrhœa and vomiting (three days); frequent attacks of cardiac pain afterwards. On ninth day after admission, cough, expectoration, and sibilus over bases of lungs. Seven days later crepitation over both lungs, and some bronchial breathing and bronchophony over left side behind; pleuritic rub still audible.

Digitalis, carbonate of soda and bark; opium, sp. of ammon., aromatic and chloric ether; dilute muriatic acid and bark; iron and quinine.

Re-admitted August 11. *Died* September 9. In hospital 29 days. Has been at Walton since discharge; worse during last month; breath shorter; more pain and palpitation, and slight œdema of legs; heart's apex in sixth intercostal space half an inch to right of left nipple; pulse 126, full, slightly collapsing; loud blowing sound all over heart; trace of albumen in urine. Attacked with typhus about September 2. Much angina on 2nd, 3rd, and 4th. On September 5 pulse 136, respiration 44; intense headache, constant vomiting, marked rubeoloid and petechial rash on trunk. Death four days later.

Post-mortem.—Heart but little enlarged; mitral valve much thickened and very incompetent; many fibrinous deposits in spleen and kidneys.

Digitalis and bark; digitalis and iron; brandy; belladonna plaster over heart. On September 6, quinine, dilute muriatic acid and chloric ether; brandy to 12 oz.

Cardiac Disease.—Harriet C., æt. 42, married. Admitted May 24. *Died* June 7. In hospital 14 days. Acute rheumatism 28 years ago; occasional œdema of legs 19 years; cough and expectoration, and dropsy of legs 2 months; slight dulness and small crepitation at bases of lungs; faint systolic bruit at heart's apex; cardiac dulness increased; pulse 120, small; sleeps badly; orthopnœa; appetite bad. Four days after admission crepitation all over right lung, back and front, and dulness below scapula. Three days later much hæmoptysis; pulse 132, respiration 44; urine one-half albumen. Four days later patch of bronchial breathing below spine of right scapula; albumen two-thirds. Death next day.

Post-mortem.—Fluid in pleuræ; diffuse pulmonary apoplexy of lower lobe of right lung, and a circumscribed patch in left lower lobe; some emphysema; heart 13 oz.; right auricle greatly distended; mitral valve atheromatous; liver nutmeggy; cortex of kidneys wasted.

Chloric ether and aromatic spts. of ammonia; same, with juniper and henbane; conium and henbane; turpentine stupes.

Cardiac Disease—Bronchitis.—A. B., æt. 39, needlewoman. Admitted April 13; discharged April 30. In hospital 17 days. *Much relieved.* In King's College Hospital six months ago for bronchitis, under Dr. Beale. Acute rheumatism 19 years ago; slighter attacks since. Winter cough 6 years; palpitation 2 years; occasional œdema of feet; catamenia irregular; lately much præcordial pain extending down arms; occasional pain after food, and vomiting. On admission dyspnœa, cough and expectoration; rhonchus and sibilus at upper, and crepitation at lower, part of lungs; first sound of heart rough and prolonged; diastolic bruit at base; pulse 90, collapsing.

Carbonate of ammonia and senega (3 days); then sp. ammon. arom and mist. ammoniace; turpentine stupes.

Cardiac Dropsy.—J. H., æt. 64, laundress. Admitted November 15. *Died* November 19. In hospital 4 days. Never had rheumatism; subject to winter cough—this lately worse—and much dyspnœa; dropsy of legs 1 year; ascites 3 months. On admission face congested; legs erysipelatous; sloughing in places; great dyspnœa; heart very irregular; pulse 80, respiration 40; systolic bruit at heart's apex; dulness and fine crepitation at bases of lungs; urine albuminous, loaded with lithates; conjunctiva yellow.

Post-mortem.—Much fluid in peritoneum and left pleura, and a little in right pleura; pericardium adherent about apex of heart; heart 20 oz.; ventricles hypertrophied and dilated, especially left; mitral and aortic valves atheromatous; lungs gorged and emphysematous; liver and spleen large; left kidney fatty.

Squills, digitalis, and broom tops; gin 9 oz.

Cardiac Dropsy.—Emma P., æt. 29, married. Admitted September 27. *Died* November 11. In hospital 45 days. Scarlet fever 23 years ago; typhus 15 years ago; 5 years ago severe præcordial pain and palpitation, cough, and hæmoptysis (6 weeks). Now dyspnœa 9 weeks; dropsy 6 weeks; cough 1 month. On admission cheeks congested; considerable ascites; abdominal girth at umbilicus 36 inches; feet and ankles œdematous; præcordial dulness extending to third rib, and mid-sternum; heart feeble and intermittent; systolic bruit at apex; pulse 90, small; respiration 15; crepitation at posterior base of right lung. On October 26, abdomen 38 inches; urine scanty; respiration 40. The dyspnœa increased, and on Nov. 2, 200 oz. of fluid were drawn off from abdomen by tapping. Became delirious next day, and remained so till death on Nov. 11.

Post-mortem.—Much fluid in pericardium and peritoneum; lungs congested; heart 15 oz.; right auricle dilated; mitral valve very thick, and almost cartilaginous, and auriculo-ventricular orifice much narrowed; liver and kidneys congested.

Diuretics, stimulants, opiates, compound jalap powder.

Cardiac and Renal Dropsy.—C. R., æt. 45., married. Admitted April 20. *Died* on May 23. In hospital 33 days. Right hemiplegia in spring of 1863. Was in King's College Hospital 3 months under Dr. Johnson; regained some power over leg; memory worse since; swelling of legs 4 months; increase of dyspnœa and cough lately. On admission very corpulent, considerable anasarca; legs erysipelatous; mouth drawn to left side; tongue protruded to the right; complete loss of motion and partial anæsthesia of right half of face, and right arm and leg; orthopnœa; troublesome cough; pulse 112; respiration 32; rhonchus and sibilus, and coarse crepitation over lungs; systolic bruit at heart's apex; urine half albumen; the legs were punctured three times; albumen fell to one-third; gradually became exhausted, and died on May 23.

Post-mortem.—Left pleura full of fluid; lower lobe of lung carnefied; right lung gorged, and everywhere adherent; pericardium containing bloody serum, and covered with recent lymph; heart 18 oz.; left ventricle much hypertrophied; mitral orifice narrowed; one curtain of valve thickened; much fluid in peritoneum; kidneys greatly wasted; combined weight 5 oz.; granular on surface; urate of soda in tubes; old apoplectic cyst in left optic thalamus; inner and posterior part of thalamus softened; commencing atheroma of arteries at brain's base.

Liquor ammon. acetatis, chloric ether and sp. juniperi co.; dilute hydrocyanic acid and effervescing mixture; jalap and scammony powder; podophyllin; turpentine stupes.

Cardiac Dropsy.—George B., æt. 9. Admitted November 27; discharged February 11. In hospital 76 days. *Worse.* Never had rheumatism; pain about heart a year ago, after a fall down a well; dyspnœa and œdema of legs 7 weeks. On admission anasarca and considerable ascites; sloughing of prepuce; systolic bruit at heart's apex, double bruit at base; pulse 150, small, and collapsing; respiration 56; rhonchus and large crepitation all over lungs; dulness at bases; no albumen in urine; 12 days later bronchial breathing over right supra spinous fossa; 35 days later bronchial breathing at upper part of right lung, coarse crepitation over left lung; 19 days later right lung clear, coarse crepitation all over left lung. On 10th day after admission abdomen measured 32½ inches at umbilicus; 18 days later 25 inches; 3 days before discharge, 32 inches. Was removed by parents.

Aromatic spts. of ammonia; sp. junip. co., and decoction of broom tops; blue pill, squills, and digitalis. On January 2, liq. ammon. acetatis; chloric ether; sp. ammon. arom. and tincture of squills.

Ulceration of Larynx.—E. H., æt. 35, labourer. Admitted March 12. *Died* on March 12. No history. Almost moribund on admission; lips blue; face livid; extremities cold; breathing stridulous and difficult; pulse feeble, 120; operation refused by patient; death 3 hours after admission.

Post-mortem.—Bones and alæ of nose destroyed by syphilitic ulceration; slight adhesions of lungs, a few tubercles; bronchi clogged with creamy matter; upper half of epiglottis destroyed by ulceration; its upper margin level with arytenoids; its corners linked together by a fibrous cord containing cartilaginous nodules; false cords thickened; true cords gone; inner surface of arytenoids bare; trachea opposite first ring narrowed to the size of a goose quill, by a bridge of fibro-cartilaginous tissue on its anterior wall; tongue fissured and ulcerated.

Steam inhalation; brandy *ad. lib.*

Acute Bronchitis.—M. C., æt. 37, King's College Hospital nurse. Admitted March 3; discharged March 12. In hospital nine days. *Recovery.* Was admitted into King's College Hospital with cough six weeks ago, under Dr. Garrod. Discharged. *Much relieved* three weeks ago. Worse last two days; face flushed; cough, and scanty viscid expectoration; pulse 90, respiration 32; sibilus and a little rhonchus everywhere over chest; tongue furred; appetite bad.

Aromatic spts. of ammonia, chloric ether, and squills; turpentine stupes.

ACUTE BRONCHITIS—CHRONIC PNEUMONIA.—J. C., æt. 42. Admitted March 8. *Died* on March 8. Was in King's College Hospital for pneumonia, under Dr. Beale, last April. No history of present illness. Was admitted gasping for breath; extreme dyspnœa; profuse frothy purulent expectoration; coarse crepitation and sibilus over right lung, crepitation over left. Died 10½ hours after admission.

Post-mortem.—Firm, universal adhesion of left lung; pulmonary pleura very thick; substance of lung greyish and solid; sinking in water; right lung emphysematous, non-crepitant; bronchial mucous membrane very red; tubes choked with purulent matter; liver fatty, slightly cirrhosed; small stone in pelvis of left kidney.

Liq. ammon. acetatis, sp. ammon. arom., chloric ether and decoction of bark; mustard emetic; brandy *ad. lib.*; dry cupping to back of chest.

CHRONIC BRONCHITIS.—Louisa M'N., æt. 51, married. Admitted Jan. 15. Discharged March 2. In hospital 47 days. *Relieved.* Winter cough twelve years. Was in King's College Hospital last winter, under Dr. Beale. Previously ill seven weeks. Cough and expectoration; chest resonant; large crepitation at bases; *elsewhere sibilus*; pulse 102.

Carbonate of ammonia, squills, and senega; compound jalap powders; turpentine stupes; whiskey.

ACUTE BRONCHITIS.—Louisa M'N., æt. 51, married. Admitted May 13; discharged June 11. In hospital 29 days. *Very much relieved.* Since discharge on March 2 has been nearly free from cough and dyspnœa; previously ill 7 days; began with catarrh. On admission much dyspnœa; face dusky; pulse 96, respiration 36; physical signs of slight emphysema; dulness at right base; large crepitation all over both lungs; sputum viscid, moderately abundant.

Liq. ammon. acetatis, aromatic spts. ammonia, squills, and chloric ether.

ACUTE BRONCHITIS.—J. F., æt. 47, fur-skin dresser. Admitted September 30; discharged November 2. In hospital 33 days. *Recovery.* Had typhus many years ago; acute rheumatism 13 years ago; previously ill 12 days; rigors at commencement. On admission headache, soreness of limbs, slight cough, expectoration viscid and frothy; crepitation at posterior bases of lungs; pulse 88, respiration 28; tongue white, skin cool, appetite good, bowels confined.

Liq. ammon. acetatis and chloric ether; same, with carbonate of ammonia and senega; calomel and colocynth.

ACUTE BRONCHITIS—PHTHISIS.—Honora D., æt. 38, married. Admitted January 2; discharged January 23. In hospital 21 days. *Recovery.* Typhus 2 years ago; winter-cough 2 years; cough 3 months; loss of flesh 8 weeks. On admission, pulse 96, respiration 36. Rhonchus everywhere over chest; large crepitation over left side, in front; 9 days later, diminished expansion of upper part of right lung; dulness under clavicle and over supra spinous fossa, when gurgling crepitation, bronchophony, and harsh breathing are audible; elsewhere rhonchus and large crepitation.

Carbonate of ammonia, chloric ether, squills, and senega (11 days); then cod-liver oil, and syrup of iodide of iron. Brandy 4 oz.; turpentine stupes.

EMPHYSEMA — ACUTE BRONCHITIS. — O. E., æt. 13, newspaper-boy. Admitted January 22. *Died* on January 29. In hospital 7 days. Always short-winded. Was in King's College Hospital, under Dr. Budd, 9 months ago, for bronchitis. Previously ill 2 weeks, with increased dyspnœa and slight œdema of legs. On admission, face dusky; breathing hurried; much cough and puriform expectoration. Chest very resonant; no cardiac dulness; breathing harsh in front, with sibilus and crepitation at lower part; behind coarse crepitation. Heart's action rapid. Pulse 140; respiration 52. Five days later, dulness at left posterior base; sputa streaked with blood. Dyspnœa increased, and he died on 7th day after admission.

Post-mortem.—Lower lobe of right lung collapsed; upper lobe very emphysematous; patches of pulmonary apoplexy in left upper lobe; about o.i. fluid in pericardium. Auricular septum imperfect. Right cavities of heart somewhat dilated. Bronchial mucous membrane red. Stomach congested.

Aromatic spts. of ammonia, ether, and squills. Brandy 4 oz. Conium and henbane; pulv. scammon. co. Turpentine stupes and dry cupping to chest.

ACUTE BRONCHITIS.—J. D., æt. 27, porter. Admitted December 19; discharged January 27. In hospital 39 days. *Recovery.* Acute rheumatism 13 and 5 years ago; heart affected in second attack; short-winded; drinks 3 quarts of porter daily. Previously ill 10 days. Chest very resonant; rhonchus and sibilus over lungs; crepitation at posterior bases; diastolic bruit loudest at lower end of sternum. Pulse somewhat collapsing; 16 days later gout in left great toe and right ankle.

Carbonate of ammonia, chloric ether, and senega (19 days). Carbonate of ammonia, chloric ether, and liq. ammon. acetatis (5 days). Then carbonate of ammonia, sp. junip. co. and bark. Turpentine stupes.

REPORT ON WINE AND ITS ADULTERATION.

[SPECIALLY PREPARED FOR THE MEDICAL PRESS AND CIRCULAR.]

No. VIII.

IT is now time that we describe the process of testing wine to which we have so many times referred, and to which our last article was devoted. In doing so, we shall concisely state the steps as they are regularly taken at the Custom-houses, confining ourselves for the most part thus to the results of our experience on an immense scale, and which has been found thoroughly satisfactory.

The instruments figured and described in our last are of sufficiently moderate price to come within the reach of all of our readers who are inclined to experiment for themselves.

The first step in testing wine is to pour some of the sample to be tested into one of the receivers until the edge of the liquor is on a level with the upper division. This division is indicated by two short strokes, the lower for the actual surface of the liquor, the upper for the elevated ridge formed by the capillary attraction of the side of the vessel.

The measurement, *which should be very exact*, having been taken, pour the whole carefully and without loss into a still flask; then with a little clean water (it need not be distilled), rinse the receiver, and pour the rinsings also into the still flask, to insure having all the wine. The water thus added after measurement makes no alteration in the percentage result, and has the effect of protecting the flask from risk of breakage, as there is that extra bulk of liquor remaining after the spirit has passed over; while, should the flask be emptied by evaporation, it would be destroyed by the heat of the flame.

The flask is now to be screwed on to the neck of the condenser, and the lamp lighted and placed under. It should be observed that, in order to insure a steam-tight joint, a wash of vulcanised India-rubber is placed on the tube, and the pressure of the top of the flask against it when screwed into place, prevents any escape of vapour.

In this, as in all other experiments, scrupulous cleanliness is of great importance, and cannot be too strictly observed. With such care as we may anticipate our readers have learned during their chemical studies, there is little likelihood of breakage of the glass vessels employed, and altogether the process may be pronounced as simple as it is effectual.

The short time occupied by the method, its exactness, and the ease with which many experiments may be carried on simultaneously, commend it to the notice of all who desire to investigate the subject practically.

In a short time after the flame has begun to act on the wine, ebullition commences, and as soon as the first steam has heated the junction tube sufficiently to prevent condensation before reaching the descending portion, the distilled liquor flows from the delivery pipe into the receiver, which must be previously placed underneath with the spout well inserted to prevent loss. In some 8 or 9 minutes sufficient will have been distilled over to include the whole of the spirit; this, in light wines, under 26 degrees, is about one-half, and in stronger wines, two-thirds; but as a rule, the latter proportion is the safest to take for all kinds.

In boiling some wines, especially light French or Rhenish, of low quality, the bubbles of steam have great tenacity, and rise without breaking, so that, unless great care is taken in keeping the heat gentle, the wine itself will be carried over unchanged, and the operation nullified. In event of such a mishap occurring, the flask should be removed, and some plain water distilled through the condenser until the tube is cleansed of all trace of wine. This should also be done in any case if an operation has been stopped when the spirit was in transit, as another sample passed through immediately afterward would be rendered apparently stronger by carrying with it the spirit that would be clinging within the tube.

The distillate over, the next step is to dilute it to the bulk of the original wine. This is done with distilled water poured in carefully so as exactly to reach the upper mark. As any excess cannot be removed, it will be as well to pour in carefully from a bottle until it nearly reaches the point, and adjust the remainder with a pipette specially kept to this use.

The distillate is now poured into the trial glass, and the temperature and indication taken in the usual manner.

When Sykes's hydrometer is used, the strength per cent., as found in tables compiled for this purpose, and which is invariably under proof in the distillate, is then deducted from 100, and the remainder is the percentage of proof spirit in the wine under operation. Thus let the percentage strength found be 64·2 U.P., then 100—64·2=33·8 which is the amount per cent. of proof spirit in the wine, or, as called in the Act of Parliament, "Degrees of Proof Spirit."

In cases where the result is very close to the line dividing the classes, viz., 26, 42, or the degrees above this, especially if any doubt should exist, it will be necessary to take the wine and the distillate at the same temperature for the measurement. The most convenient temperature, in many respects, is 60°, but any other average point will do as well. If the temperature of the wine be much lower than that of the distillate, the result will be a greater proportionate strength: if higher, the contrary will be the case; for in the former instance, the wine, being condensed by the cold, will have more spirit bulk for bulk than at a higher temperature. If, then, the distillate be warmer, and consequently expanded in bulk, it will not require so much distilled water to dilute it to the bulk of the wine at starting, and the percentage amount of spirit will be proportionately greater. It requires, however, a large margin of difference of temperature to produce any important variation, generally speaking. In the custom's laboratories 60° F. is the temperature always used, and this is the degree to be recommended.

The true indication should be very carefully read, and if the stem of the instrument, on rising to its place after immersion, show the liquor standing in drops on it, as if from the repulsion of the surface, it should be gently wiped with a clean cambric or silk handkerchief, to remove any greasiness, or with the fingers moistened by the tongue, and in some instances a difference of two subdivisions deeper immersion will be afterwards observed; making an alteration of more than one per cent. A solution of carbonate of potass is a very excellent thing to cleanse the stem by gently rubbing it over with the finger and thumb, and then wiping with a soft rag.

To a careful operator the process is very simple and easy; care only and ordinary intelligence are needed to perform the whole correctly. Practice will give confidence and rapidity.

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CURRENT LITERATURE.

The second number of the *Practitioner* has appeared, and is fully equal to the first. It contains communications by Drs. Beale, Fraser, Hewitt, and Beigel, followed by several reviews, and the Clinic of the Month, with extracts from British and foreign journals.

Messrs. Longman have issued an entirely new edition of *Thomson's Conspectus*, adapted to the British Pharmacopœia. The mere announcement of this is sufficient to please all who have been accustomed to Thomson. The new edition is edited by Dr. Lloyd Birkett—an ample guarantee of its thorough revision, and is got up as a small 8vo., which can be carried conveniently in the pocket. The cloth cover is light and flexible, and the edges are cut and marbled. We hope other publishers will follow this example.

Messrs. Palmer and Howe, of Manchester, sends us a book on *Odontalgia*, by Mr. S. P. Shaw, which they have lately published.

We have also received the *fifth* edition of a pamphlet on *Water: its Impurities and Purification*, published by the London and General Water Purifying Company (157, Strand). Of course, it contains a full account of the Company's Cistern Filters, of which, after two years' use, we can report most favourably. At the same time there is plenty of other information in the pamphlet, and as it only costs 2d., it might be well for everyone to read it before purchasing a new filter. We suppose it is not necessary to say here that no one should drink unfiltered water.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 19, 1868.

THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

When the necessity for a change in certain particulars of College management forces itself on the minds of such men as Sir Thomas Watson and Dr. C. J. B. Williams, the Profession has a sufficient guarantee that such change is urgently required. They are men far above any suspicion of courting professional popularity, for they have long enjoyed all the advantages that great and honestly-earned reputation could bestow. Such men are too philosophically trained to allow an impulse to sway their judgment, and too experienced in knowledge of the world, not to foresee that without some change a coming *crisis* is inevitable. All are interested (and deeply so) in the coming event—the Fellows in upholding their scientific *status*, and the reputation for fair play, accredited to the large majority, and the members, in knowing that, in the future, neither favouritism nor prejudice will interfere with a proper recognition of their standing and their claims.

Most of our readers will, we think, agree with us that the time has gone by when the irresponsible Council of any College ought to be permitted to hold secret meetings for the nomination of Fellows. A Council ought to be placed beyond even the possibility of dealing unfairly with the College members. That some members of Council have heretofore dealt out their honours (?) "*without fear*," we can well believe, and would we could add, "*without reproach*."

The College of Physicians has tried, of late, to render itself a public professional institution; the Profession has, consequently, the right to demand an account of its stewardship, and an assurance that the College gates have not been so suddenly and widely opened either from selfish or other interested motives.

The large number of gentlemen admitted as "Licentiates" *ought* to regard their College as one in which, with the highest order, the highest honour should combine; but they may justly claim excuse for any laxity of discipline when they find that the good faith of some of their elder brethren assumes at times so questionable a shape.

In our opinion, the *real* reform needed is an entire change in the mode of election of the Council. Its members should be chosen by the general voice of the Fellows. So long as the system of self-election is in force, so long *may* abuses continue, and that abuses have been rife, is the almost unanimous verdict of the Profession.

THE MEDICAL COUNCIL—PARLIAMENT OR CONVOCATION.

The proposals for reforming the Medical Council grow more and more definite. It may therefore be well to keep an eye constantly on its constitution and its action. What has it done? what is it like? One reformer speaks of it as "our Medical Parliament." But does that phrase describe it?

Three bodies have lately concluded their sittings—Parliament, Convocation, and the Medical Council. Now, Parliament possesses great legislative power. Convocation little or none. Parliament has been called "a talking machine," but in this capacity is perhaps outdone by Convocation, as well as by the Council. Parliament professes to be the representative of the people, and in order to make it so has passed its reform bills. Convocation professes to represent the Church but is composed only of a small number of ecclesiastics. That is one reason why the nation will never give it any power. Now look at the Medical Council. It professes to represent the Profession, but really consists only of delegates from the corporations. Unlike Parliament it has refused to reform itself. It possesses considerable power in relation to the Profession, and so far may claim to be a Medical Parliament. It ignores a large part of the Profession, and spends most of its time in vain talk, and in these respects resembles Convocation. The Profession is much agitated at its shortcomings, and will infallibly insist on reform. Sick of talk and impotent resolutions, the practitioners of the country have come to the conclusion that they are not represented in the body they pay to support, and they demand their rights. We second their just and natural cry of indignation at the results of the last ten years, with their enormous cost, and ask whether they desire a Parliament or a Convocation? We know well enough the answer that will come from an immense majority, and we call on those who have determined to support no longer the present state of things to take sides in the controversy.

Is the representation demanded to be direct or indirect? That is a question several times propounded, but of less importance than some think. If the indirect method should be adopted, no one doubts that the Council would be more efficient, while every Corporation would also receive new life. We need corporate reform almost as the element of every reform. This point constitutes the beauty of the scheme put forth by Dr. Prosser James.

Its chance of success lies in the fact that it can be carried out without expense, and without legislation.

But there is something still more important than this, and which should unite all in its favour—viz., that it is not in itself necessarily antagonistic to the other plan. It would, in fact, be a stepping-stone to the other. We have never heard it alleged that indirect need supersede direct representation, nor are we aware that Dr. Prosser James has ever expressed himself as hostile to the plan of direct representation proposed by Dr. Andrew Wood.

This much is certain: the present Council is satisfied, with itself, though the Profession is dissatisfied with it. Let the Corporations imitate the University of Cambridge. so that the indirect plan may have a fair trial.

A Council elected in that manner would not only be more likely to give satisfaction, but would almost of a certainty reflect professional opinion, and that even on such a question as its own reform. It would also be more like a Parliament than a Convocation.

THE REPORTS OF THE MEDICAL OFFICER OF THE PRIVY COUNCIL.

Mr. Simon never fails to excite considerable interest by his annual reports, and the tenth of these important blue books, now before us, will be no exception to the rule.

This being the case, we beg to draw his attention to a fact respecting the series which is not very creditable to those who manage that department. We allude to the difficulty often experienced in obtaining copies, and their very unequal distribution. So much is this felt that we happen to be aware that a person is engaged in collecting copies under the idea that a complete set will soon be a curiosity. We have it, too, on the most reliable authority, that of one report only 150 copies were printed. Now, a work of this kind is national property. The expense of producing it is by no means slight, and, when once produced, surely the price of a little extra paper ought to be allowed in order to produce an adequate issue.

Again, some journals are provided with early proof-sheets of these reports, while others cannot have a copy before the public—then only by purchase; and sometimes there has been found a difficulty in getting them even by purchase. The writer of this speaks from experience, having found this unfair and unusual practice on the various journals which have done him the honour to request his opinion anent the blue books in question.

Of course we do not mean to say that it is the duty of the Medical Officer of the Privy Council to personally superintend the distribution of his reports, but we do feel that he is interested in having them widely distributed and fairly criticised in all quarters; and, for this reason, we ask his attention to the anomalies we have complained of. We are sure he will agree with us that all journals likely to comment upon the reports ought to be supplied with them as soon as they appear, just as publishers send their books for review.

He will admit too that press copies ought all to be distributed the same day, and that his subordinates who furnish in advance proofs of their communications or abstracts of them to favoured periodicals, are guilty of a breach of etiquette which would not be tolerated in other quarters. Such tricks tend to sap the foundations of all true criticism, and go far to make the reports less useful than they otherwise would be. Frequently, in this way, opinions obtain a certain illegitimate support, while those who differ, and *may possibly* be correct in differing, will not take the trouble to criticise what has obtained a one-sided endorsement in other quarters.

What we desire is, that the reports of Mr. Simon to the Privy Council should be as widely distributed as possible. We should like every Medical Officer of Health to be supplied with a free copy, as well as every journal likely to distribute a knowledge of them. We would gladly see these reports made the texts of able and conscientious essays by experienced writers, their value thoroughly sifted, and their facts made known to the whole thinking community. Let Mr. Simon say the word, and we feel sure it will be done. A few reams of paper, to utilise a large outlay, could not be grudged by the most thorough-going economist.

Again, some care might be taken about distribution. One medical friend of ours received gratis three copies of the most scarce report (of which only 150 were printed). But for his presenting us with one we should never have been able to get one at all. This speaks much for the necessity of a change. Perhaps some plan may be devised of ensuring that all who legitimately would use it should find no difficulty in having a copy at the public expense. That is the only way in which Mr. Simon can have justice done to his labours.

THE ARMY MEDICO-CHIRURGICAL SOCIETY OF PORTSMOUTH.

Some of our readers may not be aware that a society under the above title has for some months past been in active operation. Its meetings are held monthly; papers are read on subjects bearing upon military medicine, surgery, and hygiene; officers in the army and navy, and medical men in civil practice in and around Portsmouth, are frequent visitors on those occasions, and altogether, while the society is calculated to bring the medical men of the army serving in that garrison into contact with the military officers in reference to questions which, as bearing upon the efficiency of soldiers, have a mutual interest to both, it is no less so to preserve that connection which should ever exist between the members of our own profession, whether in civil life or in the public service.

We are glad, therefore, to learn that the society in question gains in interest, and that its meetings are on each succeeding occasion becoming larger and longer. On the 5th of the present month, the most numerously attended one that has hitherto been held, took place at the Garrison Hospital, intimation having been previously circulated, that among other papers to be read on that occasion was one on "The Medical Transactions in the 33rd Foot during the late Expedition to Abyssinia," by Assistant-Surgeon Ball, of that regiment. The paper was an extremely interesting one. It detailed the nature of the medical arrangements made at Bombay, but which, as is usual, could not be carried out when actual service began; the nature of the country through which the force advanced from Zuolla to Magdala; the plants and animals that were observed; and gave many interesting particulars in regard to the various races of people met with. But what was of the greatest consequence in a professional point of view were the details which Dr. Ball gave in regard to the orders issued in Abyssinia itself, and other means to protect the health of the soldiers, and to provide for the requirements of such as fell sick or were wounded. It is, in reality, to the success of those measures that England is now indebted for the glorious and successful termination of the expedition. As well remarked by a contemporary: "had it not been for the exertions of the medical department on that occasion there would have been no army left to capture Magdala; no officers or soldiers to receive their well-merited honours and rewards." We wish that the army medical officers at our other large military stations would imitate the example set by their brethren at Portsmouth; and we venture to remark that by means of such societies they would do far more to elevate the departments of which they are members than by discussing in the public papers, as is too often the case, so-called "grievances," many of which seem only to exist because individuals condescend to notice, if not to seek for them.

If any encouragement were needed to induce Army Medical Officers to imitate the example upon which we are commenting, it would be found in the roll of army medical worthies from the time of the siege of Troy to our own day; and this kind of encouragement formed the introductory address with which the Portsmouth Society was opened by the principal Medical Officer of the station, Dr. Gordon, C.B., and which the society has printed and circulated. This address is before us, and, inasmuch as it epitomizes much, we would fain say to our army brethren, we hope it may be the subject of conversation at all the stations. It counts the bead-roll of fame of military surgeons, and enumerates the merits of some, that their civil brethren may, amidst the cares of practice, be apt to forget. Paré, Lowe, Woodall, Wiseman, Cleghorn, all these were army surgeons, as also, though it is seldom remembered, JOHN HUNTER. When we get another Guthrie in the Council of the College of Surgeons it is to be hoped he will be made Hunterian orator, and will take for his subject matters relating to military surgery, as elucidated by the labours of the great anatomist, physiologist, and surgeon.

If we continue our enumeration we cannot do it better than in the words of Dr. Gordon :—

"Donald Munro, an army surgeon, and cotemporary of Hunter, may be said to have placed the study of anatomy in the University of Edinburgh upon a scientific *basis*; and it may be mentioned here that he was the *first of four* generations of his name who in succession filled the chair which he in effect established.

"Then comes the name of Brocklesby, of whom we learn that he set to work to improve the wretched barracks and still more wretched hospitals, into which in his days the troops were crowded. He drew up a code of instructions for the preservation of health, and especially enforced the observance of cleanliness and good ventilation. To him the profession is indebted for the plan of treating cases of fever by means of liberal quantities of wine, in supercession of the bleedings and depletions that up to his time had been in use.

"I would remind yon that not until 1739 were barracks erected in this country for the accommodation of soldiers. Prior to that date the men lived in billets—chiefly in beer-houses and livery-stables; being there lodged in 'garrets, lumber-rooms, or back sheds fit for no other purpose;' absolutely without means of preserving personal cleanliness, and destitute of those conveniencies which are no less essential to bodily health than they are to morality.

"Such being the conditions, it will hardly seem credible to us of the present day that when in 1720 the first proposal to establish barracks for the troops was made, it was violently opposed; the people of London declaring that they wanted 'no red-coated nurses.' Perhaps, therefore, it is not to be wondered at that the buildings erected, after nineteen years of discussion, and, as we are informed, 'angry suspicion in the public mind,' were, as described by Dr. Brocklesby, 'low and ill-ventilated—calculated rather to generate than cure disease; and sweeping off the men like a perpetual pestilence.' To him, in conjunction with Munro, Pringle, and Hume, is due the credit of instituting post-mortem examinations, at a time prior to that when this method of investigating the action of disease was sytematically adopted in civil hospitals.

"Then came Dr. Girdlestone, who was the first to publish a work on *li*ver disease and cholera, as these affect British soldiers in India.

"Dr. Hamilton, also an army surgeon, who was the first to advocate the abolition of corporal punishment, saying regarding it, 'I wish it with all my heart abolished; it is an inhuman thing, more fitting the nature of savages than civilised and polished nations.' Such were the sentiments expressed by him in 1787.

"In 1791, John Bell, of the 26th Regiment, introduced into Military Hospitals a scale of diets, suited to the requirements of sick men, instead of the salt pork and beef which prior to that time had been the food allowed to the soldier, whether at his ordinary duties or prostrated with dysentery. He published a work on the causes which produce, and means of preventing disease in the West Indies—the title indicating the importance which he attached to hygiene; and to him, in a letter addressed to Earl Spencer in 1798, is due the first advocacy of one great school for military surgery. In that communication he entered into various details in regard to the subjects which, according to his views should be taught in such a school. These were anatomy, military surgery, military medicine, medical geography, including climates, seasons, the coasts of various countries; the manner of conducting soldiers in foreign expeditions, the general care of their health. the choice of encampments, the forming of hospitals on shore, how to convert churches and public buildings to this purpose. how to attend an army in the field, how to lay wounded in besieged towns, and how to carry them off the field in a retreating army. He would, moreover, have taught what he called military economics—as diet, clothing, exercise, general medicine, and all methods of preventing disease. Surely, it must be admitted that this army medical officer justly appreciated the importance of preventive medicine, or hygiene, as this branch of science is now more generally termed."

Space forbids or we would gladly continue our extracts, and show in detail how Robert Jackson wrote works valuable alike to the military and medical officer, and devoted much attention to the "health of troops," arguing that "health officers" were needed by armies in the field; how he was followed by Dr. Reide, who introduced statistical returns; how Dr. Rollo pointed out the means of preserving health in the West Indies; how Somerville produced a work embracing the whole subject of army hygiene; and how Lemprière, Borland, Pringle, Blane, Wright, Guthrie, Hennen, Thompson, Bellingall, Marshall, Millingen, Burke, and others carried on the good work which, we believe, is being continued by many earnest officers at the present day, who cannot fail to be encouraged by such societies as that at Portsmouth. Such examples as these, so felicitously sketched by Dr. Gordon, and the hearty approval and sympathy of their brethren in civil practice, we hereby cordially tender them.

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Notes on Current Topics.

Representation of the Profession in the Council.

This subject continually grows more important. Mr. Gamgee, in a very able speech at the Oxford meeting, pointed out the fruitlessness of the efforts of the British Medical Association and its deputation. The profession is gradually becoming educated, but it is a very slow process, and as yet there is no facility for quickening. What is wanted is an association of three times the strength of all the others, that exist, and as this is never likely to be attained, nothing remains but for the professional press to redouble its energies. The various schemes proposed for placing the Council on a satisfactory bases have never yet been fairly discussed by our contemporaries, and it is a sad indication of the condition of medical journalism, that in some quarters an attempt has been made to smother the full expression of opinion that has already been evoked.

For the honour alike of the profession and of journalism, we rejoice to add, the bad example is producing its own well-merited punishment, while the life it attempted to strangle is more vigorous than ever.

Medical reformers must be up and doing, they must no longer wait for the sound of the trumpet to waken them as of old by its warning voice. *Tempora mutantur.* We have now fallen on evil days. New leaders must be chosen for the new campaign, or it well assuredly be lost.

Let all who see the signs of the times rally around the few who are prepared to lead the way.

The Fellowship of the Royal College of Physicians of London.

Our anticipations have been realized so far as the late election of Fellows is concerned, but happily a movement has been commenced that is not likely to be arrested.

It has been proposed by some of the most distinguished Fellows that the Council should not be all-powerful in promoting its friends. Those who are disposed for reform would effect it by giving the body of Fellows at large the opportunity of proposing names for promotion. Dr. Williams and Sir T. Watson both agree as to the necessity ofthis, and, the refore, some hope remains. An authority, upon whom we rely, writes to us as follows:—

"The long delayed election of members to the Fellowship passed off this time without blackballing; but we may fairly presume that no expression of opinion emanating from so experienced and dispassionate an authority as Sir Thomas Watson, as to the time having come for a change in the mode of selection, will be lightly regarded. The mode in which the Council has hitherto managed matters may well be styled undignified and degrading.

"Some light, at least, has *now* been thrown upon the character of these secret meetings, and ugly rumours are afloat as to the reasons for some of the nominations.

"Indeed, the entire matter requires serious and public consideration. Evidently it is not much longer that this College will be permitted to continue to defy professional opinion so loudly and generally expressed.

"One thing is certain, that since the ventilation of the proceedings of the Council, the Fellowship is rapidly becoming estimated at its proper value, and that not of the highest to some of its possessors."

The Chair of Botany in the University of Dublin.

The Professorship vacated by Dr. A. Dickson (lately appointed Professor of Botany in the University of Glasgow) has already three claimants, and further competition for its occupancy may be expected. The candidates, who have as yet avowed their intention of seeking it, are Dr. Edward Percival Wright, Professor of Zoology in the University; the Rev. Dr. Browne, of Aberdeen, formerly a missionary and a well-known lecturer in popular science, and Mr. M'Nab.

Death of Dr. Mackenzie, of Glasgow.

Our record of the loss to the ranks of the profession of Mackenzie, of Glasgow, and our eulogium on his worth must be something more than a mere complimentary repetition of the trite phraseolgy of obtuaries in general, for we feel that in his death the very small phalanx of real, straightforward, sterling eye surgeons is reduced. Dr. Mackenzie's posthumous merits do not lie in great honours or a gigantic fortune gained in practice, though his career even in these directions was no ignoble one. It is in his sterling worth as a surgeon, that his name ought to live in the memory of the profession; it is because he stood firm to the erudition and experience, which great practice and an intelligent judgment had taught him, and did not allow himself to be carried away by the overwhelming flood, of what we must take leave to call ophthalmological quackery, which has for many years almost swept practical eye surgery out of sight or recognition.

The surgeon and author, one of whose pages of clear, well-grounded information was worth volumes of the insubstantial Germanisms lately current, has lived to see the wane of the ophthalmologic craze—the infrequent *oases* of accurate theory and genuine practice left visible here and there in the watery waste of useless and mischievous guess-work. When half the ophthalmological disquisitions of the last ten years will have completed their mission in the chandler's and trunkmaker's, Mackenzie's work will occupy the choicest corner in the library of the oculist, and Mackenzie's name will be recollected as "a material guarantee" for what it contains.

The Medicine of the Future.

Sir James Y. Simpson, in his address to the new graduates, has drawn a picture of the medicine of the future which may at once inspire with hope and depress with doubt. He anticipates eradicating tumours without the knife, arresting hæmorrhage without ligatures, or even his own invention of accupressure, and hopes that other departments of human knowledge may make simultaneous and equal advances, so that, Governments interfering to protect their subjects from diseases that may be prevented, the generations shall succeed each other slowly—each attaining the full duration of existence. The learned Professor carried his audience with him by his eloquence, and it may be a good thing to enlist the enthusiasm of the young graduates, but the question returns whether we have sober reason for anticipating so much.

The Thames.

It would appear that Father Thames is not sure, even yet, to attain that degree of pellucid purity which has so often been promised. Recent analyses, by new methods, go far to show that the impurities of the river are much more serious than has been lately supposed, besides which, the grosser test of the ordinary passenger's nose has detected, during the late hot weather, a very disagreeable smell. Whence does this arise? is a question the chemists may be expected to reply to very shortly. The upholders of our sewage system assert that it must be from what is thrown into the Thames higher up, and not from any part of the sewage being washed back by the tide. Others are of opinion that both these sources contribute impurity. Whatever the cause, the fact having been made known, should lead to immediate action.

Yellow Fever.

Another mail-ship has come in with less than its compliment of persons who set out, in consequence of yellow fever having carried them off. The epidemic prevails at Islay to the extent of 23 cases per day.

Lima and Callao are reported to be in a more favourable condition. The late epidemic at these places destroyed 13,000 persons.

Real and Apparent Death.

The Marquis of Ourches, a French nobleman, with the view, we presume, of guarding against the possibility of the burial of living persons in a state of catalepsy or prolonged syncope, has presented £1000 to the Academy of Medicine of Paris, for a prize to the discoverer of an accurate means of distinguishing between real and apparent death. He presents this very liberal prize, on the condition that the means of diagnosis shall be open to non-medical persons, and that the sum be reduced to £200, if none but the profession can use it.

Vaccination.

The action of the Medical Council in respect to the introduction of vaccination into the medical educational curriculum, has had the effect of bringing that subject within the second examination for the Bachelor of Medicine Degree at the University of London. In future a certificate from one of the vaccinators authorized by the Privy Council will be required of candidates, and vaccination will form one of the subjects of examination.

The Onion as a Disinfectant.

A writer (Mr. Wolff) in a recent number of the "Scientific American" maintains that the volatile principle of the onion is capable of destroying miasmatic gases. He states that the juice of the plant will neutralise the poison of certain snakes, and declares that he has used the onion as a disinfectant in severe cholera epidemics on ship-board. Mr. Wolff says :—"Onions placed in the room where there is small-pox will blister and decompose with great rapidity; not only so, but will prevent the spread of the disease. I think, as a disinfectant, they have no equal when properly used ; but keep them out of the stomach."

Bathing.

In our remarks on this subject last week, the name of Dr. Christison was incorrectly stated instead of that of Dr. Christian as the author, with Dr. Sieveking, of the suggestions we published. We understand that the issue of these rules for bathers of the Royal Humane Society was effected at the request and cost of a benevolent lady well-known under the signature of M. A. B. as a contributor to our journal. We last year inserted suggestions from the pen of the authoress on the subject, which were very favourably received by the non-medical press.

Conveyance of Food.

The Society of Arts have, at the suggestion of their Food Committee, offered the following prizes:—

1. For an improved method of conveying meat by rail, the Society's *Silver Medal* and £10.

The object in view is to reduce to a minimum the deterioration which meat now suffers in its transit by rail. The principal evils to be avoided are—excessive changes of temperature, and injuries by pressure, by handling, exposure to dust, insects, &c. This prize may be awarded for an improved railway meat van or for a travelling meat larder suitable for railways.

2. For an improved method of conveying milk cans by rail, the Society's *Silver Medal* and £10.

The object in view is to reduce to a minimum the deterioration which milk now suffers in its transit by rail in the ordinary open trucks. The principal evils to be avoided are—the heating and shaking of the milk cans.

3. For an improved railway milk can, the Society's *Silver Medal* and £10.

The object in view is to reduce to a minimum the deterioration which milk now suffers in its transit by rail in the ordinary milk cans or "churns." The principal evils to be avoided are—the heating of the milk, and all motion within the can which may cause the buttery particles to separate.

Water Companies.

Mr. Simon, in his new report, makes a suggestion which, while it may enlist the sympathies of some, will not fail to astound, and even shock, others. He would make public companies pay heavy damages to any one they may have injured.

He sees, in fact, what all know as a familiar axiom on jurisprudence—that a wrong proved, a remedy lies; but he says "years may elapse before any aggrieved person, unless unusually rich and public-spirited, will be willing to incur considerable legal costs in testing his so doubtful claim to redress."

There is something more than this, however, to be considered. Most people are aware that Mr. Simon and his assistants have adopted as true, the hypothesis that the last epidemic of cholera in London was due to the contamination of one company's water. This, of course, would be a case for redress, and the Medical Officer of the Privy Council appears to think that the relatives of all who perished in that outbreak should be entitled to damages from that company.

So far, the logic is good enough, but the premises are in dispute.

Every one knows—at least every one whose reading has not been confined to journals that have so scandalously burked the truth—that there are plenty of authorities who regard the hypothesis in question as an unjustifiable assumption. Now, suppose for a moment Mr. Simon's views to be in full operation: the first point for a complainant to prove would be that the water in question was the sole cause of the case of cholera by which he suffered. We venture to say that no such proof satisfactory to a court of justice could be produced, and that in this case, therefore, Mr. Simon's remedy would not be practicable.

That companies guilty of *malfaisance* are responsible to law, railway companies have found to their cost; but then, the injury has been easily proved.

In the case of the water companies, everything rests on hypothesis, and men equal to, and even superior to, the advisers of the Privy Council have asserted that the hypothesis is inconsistent with the facts. They would be as ready to dissent from, as Mr. Simon is to subscribe to, the assumption. What, then, could a jury do? By all means let us keep a tight rein on companies, and for knowingly distributing poisonous water let us hold every director and every servant concerned responsible. But let us not leave facts, and try to legislate on hypotheses.

Sickness in Dublin.

The week ending the 8th instant has been an unhealthy one in Dublin, and as might have been anticipated, the great heat of the weather has produced its inevitable effect on the public health. The deaths numbered 144, or 25 more than the corresponding weeks of the last four years. The whole of this excessive mortality is chargeable to diarrhœa, which not only exceeded in frequency the preceding week as 32 to 18 cases, but that of the corresponding week of last year by 26. Two of the cases are registered as cholera, but we presume the real Asiatic type of the disease was wanting.

The Quarterly Examinations at the Royal College of Surgeons in Ireland commenced last week, and the first half or Anatomical Examination terminated on Saturday. Fifty-four candidates presented themselves, out of whom it was found necessary to reject ten. The quality of the answering was, however, on the whole, considerably better than was elicited at the last examinations. The second half or Surgical Examination has just commenced, and will probably last for the whole of the current week.

We have been requested to announce that Mr. Grimshaw, Fellow of the Royal College of Surgeons of Ireland, the eminent dental-surgeon, has retired from the active practice of his profession.

We have no doubt that this announcement will be received with regret by the members of our profession, whose working ranks Mr. Grimshaw has so long and so honourably adorned, and we believe all will honestly join in wishing Mr. Grimshaw a long enjoyment of his well-earned leisure.

What a delightfully refreshing phase in the great English social ceremonial of dining is the ice-pudding? How charmingly do its cooling qualities, and its luscious flavours replace the gusto of the "choleric meats" which precede it? How agreeable it is for the *gourmets* who revel in the luxuries of the *diner a la Russe* to learn that no ice-pudding can claim to have achieved the loftiest degree of gastronomic perfection, unless the fruit which flavours it is the habitation of a given proportion of maggots. A person named Welch, charged before the Birmingham magistrates for selling rotten pine-apples and maggotty melons, thus defends himself. He said that "specked" fruit was always used to make ice-cream and confectionary, and unless the fruit was rotten it would not make delicacies so well, as the juice could not be got from the fruit in sufficient quantities unless it was "very ripe." All fruit, pears, apples, and melons had more or less of maggots in them, and confectioners would not buy fruit unless it was rotten, as the officer had termed it, but which he (witness) only considered "fully ripe."

Between "Pure Leicestershire catsup," prepared from putrid livers; ice puddings from decomposed fruit; pastry from the scrapings of filthy butter firkins, and all the nameless horrors in which the dining public has been so kindly instructed by recent authors, the paradise of gluttons appears to be losing its attractions.

(*Qui fit mœcenas?*)—Who made Oscar Clayton, M.D., Surgeon-in-Ordinary to his Royal Highness the Duke of Edinburgh last week, and Extra Surgeon-in-Ordinary to his Royal Highness the Heir-apparent, before the second ringing of the Church bell? Who is the lucky rat that eats the malt that lies in the house that Jack built? Can their Royal Highnesses be supposed to be jointly moved by a sudden and irrepressible inspiration to place their lives and the succession to the throne of England in the hollow of Dr. Clayton's hand, or is our editorial vision so purblind, and our ear so deaf that we have all these years been insensible to the brilliant sunburst and the immortal fame of Dr. Clayton's genius? In abject and penitent submission we await the admission of the light, and in helpless obscurity we still puzzle over our enigma. Oscar Clayton, M.D., of a foreign university, Fellow (not by examination) of the Royal College of Surgeons of London, a worthy apothecary and general practitioner, does not seem to us the *only* eligible occupant of the pinnacle of court favour. Who is it that keeps the second latch-key of the back-stairs wicket of Marlborough House?

THE Registrar-General's returns are still unsatisfactory, although London exhibits a more favourable condition. Some towns show a largely increased mortality. Leeds gives the highest death-rate—41·2 per 1000. Bristol is at the top of the list. The 11 large towns rank as follows as to rates:—Bristol 24·0, London 25·8, Newcastle 26·2, Bradford 33·5, Liverpool 34·7, Sheffield 35·7, Birmingham 37·5, Hull 38·3, Salford 38·7, Manchester 40·3, Leeds 41·2.

It would thus appear that London is likely to soon again show the favourable return on which we have so often commented. A fortnight ago the deaths in the metropolis were 1885; the mortality then declined to 1665, and has now fallen to 1545. This is only 52 higher than the average for the last 10 years, corrected for the increase of population. Zymotic diseases were fatal in 593 cases, the average being 571. The deaths from diarrhœa were 294, against 384 the previous week; 270 out of the 294 were the cases of infants.

The highest day temperature at Greenwich was 90·5; lowest night temperature 52·8. Rain only fell once, and then only to the extent of 0·14 of an inch.

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Army Medical Department.

EXAMINATION PAPERS.

ANATOMY AND PHYSIOLOGY.

Monday, August 10, 1868, 10 *a.m. to* 1 *p.m.*

MR. BUSK.

1. What spinal nerves enter into the formation of the cervical and sacral plexuses? Describe the general arrangement of the nerves in each plexus, and enumerate those proceeding from it.
2. Describe the urinary bladder, and its relations to the immediately surrounding parts; the differences of relation it presents in various degrees of fulness, and at different periods of life; the arrangement of its muscular fibres, and the character of the epithelium by which it is lined.
3. Describe the structure of the spinal chord (below the medulla oblongata); and state what has been determined experimentally with regard to the transmission of sensory and motor impressions through it.
4. Describe the prostate, its relations and structure.
5. Mention the varieties in the origin and course of the blood vessels, to be regarded in the operations of laryngotomy and tracheotomy.
6. State the peculiarities of the blood in the hepatic, renal, and pulmonary veins, respectively.

SURGERY.

Monday, August 10*th*, 1868, 2 *to* 5 *p.m.*

MR. POLLOCK.

1. What would be the immediate symptoms, physical and general, in a case, in which fracture of three or four ribs, with laceration of the lung, had occurred on the right side, and what would be the changes observed in the symptoms, under a favourable progress? Describe the treatment to be adopted throughout.
2. A man was wounded by a rifle bullet, which entered at the anterior margin of the deltoid muscle, and passed out behind the shoulder; in its course it comminuted the head, as well as an inch and a-half of the upper extremity of the humerus. State what treatment should be pursued in such a case, and what would be the probable result.
3. A boy, in attempting to walk on the top bar of a rail-fence, slipped, and fell across it, striking the perinæum: shortly after, much swelling and discolouration of the part was observed; nor could urine be passed when the desire to empty the bladder became urgent. State the nature of the injury; the treatment to be adopted; and what usually, is the ultimate result of such an accident.
4. Describe the symptoms, and course of a case of scrofulous disease of the upper cervical vertebræ (1st to 4th). At what period of life does it usually occur and what are the pathological changes observed after death?
5. Describe the symptoms of stone in the bladder. What are its pathological effects on the bladder and kidneys, if not removed? Under what conditions should the operation of lithotomy, or lithotrity, be preferred?
6. Describe the symptoms, and results of syphilitic iritis, if neglected. What treatment should be pursued to arrest its progress?

MEDICINE.

Tuesday, August 11*th*, 1868, 10 *a.m. to* 1 *p.m.*

DR. PARKES.

1. Give an account of the Malarious Fevers, including the presumed causes, the symptoms, and the treatment.
2. Give the stethoscopic signs of the following diseases: pneumonia; pleurisy, with effusion; hydro-thorax; pulmonary apoplexy; coincident constriction and patency of the cardiac mitral opening and similar conditions of the aortic orifice.
3. What do you mean by the terms anæmia, chlorosis, and leucocythæmia? Describe carefully the state of the blood; the condition of the various organs, and give the treatment in each case.
4. Mention the chief conditions of the urine whish are important for diagnosis, and describe a case of Acute Morbus Brightii in an adult man.
5. For what purposes are conium, belladonna, and henbane used in medicine? Mention the chief pharmacopœil preparations, and state what is known about the action of the active principles.
6. What are the chief diseases which may come on in the first week after confinement? Give the chief symptoms, and, briefly, the treatment.

NATURAL HISTORY AND PHYSICS.

Tuesday, August 11*th*, 1868, 2 *to* 5 *p.m.*

DR. THOMSON.

I. ZOOLOGY.

1. Enumerate the principal varieties of the human race, and state their distinctive characteristics and geographical distribution.
2. Describe the principal modifications in the form and arrangement of the placenta, and state how far its various forms are useful in classification.
3. Give the characters of the class cœlenterata; mention its primary divisions, and name a genus belonging to each.
4. What is meant by *spontaneous* generation? Give some account of the experiments which have been made to prove or disprove it, and of the arguments that have been used for and against it.
5. Give an account of the geographical distribution of some of the larger divisions of the *mammalia.*

II. BOTANY.

1. Give an account of the process of impregnation in phenogams.
2. Describe the structure and functions of *leaves.*
3. Contrast the reproductive process in *ferns* and *mosses.*
4. Give the natural characters of *grasses* and *cyperaceæ,* pointing out where they agree and differ.
5. What is the geographical distribution of the following families of plants?

Proteaceæ.
Melastomaceæ.
Magnoliaceæ.
Umbelliferæ.
Ranunculaceæ.

III. PHYSICS.

1. Describe the way to make a thermometer. How do Fahrenheit's, Reaumur's, and the centigrade thermometers differ, and how can observations made with any one of them be converted into the other scales? What precautions are necessary to get the true temperature of the air?

2. What are the different hygrometric conditions of the air? What is saturation and the dew point? Describe the kinds of hygrometer in common use.

3. Explain the cause of the trade winds, and of land and sea breezes.

4. Give an account of the arguments employed to show the convertibility of light into heat and *vice versâ*.

5. What is coal geologically and physically, and what are the principal products of its distillation?

6. Describe the process of brewing, and the theory of fermentation.

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Correspondence.

REPRESENTATION IN THE MEDICAL COUNCIL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Much confusion prevails about the Cambridge University. Dr. Ashe is not altogether right. He seems to regard the Senate and the large constituency as two distinct bodies. They are in reality one. The Senate is the elective body, and consists of all M.A.'s and all doctors who have kept their names on the books. The number exceeds 5400, as stated by our able representative in the Council, Dr. Paget. All these may vote at the election of Dr. Paget, and, therefore, our University is one of the most liberal bodies. If the other Corporations did as much the plan of indirect representation would be carried. The advocate of this plan would do well to revise his scheme so far as Cambridge is concerned.

The election by the Senate at Cambridge is really a fair illustration of the popular election for which Dr. Prosser James is contending in the Medical Corporations, and which exists in some degree in the College of Physicians. There is no intermediate smaller body to control the election at Cambridge, as Dr. Ashe supposes. The original constitution of the ancient Universities was very popular, and much of the popular spirit survives in the customs and regulations of Cambridge, and, I believe, of Oxford also. Almost nothing can be done without the consent of the whole body of the Senate.

These points are worthy the attention of Medical Reformers.—I am, &c.,

A MEMBER OF THE SENATE OF THE UNIVERSITY OF CAMBRIDGE.

"FISTULA IN ANO."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Having lately seen several operations for fistula, and also having remarked the great difficulty the surgeon experiences in keeping the buttocks separate, the idea struck me that the operator might be greatly assisted by having a broad piece of adhesive plaster attached to each buttock as far up towards the anus as possible. When these are firmly attached, an assistant at each side of the patient making extension with ends of the plaster will, I think, effectually keep the buttocks separate, and thus facilitate the operation greatly. If some of the numerous readers of your valuable journal would make a trial of this suggestion, they would greatly oblige, yours obediently,

A MEDICAL STUDENT (Dublin).

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Medical News.

LIST of Entries in the Register of the Branch Medical Council (Ireland), for the month of July, 1868:—

James Dunlop, Edenderry House, Lisburn, county Antrim, Lic. R. Coll. Phys. Edin., 1867, Lic. R. Coll. Surg. Edin., 1867, M.D. Qu. Univ. Irel., 1868; William Henry Goode, Finglas House, county Dublin, M.B., 1867, and Master-Surg., 1867, Univ. Dublin; James Chatterton, Ballynamote, Cork, M.D., 1868, and Master-Surg., 1868, Qu. Univ. Irel.; James Crawford, Templeton, Killashee, co. Longford, Lic., 1868, and Lic. Midwifery, 1868, K. Q. Coll. Phys. Irel., Lic R. Coll. Surg. Irel., 1868; Richard Dawson Bennett, Union Hall, Leep, county Cork, Lic. R. Coll. Surg. Irel., 1868, Lic. Apoth. Hall, Dublin, 1868; Patrick Thomas Lyster, King-street, Athlone, Lic., 1866, and Lic. Midwifery, 1866, K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel., 1866; Frederick Fitzgibbon, Castle Selem, Rosscarberry, county Cork, Lic. R. Coll. Surg. Irel., 1867, Lic. 1867, and Lic. Midwifery, 1867, K. Q. Coll. Phys. Irel.; Patrick Murphy, Mitchelstown, county Cork, M.D., Qu. Univ. Irel., 1868; Charles Gore Purcell, Tramore, county Waterford, M.D., 1867, and Master-Surg., 1867, Qu. Univ. Irel.; William Henry Saunderson, Edenderry, King's county, M.D., 1868, and Master-Surg., 1868, Queen's Univ. Irel., Lic. Midwifery, K.Q.C.P.I.; John Joseph Crean, Glenview, Clonmel, county Tipperary, Lic. 1868, and Lic. Midwifery, 1868, K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel., 1868; David John Forbes, 4, Grande Parade, Cork, M.D., Queen's Univ. Irel., 1867; Robert Henry Robinson, Parsonstown, King's county, Lic. 1867, and Lic. Midwifery, 1867, K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel., 1867; James Maybury Beamish, Lahara House, Drimolegue, county Cork, M.D., 1868, and Master-Surg., 1868, Qu. Univ. Irel.; Edward Wolfenden Collins, 28, Harcourt-street, Dublin, M.B. Univ. Dublin, 1868, Lic. 1868, and Lic. Midwifery, 1868, K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel., 1868; Henry Stannard, 18, Shelbourne-road, Beggar's Bush, county Dublin, Lic. R. Coll. Surg. Irel., 1867, Lic. 1868, and Lic. Midwifery, 1868, K. Q. Coll. Phys. Irel.; John William Moore, 40, Fitzwilliam-square, West, Dublin, M.B., 1868, and Master-Surg., 1868, Univ. Dublin; Francis Richard O'Grady, Churchfield, Ballyhannis, county Mayo, Lic. R. Coll. Surg. Irel., 1867, Lic. K. Q. Coll. Phys. Irel., 1868, Charles William Shaw, Castle Blayney, county Monaghan, Lic. R. Coll. Surg. Edin., 1868; Robert Little, jun., Combermere Lodge, Lifford, county Donegal, Lic. R. Coll. Surg. Irel., 1868; Patrick Lynch Walsh, Kilfinane, county Limerick, M.D., 1868, and Master-Surg., 1868, Qu. Univ. Irel., Lic. Midwifery, K. Q. Coll. Phys. Irel., 1868; William MacDonnell, Broadford, county Clare, Lic. R. Coll. Phys. Edin., 1868, Lic. R. Coll. Surg. Edin. 1868; James Francis Ryan, 9, Harrymount, Kingstown, county Dublin, M.B., 1868, and Master-Surg., 1868, Univ. Dublin.

THE Director-General presents his compliments to the Editor of THE MEDICAL PRESS AND CIRCULAR, and begs to enclose for insertion a list of candidates of her Majesty's British Medical Service who were successful at the competitive examination in February, 1868, and have passed through a course at the Army Medical School.—Army Medical Department, 11th August, 1868:—

Names.	Studied at	No. of Marks.
Lewis, T.	London and Aberdeen	5452
Dobson, G. E.	Dublin	4655
Fraser, J.	Belfast	4563
Williamson, N. A.	Edinburgh	4375
Walker, J.	Dublin	4295
Ryan, G. W.	Do.	4177
McSwiney, E. N.	Cork	4170
Conyers, J. S.	Edinburgh	4155
Fitzgerald, R. G.	Dublin	4137
Ussher, J. H.	Do.	4008
Leader, J.	Edinburgh and Cork	3980
O'Brien, J. A. G.	Cork	3976
Gasken, W. C.	Dublin	3968
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MILITARY HOSPITAL ARRANGEMENTS IN PRUSSIA.—Professor Esmarch, of Kiel, has substituted the ordinary shirting triangle for the bandage which Prussians soldiers used to carry in their knapsacks. He has managed the triangle in such a way that the first dressing of wounds and fractures can, behind the firing line, be instantly applied, guns and bayonets being used as temporary splints. M. Wittmaack has sent to the exhibition of Kiel an oil painting representing an action, and the manner in which the triangle should be used. The picture has attracted much attention, and it has been ordered to be printed on each of the triangles given to the troops, so that they may, on the very linen used, see the manner of employing it.

EARLY PREGNANCY.—Dr. Horwitz was called to a pregnant girl who had scarcely reached her 12th year, and of whose age there could be no doubt. The menses first appeared during her 10th year and continued regularly. She went through her pregnancy very comfortably. The pelvis was well formed and capacious. The labour proceeded very favourably, and terminated in ten hours with the birth of a strong living male child. She went on very well, and had a plentiful secretion of milk. References are given to other remarkable cases of the kind on record.—*Petersburg Med. Zeitschrift*, 1867, No. 9.

How to Utilize Leeches.—The German doctors have lately been playing their leeches a droll trick—making one worm do the work of many. When the little blood-sucker has taken his fill and is about to release his bite, he is tapped; a small incision is made in his side, that serves as an outlet for the blood, and he goes on sucking, in happy ignorance of the cause of his abnormal appetite, as long as the doctor pleases. Bdellatomy is the name given to the practice, and it is urged that it is not cruel, but contrarywise, since it does the leech a good turn by enabling him to enjoy his rich feast indefinitely. He does not die under the operation, but with proper treatment is soon healed, and may be incised over and over again. There was once an alderman who wished he had been a camel, that he might have been blessed with the seven stomachs vouchsafed by nature to that animal. If such a gourmand still exists, let him seek surgical aid in some such treatment as that practised on the leeches, that he may eat and drink *ad libitum*, and feel no worse.—*Once a Week.*

Vital Statistics of the Navy.—The statistical report of the health of the Navy just issued gives a very favourable view of the sanitary condition of the force afloat in 1865. The total force was 51,210 men; the cases on the sick list numbered 69,315, which is in the proportion of 1368 per 1000 of mean force, being slightly below the ratio of the previous year. The total number invalided was 1687, or 32·9 per 1000, a reduction, as compared with the previous year, of 2·5 per 1000. Of those invalided 181 were for wounds and injuries. There were 580 deaths, 416 being the result of disease, and 164 of wounds, injuries, and drowning. The total death-rate was 11·3 per 1000 of mean force, which is a reduction, as compared with the preceding year of 2·7 per 1000. The mortality from disease alone was 8·1 per 1000. The lowest sick-rate was on the Mediterranean station, 33·4, and the highest on the China station, 80·4. On the west coast of Africa yellow fever was epidemic, and in China small-pox prevailed in the squadron at Japan. At the former station, fever increased the mortality to the extent of 28·4 per 1000. Cholera appeared in the Mediterranean, and occasioned great mortality among the civil and military population of Malta. The loss annually sustained by the navy from small-pox has caused Dr. Mackay to suggest the propriety of considering whether it may not be advisable to introduce a system of periodical re-vaccination into the service. The death-rate on the home station from disease was 5·8 per 1000, and from violence 1·3; on the Mediterranean station, from disease 6·2, from violence 2; North America and the West Indies, from disease 7·7, from violence 4·8; South-east cost of America, from disease 7·6, from violence 3·8; Pacific, from disease 3·8, from violence 3·4; West Coast of Africa, from disease 38·2, from violence 10; Cape of Good Hope and East Indies, from disease 9·4, from violence 5·5; China, from disease 17·7, from violence 5·5; Australia, from disease 4·4, from violence 6·2; and in the Irregular force, from disease 2·5, from violence 4·4.

Disease caused by Heat in America.—The number of persons reported as having been prostrated by the heat during the past 24 hours in this city, Brooklyn, and Jersey city exceeds 100. Over 50 per cent. of these have proved fatal. Dr. Harris, Registrar of Vital Statistics of the Board of Health, makes the startling announcement that 250 deaths are known to have resulted from the excessive heat of the past three days within the metropolitan district. The highest range of the thermometer in this city yesterday was 94. In Poughkeepsie it was 103, in Baltimore 102, in Montreal 105, and in Richmond, Virginia, 96. In a note addressed to the President of the Metropolitan Board of Health, on Wednesday afternoon, Dr. Harris, the Registrar and Corresponding Secretary of the Board, suggests the following brief precautions against sunstroke:—1. When exposed to excessive heat the natural perspiration or sweating must not be checked. Let the sweat flow, and do not throw off all the flannel garments. 2. Wash the head and neck frequently in cold water, and, if exposed in the sun, or in any very hot place, wear upon the top of the head, under a hat or otherwise, a light handkerchief or other thin folds of cloth wet with cold water. Remember that the head and neck must be kept cool, and also be free from the pressure of tight clothing. 3. If headache, dizziness, a feeling of tightness across the forehead, a failing of sight, or a feeling of weakness and prostration ('giving out') occurs, let the person immediately go to a cool place and lie down, with the back and the feet covered, and have a few quarts of cold water poured slowly upon the head and the sides of the neck. If the symptoms are not at once relieved send for the nearest good physician. 4. What to do until the physician comes.—If the patient is still sweating let him drink freely of cold black tea or coffee; tea is best. But if sweating has ceased there is very great danger. Then the head, face, neck, and entire chest should be rapidly sponged with ice-water, and a bag of powdered ice, well covered with a towel, should be kept under the head and the back of the neck; give a mixture of the carbonate of ammonia (hartshorn) and muriate of ammonia, eight or ten grains of each in water, every ten or fifteen minutes until the physician comes or until the patient rallies and sweats. Enfeebled, intemperate, poorly-fed, over-fed, and irritable persons, are most in danger of the fatal effect of heat. People who live and sleep in foul air and unventilated places, and who are overworked and underfed, and who use intoxicating drink, suffer greatly. Instead of intoxicating drink and the habit of morning and evening drams, let good black tea and coffee, and good, nourishing, and well-cooked food be regularly taken. Bathe the whole body early in the morning in order to have a clean skin and good natural sweating during the day. Labourers and others who have much to do should rise so early that they can have several rests and keep in the shade from eleven till four in these very hot days; and let this most important fact be remembered—namely, that by natural sweating (perspiration) the body is kept healthfully cool when exposed to these terrible heats, and that over-exertion, passion, and all kinds of intemperance must be avoided. In his note to the President of the Board of Health, Dr. Harris justly urges that the contractors, builders, and other great employers of labour should be urged to be considerate to their men, and give them the advice and the opportunity for rest which they now need. The fact that the first fifteen days of July have had an average or mean temperature ten degrees higher than has been experienced in more than 25 years shoul lead all our fellow-citizens to use every means possible to encourage or enforce sanitary cleansing and the observance of the rules of health. Especially should these suggestions concerning sunstroke be heeded."—*New York Herald.*

British Association at Norwich.—It has been for some time past generally known that an unusual influx of foreign *savants* is expected at Norwich this week. The following are some of the names most intimately connected with our own profession:—Dr. Carl Vogt and Dr. Appia, from Geneva; Professors Béhier and Broca, from Paris; Drs. Laage, Boorgaard, and Heinsius, of Leyden; Professor Favre, of Lyons; Professor Sartorius Walterhausen, of Halle; Professor Nilsson, of Sweden, etc., etc. Several of these distinguished professors have important communications to make, and will take an active part in the proceedings of this, the thirty-eighth annual meeting, which promises to be one of the most brilliant in the annals of the association. The first general meeting will be held on the 19th inst., at 8 P.M., when his Grace the Duke of Buccleuch will resign the chair, and Dr. Hooker, F.R.S., will assume the presidency and deliver an address. The International Prehistoric Society will also hold its meetings at Norwich during the week.

The amount of work which will here pass muster for a fair day's toil is far beyond what is expected of a man in Great Britain. This is no country for foreign idlers to come to. The Americans hate physical exertion themselves, and are willing to pay Englishmen, Irishmen, Germans, or anybody else to come here and do the hard work for them, but they will take great care to get as much out of the people they pay as can be either wheedled or forced from their bones. I have been very much struck here by the fact of the evident dislike of hard-work which animates the real American. If I have noticed a man in a workshop or in the open air driving at his work with a will and an apparent relish, as is so commonly seen in England, I have said to myself, that man's grandfather was not an American citizen; and upon inquiry I have seldom found that I was mistaken. The dry climate may have something to do with it, for I have observed elsewhere that dry climates do not seem conducive to an appetite for manual labour, but they seem to make people more nervously active than the denizens of a damper region.—*English Working-man's Letter in Daily News.*

The *Army and Navy Gazette* states that at the Curragh instructions have been received that, as a sanitary measure, patients in military hospitals are to be allotted 1200 cubic feet of space each, and arrangements are being made to give effect to these instructions as soon as possible.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 26, 1868.

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Lecture.

IS THE ADMINISTRATION OF WINE IN ACUTE DISEASE A MERE FASHION?

By THOMAS WRIGLEY GRIMSHAW, M.D.Dub.,
LECTURER ON MATERIA MEDICA IN DR. STEEVENS' HOSPITAL,
AND ONE OF THE PHYSICIANS OF CORK-STREET FEVER HOSPITAL.

(Abstract of one of a Course of Lectures on Materia Medica and Therapeutics delivered in Dr. Steevens' Hospital during the Summer Session of 1868.)

Gentlemen—In yesterday's lecture I detailed the varieties of wine and fluids containing alcohol, classifying these fluids into weak wines and beers, strong wines, and ardent spirits. I pointed out to you that weak wines have peculiar tonic, and invigorating properties, independent of the slight stimulating powers which they possess, owing to their contained alcohol. I informed you that the stronger wines possess these properties, and that they also possess in a considerable degree the powerful stimulating and antiseptic properties of alcohol. I shall now proceed to direct your attention more particularly to the physiological and therapeutic effects of alcohol, or rather of fluids containing alcohol in sufficient quantity to give a special character to their action, and entitle them to the popular term of alcoholic fluids. The great characters of an alcoholic fluid are stimulant and antiseptic, and if given in excessive doses narcotic. The combination of stimulant and narcotic properties in the same agent is not new to you, as I have already in past lectures remarked on such a combination, especially in the case of opium. Alcoholic fluids, however, are seldom employed therapeutically as narcotics, but frequently as stimulants; whereas opium is nearly always employed as a narcotic, and seldom as a stimulant. You therefore in your classifications of remedies usually find opium in the list of narcotics, and alcoholic fluids in the list of stimulants. It is chiefly as a stimulant we have to deal with alcohol in these lectures, although I shall also have a few words of commendation to say of its antiseptic, and a few of caution to give, with regard to its narcotic properties. These considerations of the properties of alcoholic fluids, as well as when, where, and how they are to be made available in therapeutics, I shall leave for consideration in a future lecture, and I only ask you at present to take it for granted, that alcoholic fluids are stimulants (not of course denying that they are also narcotics). As alcoholic fluids are our main-stays as stimulants, and are in much more common therapeutic use at the present than at former times, I shall point out how it happens that they have come to occupy so important a place in our materia medica, as compared with that of our predecessors. The slight use made of alcoholic stimulants by the physicians of past ages must have depended upon, either the medical opinion of the day, or upon the kind of diseases then prevalent. If upon the latter, either diseases of former times differed from those we now meet with, or we are altogether wrong in our extensive use of stimulants; but we are not wrong (as, for the sake of argument, I shall now assume, leaving the proof to the next lecture), therefore diseases differ from those of former days, or medical opinions differ; and, assuming we are right in our opinions, the physicians of former days, from Hippocrates to Sydenham, and from Sydenham to our own times, must have been ignorant of the treatment of many of those diseases which they professed to know how best to cure; not only ignorant, but so grossly ignorant, that in many cases they pursued treatment which we know must have been absolutely injurious, and even dangerous. Can we possibly believe that such ignorance existed among those who have been first in the improvement of medical science; who, with small means at their disposal, were accurate observers of disease; and who, without chemical tests, stethoscopes, ophthalmoscopes, laryngoscopes, endoscopes, thermometers, or sphygmographs, clearly described symptoms and made accurate diagnoses—frequently as accurate as our own with all these aids of physical science? The answer is that these great men were not ignorant, and that they themselves have given proof of their knowledge in their works, which have come down to us. Not only have they proved their knowledge of, and ability to treat disease, but they have left sufficient evidence, that if they had had the same kind of disease to deal with in their day, as we have in ours, they would have followed pretty much the same principles as we do, and that in the administration of stimulants they did follow these principles. Although wine was not their commonest stimulant, yet they frequently used it, alone or in combination with other agents, or artificial cordials composed of many stimulants, sometimes including wine or spirits of wine.

The question of the use of stimulants by our predecessors is necessarily mixed up with the consideration of the use of agents of the contrary character, such as blood-letting, emetics, and other depressants.

Those who tell us that stimulants are useless or injurious accuse us of ignorance in their use, or of being the mere followers of fashion, and tell us it used to be the fashion to bleed, vomit, and purge patients in fevers, erysipelas, exanthemes, and inflammation of the lungs; now it is the fashion to give them wine, brandy, whiskey, and all sorts of stimulating agents, and that by this treatment we kill as many, if not more, than our predecessors, and that, on the whole, we are all equally bad (not equally good) with those who went before us. The answer is, that our predecessors were as good (considering the means at their disposal) as we are, and that we have not changed in fashion, but while following practice similar to that of our predecessors, disease has changed its nature (or fashion, if you like); that we deplete less, and stimulate more than they, because there are fewer to be depleted, and more to be stimulated than formerly; and, lastly, that it is not true that they gave no stimulants in cases similar to ours, but that they usually did give stimulants in such cases; and this I proceed to prove by reference to authors of past ages, remembering that the question of the use of stimulants and depressants are inseparably connected when we discuss their use in those diseases, which sometimes assume the sthenic, sometimes the asthenic (known by the various terms putrid, putrescent, malignant, or, more scientifically, adynamic) type. The diseases to which I shall chiefly refer are fevers and erysipelas. It would be quite beyond the scope of this lecture to quote all the known instances in which wine was used therapeutically by our predecessors. I shall, therefore, confine myself to a few authors of special mark.

To begin with the father of physic, the great Hippocrates, we find that he discusses the use of wine in fevers, mentions the different kinds of wine, and when each is to be used. Although he does not detail as accurately as we could wish, the exact cases for the administration of wine, yet he tells us it is useful under particular circumstances, and, from his reference to the use of wine in anxiety, and under other circumstances, it is quite clear that he used wine in much the same way as we do at present—namely, to counteract debility. In the Aphorisms he warns us "to consider if the patient will support the diet," and cautions us to "purge sparingly in acute disease," showing that he quite understood the dangers of depletion.

Aretaeus tells us, in his chapter on "The Therapeutics of Acute Disease":—"But if converted into syncope, ... (the powers of life being loosened . . .) we must disregard the delirium—which he had previously stated contra-indicated stimulants—and be on our guard. . . . . . Then the only support is wine, to nourish quickly by its substance, and to penetrate everywhere, even to the extremities; to add tone to tone, to rouse the torpid spirit, warm that which is cold, brace what is relaxed, restrain those portions which are flowing and running outwards, ... most excellent to soothe the mind in delirium. Wine, when drunk, accomplishes all these good purposes, &c."[1]

Alexander Aphrodisiensis (quoted in the Sydenham Society's edition of "Paulus Ægineta") inquires how it is that wine which is of a hot nature proves useful in fever, and believes the wine acts by strengthening the powers of the system.[2]

Paulus Ægineta recommends a stimulant mixture containing wine, myrrh, ammonia, and aloes for the treatment of plague.[3]

Celsus III., 7.—Recommends wine and water alternately to prevent, and hot, undiluted wine to cure, plague.

Although there are many more examples to be found in the writings of the ancients of the use of wine in acute disease, yet, I think, I have given sufficient to show that wine was used thousands of years ago in the same way as it is at present—namely, when the cases required it, which, fortunately for our predecessors, was not so often as at present.

Passing from the ancient writings, we come to those of more modern times, and I shall confine myself to examples taken from the practice of the physicians of our own country, as it is they who are especially accused of depleting cases belonging to the class which we now stimulate. As we began the consideration of the use of stimulants in ancient medicine by the father of physic, so we shall begin this part of our investigation with examples from the practice of the father of English medicine, Thomas Sydenham, who was born in the year 1624, and flourished in the middle and towards the end of the 17th century. When writing of the fever of 1661 to 1664 he tells us, "Whenever I have to deal with a patient whose blood is of itself of a weak character (as it is for the most part with children), or else deficient in animal spirits (as it is with men in the decline of life, or youths who have long been invalids), I keep my fingers from the lancet. If I order venesection, the blood, weak enough without being diminished, would be rendered incompetent to the work of dispumation. Thence would arise the degeneration of its whole volume, whilst the death of the patient would probably come next. . . . In stating this, I am aware that there are patients upon whom rash blood-letting have been inflicted; that, by the help of proper cordials have out-lived the treatment," &c.[1]

From the foregoing statement, it is evident Sydenham was quite familiar with the cases of fever which could not bear depletion. In the following paragraph he mentions those that can bear depletion, and afterwards refers to a class of cases where depletion may be first used, and cordials afterwards.[2]

In the same chapter he again refers to the use of cordials and gives a caution—"As regards cordials, I am cautious in their exhibition," &c.

Again, in the same chapter, he directs (in a chest complication, in fever) "the patient to drink old Malaga wine, some Falernian, or Muscatell."[3]

Writing of pestilential fever of 1665, he mentions a case where malignant symptoms set in, and he ordered "strong almipharmics."[4]

When writing of erysipelas, we find him concluding with the following statement:—"I may also make a remark, by the way. Although the affections of which we are speaking, . . . easily give way to this treatment, and take themselves off after the repetition of a purge and a venesection, there are others of the same kind which must be treated in a manner wholly opposite."[5]

Farther on, in treating of a variety of erysipelas, he recommends wine and digestible animal food, and condemns refrigerants.[6]

I think I have thus shown you that the father of British medicine used stimulants in suitable cases, and frequently wine in his practice as such.

We now come to consider a few authors of the eighteenth century—

Huxham, about 1730, recommended the use of generous red wine in the treatment of erysipelas of a low type.

Heberden writing concerning erysipelas, and probably of cases which occurred in his practice about 1750, says:—"This distemper seems to partake of the nature of those which are called malignant, more than of the inflammatory, by which I mean, that in general it does not require nor bear much evacuation."[7]

We next come to Cullen, the greatest systematic writer on practice of physic of the last century. Cullen, writing of erysipelas, as he met with it, probably between the years 1760 and 1770, seems fully to appreciate the possibility of erysipelas assuming an adynamic type, such as Heluden had met with, he writes—"We have hitherto considered erysipelas as in a great measure of a phlegmonic nature;

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[1] The Extant Works of Aretaeus the Cappadocian, by F. Adams, LL.D., Sydenham Society, 1856, page 386, and sequel.

[2] Paulus Ægineta, with a Commentary, by Francis Adams, Sydenham Society, 1844, page 239.

[3] Page 278, Op. Cit.

[1] Works of Thomas Sydenham, M.D., by R. G. Latham, M.D., Sydenham Society edition, 1848. Vol. I., p. 46.

[2] Op. Cit. Vol. I., p. 47. [3] Op. Cit. Vol. I., p. 58.

[4] Ib. Vol. I., p. 113. [5] Ib. Vol. I., p. 262. [6] Ib. Vol. I., p. 263.

[7] Commentaries on the History and Cure of Diseases. P. 169. 2nd. edition. London, 1803.

and, agreeable to that opinion, we have proposed our method of cure. But it is probable than an erysipelas is sometimes attended with, or is a symptom of, a putrid fever; and in such cases the evacuations proposed above may be improper, . . . and the use of the Peruvian bark may be necessary; I cannot be explicit upon this subject, as such putrid cases have not come under my observation."[1]

From what Cullen says in other places of wine as a stimulant, it is pretty certain that if he had met with these cases of putrid erysipelas (as he called them), he would have employed wine in their treatment.

These instances of the treatment pursued by Huxham, Heberden, and Cullen, all bear upon the same point, and prove how exactly they practised according to the principles laid down by the best physicians of our own time.

In his chapter "On the method of cure in fevers," Cullen writes, "the most suitable is that which forms the indications of cure upon the view of obviating the tendency to death."[2]

In following out this plan, he tells us[3] (according as the circumstances of the fever shall admit)—

"1st.—To moderate the violence of the reaction.

"2nd.—To remove the causes, or obviate the effects of debility.

"3rd.—To obviate or avert the tendency of the fluids to putrefaction."

To fulfil the second of these indications, after mentioning the Peruvian bark, he says—"Another set of medicines to be employed for obviating debility and its effects, are direct stimulants. These, in some measure, increase the tone of the moving fibres, but they are different from the tonics, as more directly exciting, and increasing the action of the heart and arteries."[4]

"What are the stimulants that may be most properly employed, I am uncertain, as the use of them in this age has been rare; but I am disposed to believe that of all kinds wine is the best.

"Wine has the advantage of being grateful to the palate and stomach, and of having its stimulant parts so much diluted, that it can conveniently be given in small doses; so that it may be employed with sufficient caution: but it is of little service unless taken pretty largely."[5]

A more concise and correct account of why wine is of so much value as a stimulant is not to be met with in medical literature. It would be well for those who tell us that Dr. Todd originated the fashion of using wine in disease, if they would go a little further back and study the writings of the physicians of the last century.

Cullen further tells us that "wine has an action analogous to that of opium and some other narcotic medicines. It may indeed be said, we can distinctly mark its stimulating power only, which renders its effects in the phrenitic delirium manifestly hurtful, and in mild delirium, depending on debility, as remarkably useful."[6]

Cullen also recommends wine in malignant small-pox, "commonly proper to give wine very freely."[7]

In the prevention of plague:—"Some means may be employed for strengthening the bodies of men, and thereby to enable them to resist contagion. For this purpose it is probable that the moderate use of wine, or spirituous liquor, may have a good effect."[8]

In the foregoing quotations and remarks, I believe I have not failed to prove, that wine has been used as a stimulant through a long series of years, and I have, I think, returned a decided negative answer to the question—Is the administration of wine in medicine a mere fashion? I have proved the falsity of the charge; that our great predecessors in the healing art had no idea how to use wine, have shown you how closely we follow the principles for practice laid down by our great masters of various ages, and lastly, have pointed out to you the means of confuting the great *stock arguments* of the most pernicious, spurious, and ignorant cavillers at the use of alcoholic stimulants in medical practice. In our next lecture I shall point out some more of the errors of these mischievous allies of teetotal bigots, and the worst enemies to the progress of temperate habits among the mass of the public. To-morrow we shall enter more minutely upon the physiological action, the scientific employment of alcoholic stimulants in disease, and the when, where, and how they are to be used with benefit to our patients.

Original Communications.

HOW SHALL WE MAKE OUR DAILY EXPERIENCE ADVANCE SCIENCE?

By THOMAS KING CHAMBERS, M.D., F.R.C.P.Lond.

(Read at the Meeting of the British Medical Association at Oxford, August, 1868.)

Our presence here in Oxford shows that we are all anxious to aid the progress of our common art and science. But many of us—most of us—are at the same time willing to confess that we do not know very well how to set about it. Our country cannot spare us, even if we ourselves wished to devote our lives to the mere cultivation of knowledge; and we are tempted to despair of seeing anything less than a complete devotion produce fruit. Are we justified in this despair? I think not. I think it not at all impossible to extract, from the gigantic waste of our daily routine of business, constituents of truth as important as any dug fresh from the mine of devised experiment. I believe we shall, like our manufacturing industry, advance chiefly now by utilising our waste products.

Let us begin first by saving them, instead of letting them run off into the sewers of forgetfulness. I think it is the duty of a practitioner of medicine to take notes of every case that comes under his charge. It is especially those which superficially appear commonplace and repetitions of one another that need to be thus recorded. Rarities are common enough, and are enshrined by wholesale in the storehouses of our periodical literature; but when one comes to look for accounts illustrative of any point about the daily events of life, they are wanting. Let a man, for example, ask of those who have been giving aloës all their lives, for any evidence of the truth of the statement, which we have been repeating after Fallopius for 250 years, that the drug causes hæmorrhoids and morbid uterine hæmorrhage—in what cases it cures them, and in what it makes them worse—let him ask how often it elicits solid, how often liquid stools—in what cases the former, in what the latter—and I fear he will get none but conjectural answers. Or let him ask those who are daily administering some expectorant, whether the expectoration is increased or diminished under its use, and he will hear a strange absence of consent in the reply. Let him ask how often ascarides produce symptoms, and in how many persons they are found without symptoms—whether bronchial catarrh most frequently precedes or follows measles—what is the period of latency of gonorrhœa—and in short, almost any question about almost any common illness, and he will have it answered much more rarely from personal observation than if he inquired about some strange complication, of which not five instances are seen by a man in his lifetime. Yet it is the common diseases which are of real importance for us to lighten and shorten. Moreover, it is in common diseases only that we can learn the therapeutical value of drugs, for it is in these cases only that we know the natural course of the malady, and can judge how far it is modified by our means.

Medical men are often deterred from keeping a systematic record of their private practice by the idea that to do so necessarily involves a considerable expenditure of time. I doubt the fact. Certainly the careful annotator is longer over his first visit to a patient, than is a hurried prescriber; but then subsequent visits are much shortened, for the refreshing of the memory by a repetition of questions is avoided. But still the time thus spent is an important part of the question, and it is very desirable to reduce it to a minimum by mechanical contrivances. The plan I myself adopt is as follows:—I write all my prescriptions and papers of advice in a copying-book, which preserves a duplicate of them by means of transfer paper (Delarue's Copying-book); and at the back of this transcript I write, usually with the patient before me, always before I attend to the next case, the history, so far at least as to explain my reasons for the advice, before I go on to the next page. The periodical indexing of these pages is an easy job for an hour of weariness; and the whole time consumed is so crumbled up that it is never missed, and neither business nor amusement can complain of the robbery.

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[1] Cullen's First Lines of the Practice of Medicine. By J. Rotherham, M.D. Vol. II., p. 269. Edinburgh, 1791.

[2] Op. Cit. Vol. I., p. 159 and seq. [3] Ib. Vol. II., p. 160.

[4] Ib. Vol. I., p. 222. [5] Ib. Vol. I., p. 223. [6] Ib. Vol. I., p. 224.

[7] Ib. Vol. II., p. 195. [8] Ib. Vol. II., p. 249, and et seq.

Some people suppose they can make their notes of the day's work more fully and scientifically when it is over, and they quiet in their studies. I do not like the plan so well. For one thing it interferes with the relaxation needful to keep the mind healthy and broad. That time belongs to rest, and should not be wasted on labour. An instinctive feeling of the truth of this causes a duty which is put off to such an opportunity to be put off often still further, often altogether. Again, unless an immediate note be made, the new and the strange in the day's experience are stamped in the mind deeper than the commonplace, and they are apt to take up more than their fair share of room in the diary; while personal friendship, the social standing of the patient, and other considerations, will sometimes blot out, sometimes unduly brighten our recollections of the case.

What should be recorded? Not everything of course, or there will be a want of perspective in our sketch. The best rule is to note first the prominent important features in the case in our technical eyes, those features which have guided us in our treatment, and which distinguish it from others. Other features may follow, receding from the history in inverse proportion to their prominence. A separate paragraph at the end may contain the symptoms which appear the chief to the patient, for the purpose of allusion in a future visit.

What are the uses of these notes? They serve as corrections to our memories—they make available to the increase of real knowledge that which is otherwise just as likely as not to lead to imperfect, and therefore false, knowledge. They turn a stumbling-block into a stepping-stone. What a satisfaction, when a new question is raised in our own minds by some chance patient, or suggested by a colleague, to be able to answer "*littera scripta manet*," here is the contemporary evidence of the fact! How pleasant in an hour of leisure to live over again one's days of joyful labour! But above all, how invigorating to be able to contribute true bricks to the palace of knowledge which we are uniting to build up!

One of the most important matters for inquiry in the present day is the action of drugs on the human body. There are questions concerning these reagents which practitioners only have the opportunity of testing, and in no other way can they do it so satisfactory as by daily notes, which can with ease at any time be reduced to a tabular form.

This brings me to another part of my subject, namely, the administration of medicines. I wish to offer a few suggestions which may tend to make this daily business of ours more available in increasing therapeutical science. 1. Let us aim at giving only *one drug at a time*. I do not say this is always possible; but at all events let us keep the desire in our minds, and reckon a prescription good in an inverse ratio to the number of ingredients. This simplicity conduces not only to the good of science, but of our individual patients, for it soon makes us much more ready at suiting the special remedy to the special case. 2. It is important when we change our treatment to allow a certain sufficient interval, different in different instances, between leaving off one medicine and beginning another. The experiments of Böcker and others have shown us, first an action of the drug lasting after its apparent disappearance from the body, and, secondly, a reaction of the system opposite to, though weaker than, the original action. Advantage will accrue to the patient, as well as to science; often from this rule, too, less medicine will be needed. For instance, hyoscyamus given for hypochondriasis or mental depression may be left off almost directly it has begun to produce its beneficial effects, and those beneficial effects will still go on towards restored health. Hydrochlorate of strychnia will continue to invigorate the peristaltic motions of the stomach and intestines, so as to produce steady digestion and evacuation for days after such a soluble salt must have passed away. 3. It is advisable for each observer to have as short a pharmacopœia as possible. The best workmen use the fewest tools—aye, and those who use the fewest tools become the best workmen. They become more adroit with them, know them better, and are able to instruct others in their employment. 4. The union and co-operation together of those who are working at the same subject is of incalculable value. Incalculable—because you have not tried it. The skeleton of the machinery exists in the British Medical Association. Why should not each branch or group of branches take up a drug and let us know after two or three years their experience of its action?

PRACTICAL SCHEMES FOR EXTENDING THE CONTAGIOUS DISEASES ACT TO THE CIVIL POPULATION.

By HENRY W. WILLIAMS, M.D., C.M.

Public immorality has obtained such magnitude, especially of later years, that it is quite time the State adopted some means to bring it under control—a very difficult matter, indeed, in this country; for to do so the Government must more or less sanction prostitution.

It must be done in some manner or other, and that very shortly, too—

First. To prevent public decency from being outraged to too great an extent.

Secondly. To ameliorate, cut short, and finally eradicate, if possible, primary disease amongst the original offenders.

Thirdly. To ward off and counteract the baneful effects of a vicious life, as so frequently developed in the innocent offspring of those who have contracted syphilis and been imperfectly cured.

Licensing houses in England for prostitution is repugnant, more or less, to the feelings of all of us; how much more horrible does the idea seem of licensing each individual woman. Bad as it is, I can see no other way of truly meeting the social evil, and bringing it under thorough and efficient control, than by licensing, in the first place, individual women with either an ordinary or a special license; secondly, to license houses, such houses to include regular brothels, night-houses, also receiving-houses, coffee-houses, hotels (known as houses of resort for prostitutes), tea-gardens, music-halls, &c.

With regard to the ordinary and special license, I mean the *first* is for women living in houses with two or more inmates; the *second* for women living in private rooms. Every woman who is known to live totally or partially by prostitution should be registered, numbered, and licensed; and if to live in a house with others, she should pay for such license five shillings, which would stand good for one year in any part of the United Kingdom. If a woman requires a license as a courtesan to live singly in apartments where there are no others but herself in the house (kept women, ballet-girls, shop-girls, &c., are included under this head), such a license to be considered special, and to cost five-and-twenty shillings. Of course there will be numbers of girls who will evade the law, and partially practice prostitution without a license. If such infect men, and are found unregistered, they must be punished.

Every brothel with two inmates should pay five pounds a-year for a license, such license to allow the keeper thereof to sell wine and spirits (to be drank on the premises), and the women in such a house to be inspected weekly by the surgeon, for which five shillings for each visit, including such inspection, would be charged in addition to the license; for every additional woman over two, a shilling extra for inspection would be charged. All other houses enumerated above, not regular dwellings for courtesans, but yet resorted to by them for accommodation, to be taxed according to their rental. The proceeds arising from the licenses and inspections to pay the expenses of examination, and the surplus to be devoted to the erection and maintenance of a National Lock Hospital and Magdalen Asylum in the metropolis, with branches in the various towns of the United Kingdom ; so that those courtesans who are diseased may receive board and lodging, with medical treatment, free of expense when ill, and, at the same time, the Magdalen affords those who may repent of their vicious course of life, an opportunity of reformation, inasmuch as they can enter free either after illness or any time they like, and be kept until drafted into various situations or sent to the colonies, where old habits forsaken, the past forgotten, they may lead not only virtuous lives but become, mayhap, in time, good wives, happy mothers, christian women, and useful members of society, the consequence of their being helped out of the mire by the kind hand of charity when they stood the most in need of it, having a free place of refuge to fly to when prompted by their good angel to forsake their wicked manner of living and to try and do well once again. I feel convinced if the hand of charity were offered more frequently than it is to our fallen sisters, a great many more might be reclaimed. Only give them the opportunity of getting an honest living, and there are very many who would gladly avail themselves of the offer ; and yet, on the other hand, there are numbers who would not, nay, could not, be quiet and decent if they were paid for it.

At the same time that I am advocating the licensing of courtesans, I would deal most severely with that class of persons, both male and female, known as Procurers and Procuresses, villains of the deepest dye, who undertake to supply the market of prostitution by entrapping young girls and systematically causing their ruin. Transportation for life would be none too great a punishment for such sinners, who, for the sake of gain, lead a maiden (very often under the influence of alcohol, caused by their infernal means,) to the couch of seduction, thus giving them the first plunge into a career of iniquity, introducing them to a vicious course of life, in fact, teaching them—compelling them, to sin, and glossing over their atrocious act by pointing out the freedom of life which they, poor creatures, will for the future enjoy, showing forth all the gaieties and pleasures of this world, and using many other diabolical means to ruin innocence, accomplish their vile ends, and justify themselves in the eyes of their deluded and unfortunate victims.

If a girl, of her own free will, chooses to sin and lead a life of riot and dissipation, and others who through misplaced affection commit their first error by losing their virtue, and then follow up a gay life, why, no one is to blame save themselves. Courtesans have existed from time immemorial, and one may depend upon it they will continue to do so as long as the world lasts in spite of Church endeavours to reform them, or State attempts to suppress them. So, of two evils choose the least, and, if we cannot put down prostitution, we can, at any rate, bring it under surveillance and official control with the greatest benefit not only to the demi-monde alone, but to society at large. Licensing and inspection would have to be carried out by a body of medical men appointed especially for the purpose, consisting of—Divisional Surgeons, Superintendent Surgeons, Inspecting Surgeons, Chief Inspecting Surgeons, the Inspecting-Surgeon-in-Chief.

The Divisional, Superintendent, and Inspecting Surgeons would be appointed according to the number of houses, and a Chief-Inspecting Surgeon would be allowed for England, Wales, Scotland, and Ireland respectively, the whole to be under the immediate and absolute control of the Inspecting Surgeon-in-Chief. To the best of my knowledge, upon the authority of Dr. Charles Drysdale, there are 10,000 courtesans in London, say 8000 are regular *bona fide* prostitutes, the remaining 2000, whom we will style "irregulars," consist of, we will suppose, kept-women, shop-girls, &c., living for the most part by themselves, the 8000 living in regular brothels, and so allowing four to a house on the average, gives the number of houses as 2000 ; each of which houses would have to be inspected weekly, and licensed yearly at the rate of £7 each, which gives per annum £14,000

Allowing seven shillings a-week for examining the inmates in each house, that would bring in annually the sum of	36,500
Then the 8000 ordinary licenses would average per annum	2,000
Then the 2000 irregulars with special licenses would amount yearly to	2,500
Irregular courtesans would be examined at the consulting-rooms of the Divisional Surgeon at the rate of 1s. 6d. a-week on each examination. Such brings in yearly	7,800
Such women would have to come to be examined at appointed times, or they would be charged more than the 1s. 6d. if they came out of hours ; or if they were visited at their own homes, such extra fee to be considered the perquisite of the Divisional Surgeon.	
Coffee-houses and public-houses, &c., used for immoral purposes to pay a shilling in the pound on their rental. Now there are 500 in London, I believe, known to the police, and these would bring in (extra per year)	2,000
Thus giving for London only for the year a total of	£64,800

Say a Surgeon could inspect fifty houses a week, and examine the inmates, that would allow him ten a day, and leave Saturdays for making up books and examining irregulars at his consulting-rooms.

Forty Divisional Surgeons would thus be required for London, with salaries varying from £400 to £500 per annum, allowance (extra) being made for travelling expenses, rent of rooms, and use of instruments, &c.

Say that each Divisional Surgeon, on the average, had a salary amounting to £500 a-year, that would make a yearly total for the forty of	£20,000
Every ten Divisional Surgeons to have a Superintendent at £500 per annum, with £100 for travelling expenses, &c., equals for London, yearly, ...	2,400
Every forty Surgeons to have an Inspecting Surgeon at £600 a-year, with £200 for travelling expenses, &c., gives for the year	800

Thus the London inspecting expenses would be as follows :—

40 Divisional Surgeons' incomes, ...	£20,000
4 Superintendent Surgeons' incomes, ...	2,400
1 Inspecting Surgeon's income, ...	800
For stationery, licenses, and stamps, ...	2,600
Making the total amount	£25,800

Thus, after paying all expenses for examination, &c., there would be a surplus of £39,000 a-year, which would go a long way towards supporting a National Lock Hospital and Magdalen Asylum.

The four chief Inspecting Surgeons to have a yearly salary of £900, with £300 for travelling expenses, &c. The Inspecting Surgeon-in-Chief to have, yearly, £1500, with £500 for expenses. Surgeons of all grades to be bound down not to practise to the detriment of their daily occupation, under penalty of fine. Seeing patients at their own residences after the duties of the day, or even visiting such at their own houses at that time, would be sanctioned, provided it did not interfere with their Government work.

Women found guilty of prostitution, without a license, to be fined or imprisoned, according to the frequency or gravity of the case.

All houses to be open at any hour of the day or night to the Surgeons of the various grades.

Divisional Surgeons to take the money for the weekly examinations at the same time that such examination is made—the number of the house (by license) and the sum to be entered in a book kept for the purpose by him.

The keeper of any house guilty of misconduct in keeping such house, say, permitting robbery or disgraceful riots to take place in such house, to be fined, say twice, and then have his or her license suspended as long as may be thought fit by the Inspecting Surgeon-in-Chief.

All monies for licenses to be paid to the Superintendent Surgeons, and the monies received by them, and those received by the Divisional Surgeons to be paid monthly to the Inspecting Surgeons, who in their turn pay it to the Chief Inspecting Surgeons. All books and accounts to be open to inspection any time during the day by the Inspecting Surgeon-in-Chief.

In cases of illness on the part of any of the surgeons, he may appoint a deputy, subject to the approval of the Inspecting Surgeon-in-Chief.

Three weeks holiday to be allowed during the year to Divisional Surgeons, but they must find a deputy and pay him out of his salary, as his pay goes on all the time he is away from duty, either for pleasure or on account of sickness. In case of any violence offered to the Divisional Surgeon, he may call in the Police to work with him, and in case of any prostitute refusing to be inspected, she can be given in charge there and then. Clerks to make up books can be kept by any of the surgeons, provided such pay the incurred expense.

Any surgeon found guilty of immoral conduct, appropriating monies to his own use, making false entries, or otherwise breaking his trust with Government, to be reprimanded, suspended, or cashiered, and then dealt with as the civil law might determine, according to the nature of the charge proved against him.

Divisional and Superintendent Surgeons to be Honorary Surgeons to the Lock Hospital.

Inspecting and Chief Inspecting Surgeons to be Governors of the Magdalen Asylum.

Surgeons of every grade to have access to the Lock Hospital and Magdalen Asylum any time during lawful hours.

ON THE NATURE OF THE PHENOMENA OF PAROXYSM AND INTERMISSION.

By H. FREKE, A.B., M.B., M.D., T.C.D., M.R.I.A.,

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It has ever been the opinion of observing and reflecting physicians, that among the phenomena of disease most involved in obscurity and presenting greatest difficulty of interpretation, are to be placed what are known as periodic and paroxysmal phenomena.

The convulsions of epilepsy, the intermissions of ague, the remissions and spontaneous subsidence of fever, &c., afford examples of the class of phenomena referred to; and the most eminent authorities on pathological questions have long been of opinion that their correct interpretation was among the difficult problems of medicine.

One of the greatest ornaments of the medical profession in this or any country—namely, Dr. Stokes of this city, who, as an accurate interpreter of pathological phenomena, is second to no physician existing, speaks in his able lectures on fever, in 1854, of "this mysterious law of periodicity."

Other great authorities might be quoted to the same effect, but it is needless, inasmuch as the difficulty is universally admitted.

The subject is one that had for some time occupied my mind, and in the years 1851-52 and '53, when contemplating it exclusively in its relation to fever, I bestowed on it much thought, and at length satisfied myself that I had arrived at its correct solution, which I published in THE DUBLIN MEDICAL PRESS, 25th of May, 1853. That solution is, I believe, now considered by many to be correct.

The purport of what I advanced, may be briefly epitomized thus, viz.:—

1st. That the time during which any of our organic tissues, say a ganglionic nerve centre for example, is capable of manifesting its function must of necessity be limited, that is to say, no such tissue can go working *incessantly*, or beyond *some* definite period of time.

2nd. When that limit has been reached, or in other words, when that ganglionic centre has completely exhausted its function or expended its entire nerve force, it is impossible that a similar function or a similar expenditure of nerve force can take place, till after a period of pause, intermission, or rest; during which pause, intermission, or rest, a new ganglionic centre must be developed by the process of nutrition in order to admit of a repetition of that function; namely, a second expenditure of nerve force. And consequently,

3rd. That after the complete exhaustion of its function, or complete expenditure of its nerve force by any ganglionic centre, there must be a period of pause, intermission, or rest, during which a new ganglionic centre is being developed by the process of nutrition or renewal, which new ganglionic centre, when completely developed by that process, will be capable of re-manifesting its function; that is, will be competent to redevelop nerve force.

The same is equally true of muscles and of animal organic tissues universally. Such is the nature of all intermitting paroxysmal phenomena.

To illustrate these statements, take, as an example of a paroxysmal and intermitting disease, that terrible affliction known as epilepsy. Epilepsy is a well-marked paroxysmal intermitting disease. In each paroxysm of epilepsy it is well known there is an active development of function, or expenditure of nerve force, by the motor nerve centres of the medulla oblongata and spinal cord.

Now, in such paroxysm we see that so soon as those motor nerve centres of the medulla and cord have completely expended their function, or exhausted their nerve force in producing convulsions, there is a pause, intermission, or interval of rest before a second fit or paroxysm occurs.

Such is what we see to take place in epilepsy. Such, I submit, is what must take place in all paroxysmal diseases. After the expenditure of function in paroxysm there must, in all instances, be an interval of rest before the occurrence of a second paroxysm, and this interval of rest is what constitutes the intermission.

And why the necessity for this interval of rest?

For this reason—it is during, and only during, this intermission, or interval of rest, that a new ganglionic centre is being developed by the process of nutrition. When such new ganglionic centre has been developed, and not till then, it may give rise to a new display of function, a new expenditure of nerve force, in a word, to a second fit, or paroxysm of the disease.

I would submit that nothing of this nature was recognised as the true explanation of the phenomena of paroxysm and intermission till some years subsequently to May, 1853.

I shall now submit the terms in which I expressed those views in May, 1853, and would ask the reader to observe how closely I have adhered in the foregoing *resumé* to the language originally employed.

Having dwelt at some length on the well-known and long established physiological fact that our organic tissues, such as nerves, muscles, &c., while in the act of giving manifestation to their respective physiological functions, themselves undergo the process of disintegration, or what is termed retrograde metamorphosis.

I thus observe[1] :—"An organised structure adapted for developing physiological phenomena, is *competent* to give development to the phenomena in question (be their nature what it may) only to a *limited or definite extent.* No individual organised structure, in other words, whatever be its nature, or whatever be the nature of the phenomena it is specially designed to develop, could, by possibility, develop those phenomena to an *unlimited or indefinite extent.* The same proposition may be otherwise expressed thus—viz., the limit or extent to which any individual organised structure is capable of developing its physiological function, is strictly defined and cannot be exceeded."

Applying this observation to nerves, muscles, &c., I remark :—"Suspend the process of 'nutrition' in any one of those structures, and what is the result ? The result is, that the function of that structure must soon be suspended. Now what, in physiological language, is the process of 'nutrition ?' It is nothing more or less than the process of *re*-generation or *renewal.* A continuance, then, for an *indefinite* period, of the process of 'nutrition' in any individual structure, is, in physiological language, nothing more or less than a *re*-generation or *renewal* of that individual structure *an indefinite number of times.* Consequently, as is obvious, when the function of any organised structure, such as muscular fibre, &c., &c., *is* developed to an *indefinite extent,* it is not the *same individual tissue* which in that case has been *exclusively* employed in giving development to that function ; but, on the contrary, that function has been developed by a *succession* of *renewed* or *re*-generated tissues."

I then went, at some length, into detail on the application of these observations both to muscular fibre and to the ganglionic centres of nerves.

In reference to their application to muscles I observe :—"What I mean to express by the terms 'during a given or definite period of time,' may require to be somewhat further explained. What I am desirous of conveying is this : by the words given or defined, as applied to the period of time during which any muscle is in physiological action I wish to express—*that period of time during which any individual muscle is undergoing the process of de-generation.* I shall endeavour to render my meaning more intelligible. By the repeated exercise of his muscles, an indefinite number of times, after definite intervals of rest, the same individual may develop an indefinite amount of muscular force—may, for example, raise an indefinite weight, or draw an indefinite load. During the course of a *year,* for instance, I could move a much greater weight than an elephant could move in an *hour.* True : but mark this distinctly, it is not the same muscular fibres which in this instance have developed all the muscular force which has been expended by me during that year ; but, on the contrary, a succession of muscles, altogether distinct from each other. For the first fibres so employed have long since ceased to exist, having, during the discharge of their function, undergone the process of *de*-generation, and have been eventually removed from the system to give place to a new set of fibres. This new set in their turn have undergone the same process of *de*-generation, giving place to a third set, &c.

In this quotation, I would solicit the reader's special attention to the words "given or defined period of time," and to the words, "after definite intervals of rest."

These are the two topics of importance in relation to the phenomena of paroxysm and intermission.

Thus, in the case of an epileptic paroxysm, the "given or definite period of time" is the period of time during which it is possible for that paroxysm to last. At the expiration of this period of time there of necessity comes a definite interval of rest, which interval of rest constitutes the intermission.

Such definite interval of rest may be succeeded by a second paroxysm, and so on indefinitely. Paroxysms which can last but for a definite period of time must be succeeded by definite intervals of rest or intermission. Such is the nature of the phenomena of paroxysm and intermission. In a word, as in each fit of epilepsy, so in *all* paroxysms, there can be an expenditure of a definite, and only a definite, amount of either muscular or of nervous force, but the fits of epilepsy may be repeated or renewed an indefinite number of times provided, and only provided, there be definite intervals of rest or intermissions between each such repetition of the fit.

During the intermission or interval of rest new tissues are formed which may give rise to a renewal of the fit, and so on indefinitely.

In continuation of this subject I further observe :—"Let us suppose one single individual muscular fibre detached from all others, and contemplate that fibre in relation to the following question—viz., as to the measure of the period of time during which that individual fibre can discharge its physiological function. That period of time is measured or defined by what I have termed the *de*-generation of that individual fibre. For that muscular fibre, while in the act of discharging its function, is itself undergoing a process which must eventuate in a total inability on the part of the same individual fibre, to give further development to muscular force. When that process (viz., of degeneration) has been completed, the individual fibre under consideration is degenerated, and in its degenerated condition it is incompetent to develop muscular force. Consequently, for the further development of muscular force, there is required a *re*-generation of muscle ; or, in other words, the formation of a new and altogether distinct muscular fibre. Hence it is obvious that the process of *de*-generation puts a limit to the time during which any individual muscular fibre is competent to develop muscular force. Now, it is obvious that the duration of that time will be longer or shorter according to the degree of activity with which the process of degeneration takes place in that fibre ; or which amounts to the same thing, according to the degree of activity with which that fibre discharges its physiological function."

I would submit that the foregoing quotations must, at once and without effort, be intelligible to the most ordinary and commonplace understanding.

There can be no difficulty in understanding that if, at any time, a single individual muscle or a single individual ganglionic nervous centre be *worn out* in the discharge of its function, there must be a period of pause for the growth of a new muscle or new nerve centre before the functions belonging to a new muscle or nerve centre can be discharged, and until such new growth has taken place there will be the intermission.

On the same subject I further observe :—"What I am desirous, then, of conveying by the terms, 'in a given or definite period of time,' as applied to the time during which a muscle is discharging its function is this—viz., the period of time during which the *de*-generation of any individual fasciculus of muscular fibres (irrespective of, and in contradistinction to, *new* or *re*-generated fasciculi) is in actual progress, or in the act of taking place."

On the application of the foregoing observations to ganglionic nervous centres, I thus observed :—"Now what is true of *all* organised structures, is true of *the ganglionic system of nerves,* and it is upon that account I have dwelt thus long upon this topic. The reader will have the goodness to reflect upon the bearing of this fact—viz., a *ganglion* is *capable* of developing but a *limited* amount of nervous influence or force. Let me be distinctly understood. No *single individual* ganglion (irrespective of *renewed* or *re*-generated ganglia) could, by possibility, give development to more than some *fixed* and *definite* amount of nervous influence or force."

Adding, on the same subject :—"The ganglionic system of nerves *are capable* of developing only *a given or definite amount* of nervous influence or force *during a given or definite period of time*."

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[1] Dublin Medical Press, 25th May, 1853, Vol. XXIX, pp. 322-23.

And further on, observing in relation to the ganglionic nerves:—"They, too, as I regard it, can develop but a limited amount of nervous influence or force during the definite period of time I refer to; that is, during the period of time which is defined by the *de*-generation of individual ganglia, irrespective of *new* or *re*-generated ganglia."

And adding—"Hence the process of *de*-generation (as in the case of an individual muscle) puts a limit to the time during which any individual ganglion can develop nervous influence or force. Hence, too, it is obvious (in like manner as in the case of muscular fibre) that the duration of that time will be longer or shorter, according to the degree of activity with which the process of degeneration takes place in that ganglion; or which amounts to the same thing, according to the degree of activity with which that ganglion has discharged its physiological function of developing nervous influence or force."

Thus, then, it is obvious that when once any given ganglionic centre has expended, or exhausted, its entire nerve force, say in the production of convulsions, there must be a pause, intermission, or rest, before a similar expenditure of nervous force can take place—namely, until a new ganglionic centre has been developed by the process of nutrition.

I might introduce many more quotations to the same effect, but it is needless. I may, however, be permitted to add, that throughout the papers referred to, which extended over a period of upwards of two years, I had gone at great length into the subject of nutrition. I had remarked extensively on the nature of that process, how it took place, and what it accomplished. I had pointed out at considerable length how, after the complete expenditure of muscular force by a muscle, or of nervous force by a ganglionic centre, a new muscle, or a new ganglionic centre must be developed by the nutritive process. And I had further extensively entered into detail as to *the manner in which* those results were brought about by that process. It is unnecessary to add more on this subject, but what I desire to impress on the reader is this—namely, that in 1853 I pointed out in as simple, clear, and intelligible language as could be employed for that purpose, the following physiological principles, viz.:—

That in the discharge or performance of their respective physiological functions, by muscular fibre, by ganglionic nerve centres, and by animal organic tissues universally, "time defined" manifestations of function must necessarily be followed by "definite intervals of rest," during which rest a re-development, or renewal of the tissue employed, must be effected by the process of nutrition before a *repetition* of that function can take place.

EPILEPSY.

CASE OF SPINAL ORIGIN: OBSERVATIONS UPON ITS PATHOLOGY AND TREATMENT: BROMIDE OF POTASSIUM AND BICHLORIDE OF MERCURY.

By P. C. LITTLE, F.R.C.S.I., &c.

In continuation of my remarks upon epilepsy in Vol. III., No. 25, of your journal, I beg to contribute the following case of spinal origin, which manifests some remarkable epileptic phenomena not noticed in my former paper.

June 20, 1867.—A. B., aged 23, a professional gentleman of ability and studious disposition, consulted me for those conditions:—A constant irritation and painful weariness at pit of stomach, occasionally relieved by the falling down, as it were, of something from the chest, followed by a tickling sensation about the stomach; has "always a wish to breathe," much difficulty in that act, mitigated by bending forward; habitual sighing and yawning; pain down the spine and around the lions; great distress in sitting erect for any considerable time; giddiness on prolonged mental or physical exertion; noise in the head, flushing of face, congestion of hands, muscular tremors, irritability of mind; frequently dislike of conversation or company; insatiable appetite, unrefreshing sleep, hideous dreams, drowsiness and increased discomfort at noon.

His features appear pretty healthy; eyes dull, watery; pupils slightly contracted, conjunctivæ bloodshot; gait inclined forward; hands blue, cold; pulse 78, small, nervous. The chest presents a striking appearance. It is very lean, flat anteriorily, contracted, and almost of the same circumference from clavicles to false ribs. Below the latter is a notable dilatation reaching to the hips. Respiration, 14 per minute, is diaphragmatic and abdominal; inspiration prolonged and laborious, expiration short and bellows-like. The thoracic respiratory muscles are almost quiescent and poorly developed, excepting serratus magnus; those of the abdomen are active, large, and well-defined. Support around the diaphragm affords comfort, and facilitates breathing. The heart and lungs are healthy, the vesicular murmur feeble. The spine is red, congested, and hot; deep pressure upon either side of seventh and eighth dorsal vertebræ creates much pain.

The patient dates his malady ten years back, when he over-heated himself at play, and caught cold. Vertigo and uneasiness about the stomach thenceforth became the prominent symptoms. About two years passed, he fell in a fit in the street, lost consciousness, was convulsed, foamed at the mouth, and so continued for nearly a quarter of an hour. Five weeks ago, he sustained "a fearful nervous shock in the back," so enervating that he was obliged to keep his bed for several days, has been since incapacitated for mental labour, and dreads every moment a similar visitation. He lives regularly, but in earlier days applied himself too constantly to literary pursuits. One of his parents inherits consumption; the other, in years gone by, was subject to fits, and has yet many epileptic conditions.

The following was my general line of treatment:—I prescribed bromide of potassium, in doses of ʒss. to ʒi. *ter in die*, in a tonic mixture; counter-irritation to the spine, by vessicating collodion; a wide belt around lower ribs, as a support to the diaphragm; bland, nourishing food; gentle outdoor exercise, and quiet of mind.

Under this course he improved for the first fortnight, after which he failed so much in strength and nervous energy, appetite and taste for food, that, at the end of the month, he thought himself "worse than ever." I therefore discontinued the potash, and gave, instead, bichloride of mercury (1-12th gr. *ter in die*) in bark. By gentle perseverance in this alterative and tonic treatment for about three weeks, his distressing symptoms gradually disappeared; and by a change of air and scene, a short sojourn at a distant seaside, his long-impaired health was re-established.

This case manifests important epileptic symptoms, especially affecting the respiratory functions. Pulmonary disturbance is characteristic of this disease, and is best exemplified in a typical case. A fit is ushered in with a strong contraction of respiratory muscles, "the epileptic cry," closure of the glottis, and cessation of breathing. Convulsive and irregular pulmonic efforts follow, which end in slow, laborious breathing, and recovery. In the interparoxysmal periods the respiration is frequently obstructed, inspiration usually difficult. Those abnormal conditions find a general explanation in widely-accepted principles regarding the medulla oblongata.

The co-relation of this structure with other cerebro-spinal centres is thus laconically described by Flourens:—"The cerebrum feels and wills, the medulla oblongata executes, and the cerebellum co-ordinates." The oblong medulla is, therefore, the starting-point of all convulsive movements of epilepsy,[1] it also embraces the respiratory tract,[2] is the centre of the reflex motor system,[3] and I am tempted to add, appears to be the organ (if there be any special one) through which the mind directly communicates with matter. Speculators upon the latter intricate question may find that, the medulla oblongata has stronger claims to this eminent position than either the heart, cerebral hemispheres, or pineal gland. Extirpate the brain, spinal cord, or heart, and may not phenomena of life still be produced? Isolate from other nervous centres the medulla oblongata—nay, injure slightly its lethal point, *calamus scriptorius*, and will not all vitality at once cease? The part which the oblong medulla acts in the production of epilepsy seems to be clearly, though indirectly, demonstrated by one of our learned transatlantic brethren. In 1862, Professor Josh. Jones, University of Nashville, U.S., wishing to ascertain the therapeutic action of prussic acid, performed upon alligators very many experiments, which conclusively proved that the poison only produces its fatal effects when carried by absorption or directly applied to the medulla oblongata, and that *the first and most marked phenomena (the spasms) and the respiratory disturbance which rapidly extinguish life are the immediate effects of the poison upon the medulla oblongata.*[1]

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[1] Admirably elucidated by Van der Kölk in his work on "The Spinal Cord, Medulla Oblongata, and on Epilepsy."

[2] Sir Charles Bell.

[3] Dr. Marshall Hall on "The Nervous System."

It is chiefly in its relation to respiration that we have at present to regard this structure. To it is specially ascribed inspiration, while to a yet undetermined segment of the spinal cord expiration is referred. Analogy supports this view. Observe the compensating organic and functional forces of the system, and the character of respiration, which in a manner resembles the alternate rising and falling of the scales of a balance. The muscular mechanism by which this twofold movement is carried on is so directly controlled by the medulla oblongata that, excitement of the latter, whether arising from a nervous centre, or periphery, increases the respiratory function, and is reflected in spasmodic or convulsive actions of the muscles of respiration, which destroys their harmony of action. Viewing respiration as an automatic movement, its regularity depends proximately upon the faithful discharge by the inspiratory and expiratory organs of their reciprocal functions. In epilepsy, the effects of the undue action of the medulla oblongata are more strongly marked in the inspiratory apparatus, which is more directly opposed by a counteracting force than the expiratory. This force originates in the anatomical and physiological relations of the thoracic respiratory muscles. For instance, the internal intercostals which proceed upwards and inwards act in pulling down the ribs, and so assist in expiration, in opposition to external intercostals, which go downwards and outwards, and elevate the ribs in inspiration. The result of such immediate antagonism is a comparatively fixed state of the thorax. On the other hand, where such counteracting forces are less evenly balanced, or where the usual action of a certain set of muscles is less disturbed, their function is more natural, as, I think, is exemplified in this disease in expiration, which is carried on so strongly by the diaphragm, the abdominal muscles, and perhaps by serratus magnus, acting from a fixed scapula.

Thus, in epilepsy, the spinal manifestations of functional derangement of medulla oblongata appear to find an explanation. In the same way the cerebral disturbance may be accounted for. Drs. Kussmaul and Tenner are of opinion "that both the loss of consciousness and the convulsions of epilepsy, are the result of sudden and extreme anæmia of the brain."[2] I cannot reconcile that conclusion with more widely known facts. The most fearful bleeding, as from wounds of large arteries, or from rupture of aneurisms, or of the heart by a shell in war; the appalling flooding occasionally met with in the puerperal state, the profuse and rapid hæmoptysis which sometimes ushers in pulmonary phthisis, are not necessarily attended with convulsions and insensibility. On the contrary, such cases are more frequently marked by mental acuteness, and physical relaxation, or composure. The latter condition is often affectingly apparent after death from gun-shot wounds of the heart, or from bursting of aortic aneurisms. Kussmaul and Tenner have endeavoured to prove their theory by tying the arteries which supply the brain in animals, whereby epileptic symptoms were produced. Are we, therefore, to refer those conditions solely to anæmia! Certainly not. They may, and often do, arise from hyperæmia, as in some forms of apoplexy and laceration of the brain. Ligature of the arteries to that organ arrests its circulation, but how such results in anæmia and epilepsy is not evident. Such conditions, could we conceive them to exist, would be in violation of a great principle of the "circulation"—the avoidance of a *vacuum* in the heart and great vessels—so admirably provided against by contractility and elasticity, molecular attraction, and *vis a tergo.* This anæmic theory is also opposed to a generally accepted opinion, endorsed by Brown-Séquard, that, in a fit the pulmonary functions are interrupted, the right side of the heart engorged, and the venous blood reflected upon the brain. It is unnecessary to pursue those theories any further. The sum of the labours of many great minds engaged upon this subject, has afforded a simple and rational explanation of epileptic phenomena, and has been announced by the persevering Van der Kölk, who fixes the starting point of the malady in the medulla oblongata—an impulse from which is communicated on the one side to the muscles of the extremities, causing convulsions, and on the other to the cerebral lobes, inducing loss of consciousness. In his pathological investigations of epilepsy, Van der Kölk found enlargement of the capillary vessels, and granular degeneration of medulla oblongata; and M. Hall remarks that, "every function of the nervous system is involved in the pathology of epilepsy." Hence, a slight increase of tonic condition of the sympathetic nerves will diminish the vascular supply, and may so suspend consciousness.

Viewed under those aspects, we find a gratifying solution to the many difficulties of the present case. Here the disease assumed a chronic character. It wanted the frequent repetition of fits and insensibility, which usually characterize acute epilepsy. It was, nevertheless, serious, perhaps rare, in its presenting permanent epileptic symptoms which, under certain circumstances, might end in the more lamentable type of the disease. A careful investigation of the case rendered pretty certain the diagnosis, which would have been doubtful had examination of the spinal region been neglected. The history of the case appeared to point to hereditary taint, rather than to cold caught after violent exercise, in youth, as predisposing to the malady. If it originated in the former, according to Dr. Russell Reynolds, and other high authorities, the attacks should assume the more grave form, the *haut mal.* Such was not the case. Whatever may have remotely led to this illness, there can be little doubt that the proximate cause was chronic congestion, or a low inflammatory condition of a portion of the cord, as above indicated. The grounds, *a priori*, which sustained this opinion were—the tenderness and other abnormal conditions of the spine, and the constitutional symptoms referrible to derangement in that region. The result of my alterative, and counter-irritant treatment has, I believe, confirmed the diagnosis.

The pathological view which I had taken of the case, suggested the much-extolled bromide of potassium, for its alterative and hypnotic qualities, as the most suitable remedy. After having given it, in large doses for about a month without benefit, I discontinued it, and resorted to the less fashionable, but more venerable bichloride of mercury, which here and in similar cases proved so satisfactory to me. No doubt there are instances, as from nervous irritability, in which this salt may effect a cure. But to hold, as some do, that it is always a specific in a disease so variable in its causation and pathology is unreasonable. As well may we say, the same medicine will remove every pain, or the same hat fit every head. In my former paper, I mentioned a case of the *petit mal*, then under my observation, which has since completely recovered by the use of quinine and iron, with hygienic and tonic adjuvants. It originated in leucorrhœa and general debility. Dr. Chapman, of London, has relieved some epileptics with the spinal ice-bag. Vascular and nervous excitement of the spine appear to have been the pathological causes in these examples. Brown-Séquard effected cures by various means: in one case, by paring off a small bit of highly sensitive cuticle from the under part of the great toe. Dr. Duncan, of this city, found mercury successful when syphilis originated the disease. Dr. O'Rorke, of Enniscorthy, speaks very highly of *artemesia vulgaris* and mug-wort beer, which he administered with great advantage to the epileptic inmates of the workhouse under his care. In fine, there are some cases which defy all remedies. Such a one is recorded as having ended fatally a short time ago. A post-mortem examination proved it to have originated in irritation of the liver, caused by a pin long previously swallowed, and which had penetrated that organ.

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[1] *The American Medical Record*, December 16, 1867.

[2] On Epileptic Convulsions from Hæmorrhage, New Sydenham Society, 1859.

The vast importance of this obscure subject, and my desire to contribute, even in a very small degree, to elucidate it, are my apologies for encroaching so much upon your space, and taxing so largely the patience of your many and intelligent readers.

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Hospital Report.

KING'S COLLEGE HOSPITAL.

Cases under the care of Dr. BEALE, F.R.S.

(From brief notes by Dr. Tonge.)

Bronchitis.—Caroline C., æt. 27, servant. Admitted January 12; discharged January 27. In hospital 15 days. *Recovery.* Subject to winter-cough. Previously ill 6 weeks. Cough and scanty expectoration. A little sibilus over lungs. Pulse 80; respiration 20. Headache; no appetite; tongue red; sleeps badly.

Carbonate of ammonia, chloric ether and conium (14 days). Then quinine and sulphuric acid.

Bronchitis—Laryngitis.—Mary A. M., æt. 23, servant. Admitted March 29; discharged April 16. In hospital 18 days. *Recovery.* Hoarseness and cough 3 months; stridulous inspiration 3 weeks. On admission, scanty eruption on face; pains in bones, worse at night; skin hot and dry. Headache; bad appetite; tongue coated, red at tip and edges; noisy inspiration; no laryngeal tenderness; slight dysphagia; wheezing all over chest. Pulse 124, respiration 24.

Liq. ammon. acetatis, sp. ammon. arom. and chloric ether; steam inhalation; turpentine stupes; afterwards iodide of potassium.

Bronchitis.—Ann D., æt. 46, cook. Admitted February 5; discharged March 19. In hospital 43 days. *Recovery.* Winter-cough 3 years; worse last month. On admission, expiratory sibilus over lungs; copious frothy muco-purulent expectoration. Pulse 96. Tongue slightly furred.

Chloric ether, ammonia, and ammoniacum (8 days); same with squills and henbane (16 days); then syrup of iodide of iron and cod-liver oil; turpentine stupes.

Chronic Bronchitis.—E. P., æt. 33, King's College Hospital nurse. Admitted October 29, 1863; discharged January 20, 1864. In hospital 83 days. *Much relieved.* Winter-cough 18 years. Previously ill 4 weeks. Rhonchus and sibilus all over chest. White frothy expectoration; 48 days later well and able to work; 11 days later fresh cough and shortness of breath.

Carbonate of ammonia, chloric ether, liq. ammon. acetatis, and senega.

Chronic Bronchitis.—E. P., æt. 33, nurse, King's College Hospital. Re-admitted February 11; discharged June 6. In hospital 115 days. *Recovery.* Previously ill 10 days. On admission face puffy; considerable dyspnœa. Rhonchus and sibilus all over lungs; crepitation at bases. Pulse 116, respiration 32.

Chloric ether, ammonio-citrate of iron, aromatic spts. of ammonia and squills; quinine and sulphate of iron; sp. ammon. arom. and ammoniacum; chloric ether, ammonia, and tinct. lobeliæ; henbane and conium. Brandy. Turpentine stupes.

Emphysema and Bronchitis.—W. D., æt. 58, tripe-dresser. Admitted March 28; discharged May 7. In hospital 40 days. *Relieved.* Short-winded 12 months. Previously ill one month. Severe rigors; cough and expectoration; œdema of legs three weeks. On admission cough troublesome; urine one-half albumen, turbid with lithates; pulse 68, respiration 28; physical signs of moderate emphysema; slight crepitation and rhonchus at bases of lungs; appetite bad; urine free from albumen a few days before discharge.

Chloric and sulphuric ether (13 days); carbonate of ammonia (four days); dilute muriatic acid, chloric ether, squills, and bark; purgatives.

Emphysema and Bronchitis.—D. D., æt. 59, waiter. Admitted May 23. *Died* on May 25. Subject to winter cough; worse last few days. On admission, face dusky, nails and lips blue; great dyspnœa; much wheezing over front of chest; pulse 108, locomotive, respiration 44; urine albuminous; no dropsy.

Carbonate of ammonia, chloric ether, and decoction of senega; aperients; dry cupping to back.

Emphysema and Bronchitis.—Maria S., aged 38, married. Admitted Nov. 9, 1863. *Died* on Jan. 18, 1864. In hospital 70 days. Was discharged relieved about a month ago. Increased œdema of legs and dyspnœa 14 days. On admission, face livid; legs œdematous; slight ascites; much cough and shortness of breath; frothy expectoration; pulse 104, respiration 36; sibilus all over chest; crepitation at lower part in front and left posterior base; dulness at right posterior base; trace of albumen in urine; the dropsy increased; dyspnœa became severe about fiftieth day; six days later the right external jugular vein became hard, swelled, and painful; two days later right subclavian vein swelled and painful; face and right arm œdematous; four days later skin sloughing in places; gradually sank and died on January 18.

Post-mortem.—Right lung universally left partially adherent; lungs gorged; o.i. fluid in pericardium; right auricle and ventricle full of blood and much dilated; tricuspid orifice dilated; firm clot in right innominate subclavian, axillary, and internal and external jugular veins; much fluid in peritoneum; livér slightly cirrhosed; kidneys congested.

Carbonate of ammonia, chloric ether and senega (50 days); then ammonia and ether; brandy 12oz.; purgatives, sedatives, mustard emetics, turpentine stupes, pepsine.

Emphysema and Bronchitis.—J. K., æt. 37, hatter. Admitted January 2. *Died* January 4. In hospital 2 days. Formerly in King's College Hospital for bronchitis. On admission much ascites and anasarca. Face blue; severe cough and dyspnœa. Became comatose.

Post-mortem.—Fluid in pleuræ, pericardium, and peritoneum. Lungs gorged and emphysematous. Heart 19 oz. Right ventricle as thick as the left. Tricuspid and aortic valves thickened.

Carbonate of ammonia, chloric ether, squills, and senega. Brandy 6 oz. Jalap and bitartrate of potass. Turpentine stupes.

Pleurisy.—Maria L., æt. 9. Admitted February 17; discharged February 27. In hospital 10 days. *Recovery.* Has angular curvature of spine at 11th dorsal vertebra; anæmic. Previously ill 1 week. Pain in upper part of abdomen, and general feeling of illness. On admission dulness and feeble bruit at right base. Tongue slightly furred. Pulse 80.

Cod-liver oil and syrup of iodide of iron.

Pleurisy.—Mary A. R., æt. 24. Admitted June 7; discharged June 25. In hospital 18 days. *Recovery.* Acute rheumatism 3 years ago. Previously ill 2 days. Acute pain and tenderness at right scapular angle; pain in knees; vomiting; cough; and expectoration. On admission tongue furred. Pulse 106. Rhonchus over lungs; slight dulness at right posterior base; 2 days later pleuritic rub at right scapular angle; 3 days later free from pain, no rub. Pulse 80.

Chloric ether and liq. ammon. acetatis (7 days); quinine and iron.

Pleurisy.—Harriet T., æt. 27, draper's assistant. Admitted February 26; discharged April 2. In hospital 36 days. *Recovery.* Previously ill 14 days. Pain in right side; paroxysms of dyspnœa; occasional vomiting; expectoration sometimes streaked with blood. On admission pallid; frequent cough; greenish expectoration. Pulse 108, respiration 36. Dulness, feeble bruit, and faint crepitation below angle of right scapula; 3 days later no vesicular bruit below right scapula; pleuritic rub at right anterior base; 10 days later no crepitation or rub.

Liq. ammon. acetatis and chloric ether. Afterwards quinine and iron. Cod-liver oil.

Pleurisy.—Benjamin B., beggar. Admitted June 27; discharged July 20; In hospital 23 days. *Recovery.* Four attacks of pleurisy (right side) in last five years, the last 18 months ago. Previously ill 6 weeks; shivering; pain in right hypochondrium; dyspepsia; thirst; loss of appetite; dry cough. On admission weak and drowsy; sordes on lips and teeth; tongue dry and brown. Pulse 108; respiration 36; dim-expansion of right side; dulness and absent vocal vibration over lower part of right lung; breathing absent at base; distant above; crepitation over upper part of posterior lobe; line of dulness extending to 1 inch above angle of scapula, and 1 inch below nipple; chest free from abnormal sounds on July 16th.

Carbonate of ammonia and chloric ether (8 days). Then quinine and dilute hydrochloric acid.

Pleurisy.—A. A. T., æt. 21, porter. Admitted February 13; discharged March 19. In hospital 35 days. *Recovery.* Previously ill 3 weeks; shivering; headache; vomiting; dyspnœa; pain in right side. On 3rd day after admission slight dry cough; pulse 92; respiration 32; dulness and absence of breathing and vocal vibration below 3rd rib in front, and 1 inch above scapular angle behind; tongue dry and red; appetite bad; bowels confined; urine one-half albumen (free from albumen 3 days later). 23 days later, dulness over whole of right lung; friction sound below right nipple.

Liquor ammon. acetatis, sp. ammon. arom., and tinct. camph. co. (12 days). Then dilute muriatic acid, quinine and chloric ether. ol. morrhuæ. E. L. to right side.

Pneumonia.—E. N., æt. 62, carpenter. Admitted January 29; discharged February 20. In hospital 22 days. *Recovery.* Three weeks ago, after rigors, was laid up for a few days. Four days ago, vertigo, nausea, dyspnœa, cough, and rusty sputa. On admission, cheeks flushed; skin hot and dry; headache; shortness of breath; pain in upper part of abdomen. Pulse 104; respiration 32. Dulness and medium crepitation over right lung, below 4th rib in front, and scapular angle behind; bronchial breathing and bronchophony behind, pleuritic rub in front; 3 days later crepitation up to scapular spine behind, and 2nd rib in front; 9 days later crepitation to 1 inch below scapular angle; 7 days later breathing clear; appetite good.

Liquor ammon. acetatis, chloric ether, sp. ammon. arom. and tinct. scillæ. Afterwards quinine and dilute muriatic acid. Brandy 12 oz. Turpentine stupes.

Pneumonia.—H. H., æt. 17, groom. Admitted December 1; discharged December 31. In hospital 30 days. *Recovery.* Subject to cough. Previously ill 3 days. Pain in limbs and left side of chest; cough; expectoration; loss of appetite, and feverishness. On admission, skin hot; headache; tongue coated. Pulse 116. Dulness; diminished vocal resonance, and thrill; fine crepitation, and some bronchial breathing below left scapular; blood streaks in expectoration. Much epistasis after admission. Lung normal on 15th day.

Liq. ammon. acetatis (7 days); aromatic spts. of ammonia, chloric ether, and liq. cinchonæ (9 days); then quinine and dilute hydrochloric acid. Blisters. Aperients.

Pneumonia.—Henry M., æt. 17, no occupation. Admitted March 28; discharged May 28. In hospital 61 days. *Recovery.* Has lived badly of late. Previously ill 1 week. Shivering and lassitude; deafness and drowsiness. On admission, face flushed; skin hot and dry. Pulse 120; respiration 40. Expectoration more or less rusty till 37th day after admission; deeply tinged with blood on 17th day after admission. Dulness; fine crepitation, and increased vocal resonance over right base; 10 days later bronchial breathing and crepitation below scapula; 19 days later lower two-thirds of right lung dull; bronchial breathing and fine crepitation at scapula angle; dulness and harsh breathing at left base; 17 days later breathing everywhere vesicular.

Liquor ammon. acetatis, arom. spts. of ammonia and squills; afterwards dilute muriatic acid, squills, chloric ether, and liq. cinchonæ; cod-liver oil. Aperients. Brandy 12 oz.

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Literature.

THE RECONSTRUCTION OF THE ARMY.

That the entire system under which our army is at present recruited, officered, and administered will at an early date be subjected to a more severe criticism than it has yet undergone, is now evident. Mr. Trevelyan has already prepared the House of Commons for what promises to be a successful onslaught against the disposal of commissions by purchase. The Treasury and a large portion of the press have condemned the double government under which this branch of the public service is administered; and now Sir Charles Trevelyan[1] has published an excellent treatise, in which he clearly points out the existing defects and their remedies, having in view nothing short of the reconstruction of the entire military machine.

In no other state of society than the army of this country do the old usages of feudalism still remain in force. Between the officer and the private a great gulf exists. The distinction is essentially one of caste; but like many other usages of mediæval times, it must give way with the advance of opinion. That the army should be anything else than a representation of the nation; that it should be either more aristocratic or more democratic than the rest of English society, seems monstrous; and that perseverance and proved worth should not obtain the same position of fortune and distinction in the military service that they command in other positions in life, is a principle far behind the spirit of the present time. The question comes to be, how are these conditions to be improved? The answer immediately follows, abolish purchase, and increase the pay of all ranks sufficiently to enable them to live upon it in a suitable manner; or, in other words, make the infantry and cavalry branches of the service what the artillery, Royal engineers, and several departmental corps are, a life long profession for the officers who join them. Another innovation, in regard to present usages, would be the promotion of an increased proportion of non-commissioned officers to commissions, a measure which, probably more than anything else, would serve to induce the yeomen class of our countrymen to enter the army, and thus indirectly undermine much of that spirit of *restlessness*, to call it by no harsher name, which, it is to be feared, is sown somewhat freely among the partially educated of our population.

As to the question of retirement, there need be no greater difficulty than now exists in regard to the corps and departments in which promotion by purchase is not now observed; and it may be assumed that as with them the applications are few to retire, or for leave of absence, in times of active service, the country would considerably gain by the substitution of such a state for that which was attributed to purchase officers during the Crimean war and the Indian mutiny.

That the volunteers and militia are, in their present condition, utterly useless as a means of defence seems to be all but universally acknowledged, and that our regular army is hampered and burthened instead of strengthened, by the numbers of old soldiers in its ranks, is a fact which has, perhaps, become more apparent than it was before, since General Trochix called attention to a similar defect in the French army. Sir Charles Trevelyan would remove both evils by instituting an army of reserve, upon a footing which he details, and which is in many respects different from the principles in which the force under that name is now being instituted. He would reduce the term of first enlistment from twelve to seven years, thus young men would generally leave the service at twenty-five, most of whom, he thinks, would join the reserve and settle down as married men. It is to be feared, however, that only in the United Kingdom, if even there, would his hopes be at all realised. Abroad, and especially in India, the greatest rate of mortality prevails among men under twenty-five years of age, and those who survive that period would, in all probability, not be generally disposed to return to Britain. Another of his suggestions is a most excellent one. He would have regiments quartered in the counties to which at present they but nominally belong; he would have the regiment of militia somewhat in the nature of a second battalion to that of the line, instead of the present anomalous depot battalion system, he would have regimental depots as of old; and we may add that, according to our view, were the corps of militia to be officered by line officers in the reserve list, as the soldiers of that description, the bond of union between the various branches of our military forces would be much more intimate and stronger than it now is.

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[1] "The British Army in 1868." London: Longmans, Green, and Co.

On the subjects of marriage in the army, and on the vice of drunkenness among the soldiers, we cannot now enter. Suffice it to observe that the pamphlet on which our present remarks are based is an able and suggestive one, and well deserving the serious attention of all who are interested in the question of the military force of our country.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 26, 1868.

CHOLERA AND WATER.

It will naturally be expected that a journal which has devoted so large an amount of space to the theories of cholera, should notice the last manifesto in favour of the water theory. Dr. FARR of the Registrar-General's office, has summed up in his report, which, with the appendix, extends to 400 pages, the account of the epidemic of 1866, and his conclusions from the facts recorded. We may state at the outset that Dr. FARR remains of the same opinion as he has hitherto expressed as to the outbreak having been due to the distribution of unfiltered water by the East London Company.

It is not our object here to controvert his conclusion; indeed, we have no wish to take either side in the controversy. We have given full space to the several theories; we have discussed the objections to Dr. FARR's hypothesis, because too many of our contemporaries had closed their columns to all that did not agree with it, but we have no intention of imitating their tactics, by refusing to give currency to Dr. FARR's opinions, which are entitled to the greatest respect, and which, we are sure, that able officer would himself wish to see subjected to criticism.

We shall, therefore, give to some extent, in his own words, a brief outline of the report in question. It starts with the statement that in the East London water-field nearly 4000 persons were carried off, while in other districts the epidemic was not more severe than might be anticipated from the diffusion of cholera-matter through sewers and other modes of distribution.

Dr. FARR speaks of the objections that have been urged to his views under the head of statistical fallacies, but no doubt his opponents will be ready to argue that his own conclusions would be correctly described in those terms. He says:—

> "One fallacy necessarily makes a strong impression upon the mind. House after house supplied with East London water can be taken in which no death, or even case of cholera, occurred; and here the reasoning takes this form:—These houses were supplied with the East London water during the epidemic; they were not visited by cholera; therefore the East London water was not the cause of cholera. This fallacy turns on the use of the word 'water' in two totally different senses. No one for a moment pretends that pure 'water' can be the cause of cholera. It is some matter in that 'water,' the word serving to designate in chymistry a compound of oxygen and hydrogen, but in common usage a fluid consisting of the most various compounds, inorganic and organic, in the state of germ, of full life, or of death; and compounds, too, which must necessarily, from the nature of the water supply, be unequally distributed in the waters—in one house in inconceivably small quantities, in other houses in large doses, in one house among susceptible, and in other houses among insusceptible people. To show that a portion of this water is taken with impunity, and still less to show that the people in certain houses in East London did not die of cholera, is no proof whatever that the cholera leaven was not present and fatal in other portions of the East London water supplied to other houses. Eels, as we have seen, were found in the water of a certain number of houses in East London. To argue that in hundreds of other houses no eels were found, and that, therefore, the company never distributed eels in the district, would be absurd. The fallacy of such reasoning is transparent. It assumes the form—if no eels are found in the waters of a certain number of houses, none exist in the waters of any houses. As the eels are limited in number they cannot be distributed universally, and the fact that they were discovered in one house and not another would depend on laws and circumstances so intricate as to make the ascertained distribution anomalous, but not necessarily more anomalous than the distribution of the lower forms of organised matter to which the phenomena of cholera in man are due."

Now here it will be observed many conjectures are taken as if they were well-ascertained facts. We do not think objectors can be fairly charged with using the word water in the loose way stated. We have read more that has appeared on the subject, and that fault has not appeared to us so palpable. Again, the comparison with eels is altogether beside the mark. Granting that there may be a ponderable, physical, poison as the cause of cholera—and this is granting more than can be proved—is it fair to compare eels, of dimensions large enough to stop up the pipes, with the minute, invisible particles conjectured to exist, and which Dr. FARR himself calls "leaven," and in other ways describes as necessarily polluting the whole mass of water to which they have gained access? It seems to us, as impartial spectators of the controversy, that this argument is of no value. It might as well be asserted that because particles of sand or dirt are found in our cisterns, therefore cholera-poison is also there Indeed, this would be more pertinent, for small particles like this find access to every cistern in London, simply, we fancy, because they are small, and are thus easily carried along in the stream. Why, then, should not the infinitely smaller and lighter cholera-germs be as equally distributed?

This question will be seen to be of greater force if we look to the explanation offered us of the immunity of North Woolwich and Stamford Hill, though drinking the same water. Dr. FARR writes as follows:—

> "As the direct distance from the Old Ford reservoir to North Woolwich is above four miles, and the water appears to travel along one low arterial main, which is kept always full, it is evident that if suspended cholera matter undergoes any change it will be modified before it reaches North Woolwich, and will necessarily be diluted as the heavier molecules fall down on the way. The main leading up to Stamford Hill (about three miles and a-half) will by gravitation be prevented from conveying all the matter of a heavier specific gravity than water up to the height of that reservoir. But such a sudden influx of the pond water of Old Ford as is described by the witnesses would be injected at once with some velocity into the near empty pipes, yielding water on the intermittent system. And here one of the many advantages of the constant system of supply is evident: under it fresh zymotic matter is less likely to be thrown into people's dwellings at a distance.
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> "In the two remoter regions the epidemic took the milder form of diarrhœa, and this may be due either to the accidental diversion of the matter from their mains, or from its greater dilution and age."

Now, we think it would be quite fair to reply that the cisterns at Woolwich and Stamford Hill contain plenty of mud—particles of matter that have been brought by the water, and have settled down after it is at rest; particles, too, thousands of times heavier than the germs supposed to be distributed so irregularly, and some of which are thus suggested to have settled on their way by mere force of gravity.

If it be also assumed that these germs rapidly propagate at ordinary temperatures, out of the body, the argument of dilution loses much of its force, but this assumption seems almost too much to ask, and therefore Dr. FARR sets himself to account for the facts on the less daring hypothesis:—

> "It may appear at first sight impossible that the cholera flux of one or more patients should produce any effects in the waters of a river like the Thames. The average quantity of this flux is large, but it has not been determined directly, and it varies with the severity or the duration of the disease. Applying Pacini's data to the fatal cases of different durations, it is found that the average volume of the dejections in a cholera case is equivalent to 8·24 litres. How many cholera corpuscles this quantity contains cannot be calculated. They are exceedingly minute. By Pacini's estimate 1000 millions would not occupy more space than a cubic millimetre; and there are a million cubic millimetres in a litre of water. The number of litres in the river Lea at high water is 1416 millions; at low water, 142 million litres. And, according to Vierordt, one litre of blood contains about 5069 million globules, consequently, the corpuscles in the eight litres of the flux from a patient, if in equal density, would run up to 41,566 millions. It is certain that the flux finding its way down the sewers would not be equally distributed in the river Lea for instance, but in the water would be in irregular masses like clouds in the sky; and that at some points a quart of the waters might contain hundreds or thousands of corpuscles capable of propagating their numbers by millions in the mucous membranes of the stomach and intestines. Whether the cholera corpuscle can propagate itself in sewage water at a high temperature is not yet known, but its diffusion is adequately accounted for on the hypothesis that it is only propagated in the living organism."

Nothing could show better than this quotation the infinitely small particles with which the hypothesis deals, and consequently the force of the contrast we have ventured to make between them and the grosser, visible, palpable particles of matter that are distributed so equally in all our cisterns.

In running rapidly through this important report, we have thus, as will be seen, noted a few things to which we venture to take exception. There are other points to us equally doubtful or hypothetical, but we need not dwell further upon them, as we have no doubt that able men will at once examine and sift the facts and conclusions. It is from the conflict of views that may occur that we may hope for some further enlightenment.

The report contains a vast mine of facts and statistics, and will, no doubt, be the armoury whence both sides will draw their weapons. The statistics, as a whole, of the several water-fields, for instance, present figures that will, in the opinion of many, amply justify all that has been said by Dr. FARR; and after what we have written, it is but fair to state the summary. We find, then, that the mortality from cholera in 1866 in each of the water-fields of London thus given:—The proportion of deaths to 10,000 inhabitants was four in the field of the Chelsea Company, four in that of the West Middlesex, three in that of the Grand Junction (the proportions being nearly the same where the districts were supplied conjointly by these companies), four in that of the West Middlesex and New River, eight in that of the New River, thirty-four in that supplied conjointly by the East London and New River, seven in that of the Southwark, fifteen in that of the Kent, three in that of the Lambeth, six in that of the Lambeth and Southwark conjointly, six in that of the Lambeth, Southwark, and Kent conjointly, and seventy-three per 10,000 inhabitants in that of the East London Company.

Figures like these certainly deserve serious attention, and whether the assailants of what we may now, we suppose, call the official theory of cholera, succeed in disproving it or not, it is well that they should be published as widely as possible. Indeed, all statistics of this description have a high value, and we regret that want of space prevents us from entering at present upon many other subjects which are opened by the report before us.

We can only here add that much information is to be found in this volume, not only about the epidemic in London, but throughout the country; while in connection with the former part, the various plans for supplying the Metropolis with water are discussed, and the propriety of seeking our supply from a distance is urged, although full justice is done to the attempts of the several companies to comply with the Water Act.

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Notes on Current Topics.

Oxford University.

THE gates of the University of Oxford are to be no more closed to all who cannot afford to enter her aristocratic Colleges, or will not submit to their rules. The youth of the country are freely invited to enter the Mediæval University, select their own tutors and their own lodgings, live in the manner they have been accustomed to do, or may wish to try and avoid or choose associates as they please.

"Unattached" undergraduates will be free to select any of the "licensed tutors," who will, as it were, be the "heads" of colleges or communities having no fixed residence.

We cannot doubt that there are many who will see in this a great stride, and will rejoice to see an Oxford career thus freely opened to all; and we hope the University may attract its share of the young men who may adopt the Medical Profession.

We can well afford to increase the small proportion of Oxonians in our ranks. A single year at Oxford before beginning professional study must prove of great value, but we hope many will go and take a degree in arts as their preliminary examination.

London Hospital.

At a recent Court of the Governors, it has been resolved that in future the style of Physician or Surgeon shall be conferred on those members of the assistant staff who have held office for seven years.

Under this regulation, Dr. Langdon Down and Mr. Maunder will henceforth have respectively the title of Physician and Surgeon to the Hospital.

An additional Assistant-Physician and Surgeon is about to be appointed.

The "Dreadnought" Hospital Ship.

We regret to learn that the Committee of the Seamen's Hospital Society, despairing of obtaining funds to build on the site which they purchased some time since, or obtaining from the Government any suitable accommodation in Greenwich Hospital, are putting the old "Dreadnought" into repair for an expected continuance of its occupation. The patients have been temporarily transferred to the "Belleisle," and, we believe, only wait the repairs of their former quarters to be sent back to it. It is a standing public disgrace that the sick of the merchant service should have no more suitable refuge than an old hulk, cramped and inconvenient as a ship must necessarily be, and enveloped from year's-end to year's-end in a fog of Thames miasmata.

The West Middlesex Coronership.

The legal question in connection with the late election of Dr. Diplock as coroner has again been before the Middlesex magistrates. As yet, Dr. Diplock, though he discharges the duties of the office, has not obtained a shilling of salary, and the magistrates have again declined *pendente lite* to take the responsibility of paying over the money. On this occasion, Dr. Diplock offered the magistrates an indemnity for the amount, but his request was refused again, and we learn that after all, if the election should be declared invalid, the sitting coroner will not get a shilling for his services, but the salary will go to Dr. Hardwicke. It is a valuable privilege of suitors at law, that they are permitted to work hard, while their attorneys are spinning the endless thread, and that they have the agreeable incentive of knowing that very possibly the fruit of their labours will go to their antagonist.

The British Association for the Advancement of Science.

The great Norwich meeting, referred to in our last, has taken place, and will unquestionably rank as one of the most successful.

Norwich has, indeed, this year been highly favoured, for in addition to this great gathering of scientific men, it has been able to show what its own Fine Art Association can do.

It has further inaugurated a Norfolk and Norwich Horticultural Society; and the third session of the International Congress of Prehistoric Archæology is now sitting in the quaint old city.

The routine business having been transacted during the day, in the evening the Duke of Buccleuch, in a brief speech, yielded the office of President for the year to Dr. Hooker, who then delivered his inaugural address. This was an able review of the past year's progress in science, especially in fossil botany and vegetable physiology, and a masterly criticism of the Darwinian philosophy.

The Annual Report of the Scottish Registrar-General.

This report has been completed for the year 1865, and the curious will there find abundant information on the births, marriages, and deaths.

To the last item we turn first, as that most thoroughly within our province, though the two others are almost of equal concern to us.

In Scotland, the death-rate for 1865 was one-and-a-half per cent above the average of nine years. The country districts showed a much lower proportionate mortality than the towns. In the death-rate of the eight principal towns, the variation is very great. Leith is at the bottom of the scale, with 24·9 in the 1000, and Greenock is at the top, with 39·5 per 1000. When we come to the statistics affecting the infants under one year of age, Greenock still shows the same high-rate, full of foul smells, bad living, overcrowding. In Greenock, out of every 1000 children born in 1865, it is recorded that more than 25 per cent. perished in the first year of their age. Figures like these demand the attention of the local authorities.

The Penalty of Unqualified Practice.

The Medical Practitioners of Oldbury, who have taken so decisive a position in respect to the scale of sick-club remuneration, have succeeded in striking a further severe blow against the underselling system. They prosecuted a person named Holland for having, without qualification under the Medical Act, issued a death certificate, in which he described himself as Surgeon; and secondly, for having acted as Surgeon to a Friendly Society. Despite every effort of the prisoner's counsel to raise a technical defence, both charges were declared proved, and a fine of £5 imposed in each case. There were nine other accusations, but they were all withdrawn, the object of the prosecution having been attained.

The Chair of Botany in Trinity College, Dublin.

The election to this chair, to which we recently alluded, is necessarily postponed to a distant period by the regulation which requires that it shall not take place for at least three months from the advertisement of the vacancy. To the names of Dr. Edward Percival Wright, Dr. Browne, and Mr. McNab, which we have already mentioned, those of Mr. Cleghorn and Mr. William Archer, the well-known physiological botanist of Dublin, have been mentioned. We are in a position, however, to state that the latter gentleman has no present intention of seeking the vacant professionate. As the interval before the election is so distant, and the position is now open to the competition of "all persons," without religious, professional, or academic reservation, it is not improbable that other candidates may yet present themselves.

The Naval Medical Service.

Be the causes of the dearth of Naval Surgeons what they may, there can be no doubt that the Admiralty is at this moment in a state of blockade, and the garrison is all but starved out. Their beleaguered Lordships are hard pinched for medical nutriment, and they are—if the *simile* be not considered disrespectful—almost brought to the alternative of what is known as *boot-eating*. The choicer morsels of the Profession have long since been strange in Somerset House, and the medico-educational dietary of their Lordships comes to be selected on the simple principle of taking what they can get, and thanking Providence it is not worse.

If we are to accept the report of the Naval Medical Competitive (save the mark !) which we have received from a reliable source, we should denounce the examination as a farce played out to satisfy the public with the poorness of the actual performance. We narrate our story from the lips of a successful candidate who has accepted service, and is an entirely unprejudiced witness.

On a stated morning the candidate presents himself at Somerset House, and submits his certificates to examination by a clerk, who, we will suppose, is satisfied with them, and orders the candidate to be brought up for the ordeal the next morning at a specified hour. In a state of semi-collapse, inadequately neutralised by a diffusable stimulant, the trembling candidate punctually appears. He waits an hour (stimulant effect passed and gone, and the reaction of depression developed), when he is handed a single written question of the simplest kind, to which with pleasurable alacrity he writes an answer at the clerk's desk on the back of a ledger, and is charmed to learn that he may depart, which he does with remarkable nimbleness —and thus his second day of examination. On the morning of the third day he is put through a physical investigation, and stowed away in a musty waiting-room for half-an-hour. He is then summoned to the presence of the dread Triumvirate, who proceed to examine on muscular anatomy, and wind up with *two* questions in surgery. Having answered or missed these questions, the candidate is again remitted to solitary confinement for a short time, during which period, it is presumed that he is declared learned in the whole art and mystery of anatomy and surgery. The same process then followed with questions in physiology, practice of medicine, and midwifery, and the prisoner again remanded to a new examination in botany, materia medica, and chemistry. An awe interval for the consideration of sentence, and the happy chosen is an Assistant-Surgeon in her Majesty's hospitals and fleets. The entire process, with intermediate delays, occupied less than two hours, and, be it said with horror, left the impression on the irreverential mind of the candidate that the whole affair was a farce, and that two out of the three examiners accepted his answers *sub silentio*, being a little doubtful in their own minds whether the reply was right or wrong. No record of the answering was kept, as far as the candidate could observe, and the question is cogently asked, on what principle does the Admiralty carry out its guarantee to promote the best answerers to their surgeoncies at an earlier period than would occur under ordinary circumstances.

The examinations for the admission of Assistant-Surgeons into the Army were concluded last week, and in our last issue we gave the printed papers, which have been read with interest. For the first time the test for the selection of candidates has been really competitive, for the Director-General has been in the position of rejecting eligible candidates, the entire number of vacancies having been filled up. At the Chelsea examination 39 candidates presented themselves for 21 vacancies, of these a greater number than the 21 evinced sufficient proficiency for the service, but were sent back for want of room.

It would appear not only a hardship on these gentlemen to compel them to go through a second examination, having once tested their competency, but injudicious on the part of the authorities to refuse suitable candidates at a time when they experience so great a difficulty in meeting the requirements of the service.

We are favoured by Mr. Richard Griffith, resident at Mr. Barter's Hydropathic Establishment at Blarney, with a printed copy of his "reasons for objecting to the process of vaccination," published by him as a protest against a prosecution instituted by the Cork Guardians for omitting to have his child vaccinated. With every desire to do Mr. Griffith justice, we cannot transfer to our columns arguments and statements against which not only the entire profession, but (with an utterly insignificant exception) the whole educated community have made up their minds. We cannot, however, but notice the fact that the entire basis of the anti-vaccination argument is ridiculously illogical, when regarded from practical grounds. It is persistently declared by the opponents of vaccination that it ought to be discountenanced, because it implies the deliberate introduction into the system of a poisonous virus. We need not proceed to argue the totally unproven statement that the vaccine virus is neither, in its effects on the system, or in any real sense of the word, a poison. It appears sufficiently ridiculous for any person to declare that it is "sinful" to substitute a comparatively harmless antidote for the risk of a loathsome and dangerous disease We presume that no one would vaccinate if there were nothing to be avoided by the process, yet is pure nonsense to fulminate against the adoption of a safeguard, even if we are to call it a poison, for an enormously disproportionate risk. If the anti-vaccinators have no better reason than such special pleading, and no better scientific testimony to adduce than that of Dr. Collins and Dr. Marsden, their cause is unworthy even of discussion. In our opinion it is perfectly right and proper that no individual who may foster a delusion which he has had every opportunity to neutralise, should be permitted to extend the ill results of his monomania to the detriment of the health, or the endangerment of the lives of those whom he may be in a position to control.

The Cattle Plague Orders.—A splendid heifer, a present to her Most Gracious Majesty the Queen of Great Britain, from his Serene Highness the Duke of Saxe Coburg, arrived in Hull by steamer on the 14th inst. The orders of the Privy Council as to cattle, direct that all foreign cattle landed at Hull shall, after a specified time, be slaughtered. The heifer from Saxe Coburg, although consigned to the Queen, was therefore detained, and is still in Hull in the keeping of the Custom-house authorities. Fortunately for the life of the heifer one order of Council has a clause allowing the cattle to go seaward, so on Saturday next her Majesty's present will, under a bond for £100, be forwarded by steamer for London, and there she will be transhipped to Southampton, from whence, after a quarantine of 28 days she will, under a certificate, be taken to the Royal farm at Windsor. This case affords an illustration of the practical difficulties of administering the cattle-plague orders of the Privy Council.

REPORT ON WINE AND ITS ADULTERATION.

[SPECIALLY PREPARED FOR THE MEDICAL PRESS AND CIRCULAR.]

No. IX.

WHEN treating last year of port, it will be remembered that we drew special attention to the prevalent custom of over-fortifying, and our observations called forth such confident denials and out-spoken resentment, that we felt constrained to give copious quotations from official reports in confirmation of the conclusions at which we had arrived. These conclusions are, we may fairly boast, now undeniable, and we are confident that what we have to say now upon sherry will be hereafter recognised as equally authoritative.

Yet, as there are plenty of captious persons abroad who know not to what our experiments tend, and are more deferential to authority of a different kind, we shall precede our own statements by those of an official sent to investigate the wines of Spain and Portugal, and to whom we have before had occasion to refer. We allude to Mr. Charles Bernard, assistant - surgeon at H.M. Customs, whose accuracy has never been impugned, and from whom we extract the following paragraphs, which contain a just estimate of the matter up to the time of our taking up the inquiry:—

"The large shippers and vineyard proprietors of Spain and Portugal are, and have been for a long period of time, manufacturers rather than simple producers of wine. The practice said to be followed in other countries, of merely watching and aiding nature in the development of fermentation, has here superadded to it a system of mixing and fortifying that tends to produce an intoxicating rather than a purely exhilarating beverage.

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"An opinion seems generally prevalent among the growers and shippers that natural wines will not maintain themselves sound unless assisted by the addition of distilled spirit. Even to some extent, where it is not the practice to add spirit to the 'must,' as in the case of the Montilla, Val-de-penas, &c., it is usual, and considered necessary, before the wines are made up for exportation, to add spirit to a greater or less amount. I am not prepared to endorse this statement fully.

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"It may be as well to give here a resumé of the general practice in the Xeres districts of preparing wine.

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"No spirit is added to the 'must' during the process of manufacture or pressing the grape at the vineyard, unless it is intended to be made 'sweet wine,' and then six arobas (equal to about twenty-one gallons of spirit, about 60 per cent. over proof) are added, in order to prevent fermentation, and to retain its sweetness; and when this sweet wine is drawn off the lees, about six months after it is made, three or four gallons more spirit are added, making in all between twenty-four and twenty-five gallons spirit to the butt. This sweet wine is not usually exported, but is used for the preparation of other wines intended for the English market, and is added to other wines to give body, flavour, and strength, in such proportion as is deemed necessary according to the style and taste required.

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"The wines intended for white dry wines, and eventually to be made up into what is known in England as 'sherry,' have about two gallons of spirit added to the butt when drawn off the lees in the month of March or April following the vintage, and during the rearing of them further small quantities, from time to time, as required. Those wines selected for vino fino, Amontillado, and Manzanilla, in lieu of having spirit added to them, are thrown on to Soleras; or fine old mother wines which, by age, care, and attention, have acquired a body and character, and which are used in mixing with other wines, to improve them. The stocks of Soleras are always kept up in the following manner:—

Say 20 butts, 1841; half drawn off for use.
20 butts, 1842; half thrown into 1841.
20 butts, 1843; half thrown into 1842.

And so on from year to year, the younger wine being thrown on to the wine of the year previous.

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"Notwithstanding the quantity of spirit (two gallons) used in rearing wine (not Amontillado, vino fino, and Manzanilla), it is usual, when it is made up into sherry for England, to add at the time of using it, from two to four gallons more spirit, according to the quality and age of the wine. There is, however, no standard sherry made up, and no regulated quantity of spirit used, as that depends both on the character desired by the purchaser, and (a most important consideration) on what the wine itself requires.

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"A butt of sherry for England is made up in 40 jars in various proportions; thus, for example:—

1 Jar, spirit, about 60 over proof.
8 Jars, of the sweet wine or dulce.
7 Jars, soleras, or mother wine.
10 Jars, dry wine, 1854.
14 Jars, dry wine, 1859.
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"The Amontillado is entirely a chance wine, that is, it cannot be made as a matter of course, or reckoned upon with any certainty, insomuch as out of 50 butts of wine made at the same vineyard, under the same circumstances and with the same kind of grapes, probably only two or three will turn out to be wine of this character. No reason, however, can be assigned for its partaking of the peculiar flavour, &c., of Montilla wine, from which it derives its name.

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"When the wines are classified in the spring, those which from their taste and style are likely to turn out Amontillado and vino fino are marked in a certain manner, put aside, and are carefully watched and reared, but it does not unfrequently happen that, after the selection, they fall off, and become sick and out of order, when they are treated in the same way as other ordinary white wines, and spirit is added in the proportion deemed requisite to secure them from spoiling; should the wine, however, not recover under this treatment, and acetic fermentation supervene, it is then sent for distillation into brandy.

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"The wine of Benicarlo intended for exportation is fortified to the extent of five gallons per pipe, though two and a-half gallons would be considered sufficient to preserve it for home use. Here, again, but little stock is kept on hand, each year's produce being generally sold for exportation, or consumed by the time the new wine is made; and it was impossible to procure samples of natural wine of former vintages."

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Correspondence.

REPRESENTATION IN THE MEDICAL COUNCIL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I do not quite agree with all that has been stated by yourself and your correspondents as regards the representation of the profession in the Medical Council. I must say that I think it a bad thing to try to reform the Universities and Corporations as well as the Medical Council *all at once*.

I go in for the direct representation of the registered practitioner in the Council, as distinct from the Crown nominees and Corporation delegates.

The Corporations are not likely to permit their delegates to be chosen by the great body of their constituents, for that would revolutionize the Corporation as well as give *direct* (*not indirect*) representation in the Council. Let us then agree to fight for a representative *principle* in the Medical Council, not for details. If the Corporations will allow their *alumni* to return their member to the Medical Council, well and good—*direct representation* of those *alumni* takes place, but for my own part, I know that the Corporations and Universities *are dead against* the scheme, except perhaps Cambridge, therefore I would not ask for the reform of the Corporations as well as the Council. I think it only right, if the registered practitioner is represented that the Corporate bodies should be represented also, and that if the body of the profession is well represented, that they will require an opposition to keep them from going too far. This opposition they would get from the Corporation delegates, as at present constituted, therefore I am not favourable to the plan urged by Dr. Prosser James, until after that of the British Medical Association has gained the day. It is a question where to begin. I say, reform the Council first, then agitate for reform of the Corporations. It is now clear that all agree that reform is needed, why then can we not settle the relative merits of the two schemes, and all unite our forces to carry one. Splits in the camp are bad things, for our enemies make use of them to neglect or postpone our claims.

I have no wish to push my views, or do anything but aid in promoting unanimity. If the advocates of both schemes joined their forces, sinking details, or discussing together a common base of action, a grand reform would result.—I am, &c.,

M. P. A.

REFORM OF THE MEDICAL COUNCIL—DIRECT AND INDIRECT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The two plans of reforming the Medical Council have been distinguished by you and others as the *direct* and the *indirect*. The names may in some sense serve the purpose, but are not exact.

If the plan of Dr. Prosser James, which you call *indirect*, should be carried out, what would result? As I understand it, the representative of each body would be elected by the persons who held its diploma. Now, these are all medical practitioners; and as all medical men have some diploma, all would have a vote. Those who had more than one diploma would get more than one vote.

Now, is it not clear that persons thus elected would *directly* represent the Profession?—quite as directly, I feel sure, as M.P.'s represent their constituencies.

It seems a mere question of electoral districts or constituencies. What is the use of cutting up the country into new divisions, and bringing up the ghost of "equal electoral districts," to serve one political party, as Dr. Andrew Wood proposes, and as would be the end of the British Medical Association's plan?

We have good and trustworthy constituencies ready made to our hands. University constituencies have now acknowledged claims. Cambridge—all honour to her for it!—has already done justice, according to the letter of one of the Senate in your last number. Let the other universities and the corporations follow the example.

Such constituencies as these are, in my view, most in accord with the constitution, and deserve to be extended. I therefore regard the scheme of Dr. Prosser James as more *constitutional*, and therefore more conservative, than the revolutionary plan of Dr. A. Wood and the British Medical Association.

Therefore, although he belongs to the Liberal party in general politics—as we so much need *medical* men in Parliament, and as our Council, without some change, is as useless as Convocation, I shall vote for him at the election, and hope many others will do the same.—I am, &c.,

A CONSERVATIVE M.D.EDIN.

PUERPERAL FEVER IN LYING-IN HOSPITALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In THE MEDICAL PRESS AND CIRCULAR of the 13th March, 1867, you noticed some observations that I had recently published "on the comparative advantages of affording obstetric attendance to poor women in lying-in hospitals, and in their own homes." I have since made further inquiries on the subject, and as all the documents that I have been enabled to examine, seem to leave no doubt that the mortality of parturient women is much greater in Dublin, comparatively with the number of births, than in London, or in other large town populations in Great Britain, I shall state, as briefly as I can, the data on which that conclusion is founded. These data are:—1. The returns of the English and Irish Registrars-General. 2. The published Parliamentary Reports of the Board of Superintendence of Dublin Hospitals. And, 3. The printed Abstract of the Registry of the Rotundo Lying-in Hospital.

The mortality of parturient women is assigned by all the Registrars-General to two causes—metria (puerperal fever), and "the accidents" of childbirth, such as convulsions, hæmorrhage, &c., and, as the first, puerperal fever, prevails more in some years than in others, it is necessary, in order to form fair comparisons, that the returns for each country be for the same years, and also that they be for similar communities or populations. With this view I will compare the births and deaths of parturient women in London and in 21 of the most populous cities and towns in England for the three years ended 1866, with those in the returns of the Irish Registrar-General for the Dublin registration district for the same years. I have not yet seen the English returns for 1867, and, of course, cannot compare them with the Irish returns for that year, which have been published.

1. The London births amounted to about 306,000 in the 3 years ended 1866, and 1617 women, or 1 in 189 births died in childbirth in London in these years; 666 of puerperal fever; 951 of the "accidents" of childbirth. The births in the 21 towns amounted to about 396,000 in the 3 years, and 2192, or one in 180 births, died; 737 of puerperal fever; 1455 of the "accidents." In all these populations, 3809 women are returned as having died in childbirth, which is in the proportion of 1 to 184 births; 1463, or 1 in 500 births died of puerperal fever; 2406, or 1 in 292 births, died of the "accidents." These births, and this mortality, include all that occurred in lying-in or other hospitals in London, and in these 21 towns; but I have seen no account of the number of births, nor of the mortality in these hospitals.

The returns of the Irish Registrar-General show that 24,538 births took place in the Dublin Registration district during these three years, and that 207 women, or 1 in 119, died in childbirth; 134, or 1 in 184, died of puerperal fever; 75, or 1 in 340, died of the accidents of childbirth. This high rate of mortality in the Dublin district caused a loss of 74 lives more than if it had been the same as in the English populations, 1 in 184, in which case only 133 would have died. These 24,538 births include 5546 that took place in the Rotundo, and in the Coombe Lying-in Hospitals, as we learn from the published reports of the Dublin Hospitals Board, by which reports the mortality in these hospitals can be compared with that which took place in the remaining 18,992, or the *home* births, in the Dublin district. 3908 women were confined in the Rotundo in these three years, and 1638 in the Coombe; 82, or 1 in 59 births, died in the Rotundo; 12, or 1 in 136, died in the Coombe; and 113, or 1 in 168, of the home births died.

It will be seen by these returns that the mortality in the 18,992 home births was nearly as low as that in the English populations, and that, if the rate had been only the same, one in 168, in the Rotundo, 58 less would have died in it, or, if only one in 136 had died there, as in the Coombe, only 29 would have died, and 53 lives would have been saved.

2. The published reports of the Board of Superintendence of Dublin Hospitals show that, in the ten years ended March, 1867, there were 17,605 births in the Dublin lying-in hospitals, and that 426, or one in 41, died in childbirth in them. 12,714 of these births were in the Rotundo, where 364, or one in 35, died; 4891 were in the Coombe, where 60, or one in 81, died. 215, or one in 60, births died of puerperal fever in the Rotundo, and 29, or one in 168, died of it in the Coombe. 153, or one in 83 births, died of the "accidents" in the Rotundo; 31, or one in 157, died of them in the Coombe. Now, if the mortality in these 17,614 hospital births had been only the same (one in 168) as in the 18,992 home births in the same district in the three years ended 1866, 321 lives would have been saved in these ten years, as only 165 would have died; or if the rate of mortality in the Rotundo had only equalled that in the Coombe (one in 81 births), 228 less would have died in the Rotundo. But, if only one in 184 had died, as in England, 330 lives would have been saved.

3. The printed Abstract of the Rotundo Lying-in Hospital shows that, from 1758 to 1864, both years inclusive, 182,179 births took place in that institution. On a rather laborious examination and analysis of this important document (which gives the births and deaths for each year) I find that, in 49 of these years, not successively, but at intervals, the mortality averaged one in 142 births—the highest in a year being one in 102 births, the lowest one in 223. In the 58 other years, the proportion of deaths to births averaged only one in 51. In the 49 years, there were 90,444 births, and 635 died; in the 58 years there were 91,735 births, and 1797 died, and the mortality in these years ranged from one in 99 births in one year to one in 13 4-51 in another. It is remarkable that, during the eleven years ended 1864, the mortality in the Rotundo in any year has not been lower than one in 66 births, and in the three succeeding years (1865-7) 100, or one in 37, died in the Rotundo, out of 3713 births.

Now, if only one in 184, as in England, had died in the Rotundo in those 58 years, 1293 lives would have been saved, or even if the death rate had been only the same as in the 49 years (one in 142), 1151 less would have died; and coming to the last fourteen years, if the mortality had been only one in 142, there would have been a saving of 247 lives in that time.

This high mortality is not confined to the Rotundo Lying in hospital; it is reported to have been even higher in those of Paris (one in 18½), in Vienna (one in 25½), in St. Petersburg (one in 26), in London (one in 31), &c., and in all is chiefly attributed to puerperal fever. For instance, in 1862, 39 or 40 women died of that disease in the Rotundo, 2 of typhus fever, 4 of pyæmia, and 11 of scarlatina: in all 80, or one in 12¼ of the births, died. In 1863, 3 died in it of typhus fever, 2 of pyæmia, 3 of scarlatina, and 30 of puerperal fever; of 41 that died, only two or three could be attributed to the accidents of child-birth. The year's mortality was one in 25½ births. Adverting to this, Mr. Simon reports to the Privy Council, that—"the outbreak furnishes an example of the well-established fact that scarlatina, typhus, and other exanthemata, are not only peculiarly apt to attack puerperal women exposed to their contagious influences, but prove peculiarly fatal to them, and that these poisons constitute a fruitful source of contagious forms of the so-called puerperal fever."

A remarkable instance of the havoc which puerperal fever causes in Lying-in Hospitals, is given by one of the Rotundo Assistant Masters in THE MEDICAL PRESS AND CIRCULAR of the 3rd October, 1866. He states—"During the month of March, 117 cases were delivered and five died. In April, a woman who had been confined the day before, died. In the same ward with the last patient were four others, three of whom were attacked, all died; none of them living more than 12 hours. Thus, out of a total of 25 patients who were in the lying-in wards at the time of the outbreak, 17 were attacked, and 16 died. It is the custom in this hospital to have patients suffering from this disease in the same ward with others; in fact, we never remove them until we anticipate a fatal termination."

Dr. Brishowe and Mr. Holmes, who inspected the Rotundo, subsequently reported that—"though occasional cases of puerperal fever are not uncommon in the Rotundo, epidemic outbreaks are comparatively rare." I think if these gentlemen had known that in each of 31 years the mortality in that hospital was more than one in 60 births, as I have ascertained, they would not have made that assertion, for no circumstance or disease, except puerperal fever, would be likely to cause so high a mortality in a lying-in hospital.

The mortality caused by puerperal fever in the London Lying-in hospitals has for many years induced the governors of these institutions to limit the admissions very much, and to depend more on extern maternities for affording midwifery attendance to poor women, a fact which is proved by the very small number that have died in childbirth in the London Lying-in hospitals for several years, in which only an average of about 20 died annually; Mr. Simon reports to the Privy Council that—"for the most part the lying-in hospitals in England and Scotland are small and insignificant institutions," compared with the Rotundo. Small hospitals and their extern maternities afford a far lower death rate than we have in the Dublin District. For instance,

In an excellent report on the Waterford Lying-in Hospital, Dr. Elliott states that—3458 women have been confined in it during the last 28 years, about an average of 10 each month, and that 15 women, or one in 230, died; 5, or one in 690, died of puerperal fever; and 10 of the accidents of childbirth. I may add, in proof of the value of small hospitals, that in the 11 years, ended September, 1867, there were 28,723 births in the Irish Workhouse hospitals, and that 206, or one in 139, died. This, though high, contrasts favourably with the Rotundo mortality, yet it is difficult to conceive persons more physically or mentally depressed than most of the women that are confined in our workhouses, or more likely to be affected with a contagious disease, if within its atmosphere. But as there are usually only one or two at the same time to be confined, if on rare occasions, as in the Waterford Lying-in Hospital, puerperal fever should occur, there are few or none that are susceptible of it, and the case is the same in respect to home births, and it cannot spread; but it is different when 25 or 30 women are confined at the same time in one hospital.

I beg to give two instances of the advantages of home attendance.

During the ten years ended 1867, the medical staff of the Coombe Lying-in Hospital attended 6539 extern labour cases, of whom 26, or one in 252, died. In a lately printed report by the governors and medical officers of Guy's Hospital, it is stated, in allusion to the divisions of the out-patients, that "perhaps the most interesting and most successful of these divisions is the Maternity, or Lying-in charity, as the treatment of the patients is followed up to a termination in their own homes, and we have consequently the means of arriving at data of comparison with other charities of a like description. During the last year, 1727 poor women were attended during their confinement at their own residences by pupils of the hospital, under the supervision of the physician accoucheur. The deaths amounted to four, and a nearly equal success has continued to mark the progress of the department since its first organisation" (which occurred ten years ago). "In this respect, its working contrasts favourably with the experience of public institutions where women are admitted for the purpose of being lodged during their confinements, but where they are so liable to suffer from occasional outbreaks of puerperal infection."

Greatly to their credit, the governors of Sir Patrick Dun's Hospital have lately established an extern maternity charity, and have at much cost provided a residence for an assistant to their midwifery professor, Dr. Sinclair. Under this assistant, the medical students of Trinity College learn practical midwifery by attending poor women in the district of St. Mark's parish and Ringsend. They have also appropriated some hospital beds for the treatment of the particular diseases of women, and have established a ladies' committee, by which some tea, sugar, and baby-flannels are being given to such poor lying-in women as are found in need of them. These judicious and humane arrangements will provide for a population of about 23,000, and if somewhat similar arrangements were made for the remaining population of the city, about 230,000, some lives would be saved every year, and many poor women would be assisted in their hour of need. I believe there are *ample means and materials to make these provisions or arrangements*, but I must not trespass further on your space.—Yours, &c.,

DENIS PHELAN.

22nd August, 1868.

Gleanings.

CUPPING GLASSES IN THE TREATMENT OF ANTHRAX.—M. Foucher adopted the following method of treating a case of anthrax. It was as large as an egg and situated in the left dorsal region, on a level with the spine of the scapula. He procured a cupping glass about an inch and a-half in diameter, and adopting to it the pump, he placed it over the carbuncle and exhausted the air. The cup filled quickly with sanious pus and shreds of tissue; he left it on for some moments, when upon taking it away the pain disappeared and the tumour was emptied of its contents. He applied the cup three successive days; each time all organic detritus was removed from the tumor, and the third time the integument over the part came away, leaving a healthy exposed surface, perfectly clean, and commencing to be covered with healthy granulations. The borders of the wound were irregular, sharp, and elevated, and suppuration was normal. The dressing consisted of poultices, and the wound proceeded to a speedy cure.—*Benchordat's Annual Abstract.—Pacific Med. and Surg. Journal.*

A CASE OF PUERPERAL CONVULSIONS.—A stout negress was taken in labour, and in an hour, without any apparent cause, was attacked with violent spasms. The membranes were unruptured, the vertex presenting, and the pelvis was roomy. The diagnosis was made that the convulsions depended on an "erratic distribution of nervous energy." The membranes were ruptured, but the uterus was not competent to expel the fœtus. The convulsions were somewhat abated by the use of chloroform. After waiting some time, it was decided to use hypodermic injections of morphia, and accordingly, half a grain of the sulphate was injected under the skin, on the arm. In less than five minutes, the effect of the narcotic was plainly perceptible in its controlling influence on the convulsive respiration, and the uterus began to work more vigorously, and in ten minutes the child was delivered. The convulsions after delivery recurred only at long intervals, and the mother and child did well.—J. C. OSBORNE, M.D., *in New Orleans Journal of Medicine.*

LIME INHALATIONS IN CROUP.—Dr. B. B. Wilson of Philadelphia, reports in the *Richmond and Louisville Medical Journal*, the successful treatment of two cases of croup by "lime inhalation," one of which he says, was undoubted "pure and uncomplicated membranous croup." It had existed several days, and was in a most critical condition when first seen and prescribed for. The doctor claims for the inhalation of "the vapour of lime" that in addition to being "an efficient remedy for such a desperate phase of disease . . . it can be used in addition to, and without interfering with any other treatment. . . . There can, therefore, be no objection to its exhibition in cases in which the prognosis is most unfavourable, and it is in those cases particularly that I desire the profession to give it an opportunity to prove its value. . . . . It can be conveniently administered by slacking in a pitcher a lump of quick-lime, as originally suggested by Dr. A. Geiger, of Dayton, Ohio, a vapour bath being extemporized by two or three large quilts or blankets, supported by chairs or props, the head-board of the bed, or arm of the sofa, and including the entire body of the patient within its limits.

AN INTERESTING CASE OF LABOUR.—N. Gulman, M.D. (St. Louis *Med. Reporter*) communicates the following interesting case of labour. He was called on April 6 to a primipara, aged 21. After a protracted labour she was delivered of a male child, after passing eight hours in gestation. He called the next morning after delivery, and was told that she had convulsions about four o'clock in the morning, and had had a paroxysm every half hour. After waiting at the bedside about five minutes, the patient went into a convulsion, of which she had a warning. The spasmodic movements always commenced about the legs and arms first; the convulsion, which was of an epileptic form, lasted about five minutes, and then the patient fell asleep, which lasted about ten minutes; then she roused up and remained in a semi-conscious condition until another paroxysm returned. Pain in the frontal region was her chief complaint.

Blood-letting was decidedly indicated, and he proceeded to take from the arm 16 to 20 ounces of blood. The following prescription was also ordered:—

℞. Hydrarg. chloridi mitsi, gr. xvj.
Pulvis jalap. optim., gr. xxv.
M. Ft. Chart. No. 5.

Of which she took one every half hour. A few hours afterwards he took another medical man with him, and the patient was found comatose, with stertorous breathing; the bowels had not moved. The pulse was found strong and forcible. By the advice of Dr. Cooper, who thought that the only hope for life was in bleeding, ten or twelve ounces more blood was taken, which made a decided impression on her pulse. With careful nursing, her recovery was rapid and complete.

He reports this case to draw the attention of the profession to these cases of disease, which require prompt and efficient treatment. He did not use opiates, anti-spasmodics, or anæsthetics, as are usually recommended, because he believes that the disease is nothing more nor less than a congested state of the brain, and probably the spinal column.

He states in conclusion, that this case did not present very well marked indications for the use of the lancet, but it was well borne. She had diarrhœa up to forty-eight hours previous, and still he gave her alterative doses of mercurials, with strong purgatives; no anodyne medicine was taken.

TREATMENT OF A SEVERE CASE OF WHOOPING-COUGH BY VACCINATION.—A very severe case of whooping-cough occurred in a child sixteen months old. The paroxysms varied from twelve to fourteen a-day. With the idea of cutting short the malady, or of modifying its severity, the child was vaccinated. Upon the first appearance of the areola, and before the full development of the vesicle, *all* convulsive coughing had ceased. A. Aronstein, M.D.—*Pacific Med. and Surg. Journal.*

LACTATE OF ZINC IN EPILEPSY.—Dr. Hart has tried this remedy in combination with belladonna, on 240 patients in the Western Lunatic Asylum of Kentucky, all of whom had been affected with epilepsy from three to six years. An improvement took place in all, and in no case did he use it without effectually controlling the paroxysm in from 24 to 48 hours. His formula was:—℞. Zinci lactatis, gr. xxx.; ext. belladonna, gr. viii. M. ft. pil. x. Sig. One before each meal. It is a question which remains still to be decided, what is in fact the best remedy for this dreadful affection. The whole family of zinc salts and its oxide have, as well as the lactate, been highly recommended by different parties for curative virtues in convulsive nervous diseases. The sulphate, Dr. Babington had good success with in treating epilepsy, but the valerianate was considered the most effective of all the zincs in doses of one-half a grain raised gradually to three grains three times a-day. The extract of belladonna is frequently united with the zinc in pill, and it may be supposed, from its general use, that it has some peculiar sedative action in convulsive disease. The bromides at present, however, seem to have the most popular and promising position.—*Med. Archiv.*

HYPODERMIC USE OF MORPHIA DURING ANÆSTHESIA.—In a recent clinical lecture, connected with the operation of Lithotomy, Prof. Wm. Warren Greene, of the Maine Medical School, said that he was thoroughly convinced that the use of warm, instead of cold sponging, diminishes very much the shock in this, and other severe operations, and also the liability to inflammation. The water should be fully up to blood heat, and the part should be kept as near its natural temperature as possible during the operation. The cases where this indication is over-balanced by the necessity for the styptic effect of cold are comparatively rare. A second point was the importance of the subcutaneous injection of morphine *while the patient was under the influence of ether.* The influence of this early and speedy introduction of an anodyne into the circulation, in anticipating all pain and irritation and preventing shock, can hardly be over-estimated, especially after severe procedures and in feeble subjects. But another effect, of the greatest consequence, as regards at least the comfort of the patient and the convenience of all parties, is the decided effect of morphine thus introduced in shortening the anæsthetic influence *and in preventing delirium and nausea.* He is in the habit of giving a *full* dose—usually not less than half a grain and often a whole grain—and is quite sure that a trial of it is all that is necessary to secure its adoption by surgeons everywhere.—*Medical Gazette.*

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Medical News.

THE PUBLIC HEALTH.—In the week that ended on Saturday, August 15, 4141 births and 3573 deaths were registered in London and in thirteen other large towns of the United Kingdom. The annual rate of mortality was 29 per 1000 persons living. The annual rate of mortality was 24 per 1000 in London, 27 in Edinburgh, and 26 in Dublin, 25 in Bristol, 36 in Birmingham, 36 in Liverpool, 44 in Manchester, 42 in Salford, 34 in Sheffield, 32 in Bradford, 36 in Leeds, 34 in Hull, 31 in Newcastle-upon-Tyne, and 29 in Glasgow. In ten large English towns, including London, the annual death-rate from diarrhœa last week was 7 per 1000 persons living, against 9 and 8 in the two previous weeks. In the several towns it was 4 in London, 5 in Bristol, 6 in Newcastle, 9 in Bradford, 10 in Sheffield, 11 in Hull, 12 in Liverpool and Manchester, 14 in Salford and Leeds, and, again highest, 17 per 1000 in Birmingham. Although the deaths from diarrhœa showed a considerable further decrease in London, they were more numerous in most of the provincial towns, and the 779 deaths referred to this cause in the ten towns were only 17 below the number in the previous week. The deaths registered in London during the week were 1462. It was the thirty-third week of the year, and the average number of deaths for that week is, with a correction for increase of population, 1425. The deaths in the present return exceed by 37 the estimated amount, but are less by 83 than the number recorded in the preceding week. The deaths of 223 children and 22 adults from diarrhœa were recorded. Cholera or choleraic diarrhœa proved fatal to 19 children and 10 adults. The mortality from diarrhœa exhibits a decrease, but the number of deaths from cholera was the same as in the preceding week. The necessity for prompt and active treatment of these diseases in the earliest stage cannot be too generally known. Many lives would be saved if medical aid were obtained at the onset. The mortality from diarrhœa and choleraic diarrhœa or cholera in the London waterfields to 100,000 living was 7 in the New River, 8 in the Grand Junction, 11 in the Southwark and Lambeth, 12 in the East London, and 10 in the Kent field of supply. The deaths of 3 persons from sunstroke were recorded last week; in the three preceding weeks 11, 6, and 4 fatal cases were registered. At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·630 in. The barometrical reading decreased from 30·01 in. on Sunday, August 9, to 29·34 in. on Thursday, August 13. The mean temperature of the air in the week was 64·3 deg., which is 2·4 deg. above the average of the same week in 50 years (as determined by Mr. Glaisher). The highest day temperature was 82·7 deg., on Monday, Aug 10. The lowest night temperature was 52·0 deg., on Friday, August 14. The mean degree of humidity of the air was 71, complete saturation being represented by 100. Rain fell to the amount of 0·37 in., of which 0·13 in. fell on Tuesday, 11th August, and 0·23 on Thursday, 13th August. On Tuesday, 11th August, the rainfall at Hull amounted to 1·22 in., at Wakefield to 0·80 in., and at Eccles to 0·72 in. The general direction of the wind was variable. Ozone was observed on six days during the week.

SCOTTISH REGISTRAR-GENERAL'S QUARTERLY RETURN.—The return just issued records 16,928 deaths registered in Scotland during the second quarter of the present year, being in the annual proportion of 21·2 per 1000 of population, or one per 1000 below the average of the last ten years. In the town districts the mortality was at the annual rate of 25·2 per 1000, while in the country districts it was 16·4. The mean death-rate in the previous ten years in the former was 25·6, and in that of the latter 17·7, so that the influence of the mild weather in Scotland during the quarter under review was more favourable in the country than in the town districts. The weather was unusually mild over all the lower portions of Scotland. The rainfall was very nearly the average, though greater than usual during April and May, and correspondingly below the average in June. Acute pulmonary affections were less prevalent and less fatal than in former years, and the ordinary epidemics had not been more prevalent than usual. Whooping-cough was the most fatal epidemic; scarlet fever was the next most fatal disease in the most southern part of Scotland, while measles was very prevalent in the northern parts. Typhus and enteric fevers maintained their normal prevalence; the proportion of deaths from typhus was about double that from enteric fever. The deaths from consumption were, if anything, rather higher than usual, nothwithstanding the mildness of the season. The mean temperature of April, with 5754 deaths, or 192 daily, was 46 deg.; that of May, with 5665 deaths, or 183 daily, was 51·4 deg.; and that of June, with 5509 deaths, or 183 daily, was 55·6 deg. The mean temperature of the quarter was 51·0 deg. The mean rainfall was 6·96 inch. The births registered during the quarter numbered 31,025, or the annual birth-rate of the season was 38·9 per 1000 of population, the average rate being 37·8 per 1000. The marriages numbered 5660, or 7·1 marriages per 1000 persons living; the average rate being 6·9 per 1000. If a high marriage-rate may be taken as an indication of prosperity, then in a commercial point of view the eight principal towns of Scotland arranged themselves during the quarter as follows:—Thus, of every 10,000 persons in each town there married 71 in Paisley, 76 in Glasgow, 80 in Greenock, 88 in Aberdeen, 103 in Perth, 106 in Leith, 109 in Dundee, and 118 in Edinburgh.

THE CONDITION OF THE THAMES.—The *Field* says:—The old fishermen—"trinkermen" as they are termed—in the tidal way are praying devoutly for a continuance of rain, as they declare that if a very large bulk of water does not fall between this and the set of the approaching spring tides a fish of any kind will not be left in the river from Putney to Kew. The captains of the river steamers likewise state that they do not recollect so great a stretch of mud deposit for years past as is now to be seen at low water from Chelsea, past Wandsworth on both sides, up to Bishop's Palace at Fulham. The low tides have disclosed the existence of many a covert pipe ingeniously concealed and as persistently denied; but, of course, now their presence is manifest, these suspicious ducts will be declared to be used only for taking the water into the works, and not for the egress of wash and other deleterious refuse. We shall perhaps hear more about some of these questionable pipes. Gudgeons have shown themselves as low down as Chiswick, but unfortunately on the top of the water, from whence they have been removed by scoop nets—now the common implement of every little mudlark upon the banks. It would be cheering to hear that an inspection of the several creeks up the Thames was to take place. An investigation faithfully carried out would reveal a good deal that is interesting. A visit to the pools in the upper reaches shows how extremely low they can be without being perfectly dry. There is but a mere trickle over some of them, yet it is stated that "the supply for London of the water companies located at Hampton has not fallen off," and that "there is a resource for double the demand if needed." This is a statement of serious import to London; may it be true! It would be, therefore, interesting to ascertain from whence this supply is derived and kept up? If the pools above have ceased to send their usual flow below, there must be some hidden springs, not hitherto taken into the calculation of our water supply, to account for this seeming contradiction. Should such be the case, a matter of very considerable anxiety—not only during droughty seasons but with an ever-increasing population to provide for—is in a measure mitigated.

THE Director-General presents his compliments to the editor of THE MEDICAL PRESS AND CIRCULAR, and begs to enclose, for insertion, a list of gentlemen who competed successfully for appointments as assistant-surgeons in H.M. British Medical Service, at the examination held at Chelsea on 10th August, 1868.—Army Medical Department, August 22nd, 1868.

1. J. Chatterton, 2210; 2. A. H. Stokes, 2160; 3. G. Corry, 2055; 4. W. H. Saunderson, 1950; 5. J. J. Crean, 1915; 6. J. Scanlon, 1900; 7. F. G. Adye-Curran, 1875; 8. T. Faris, 1855; 9. G. R. Triphook, 1780; 10. H. Stannard, 1745; 11. J. H. Webb, 1730; 12. W. Sharpe, 1725; 13. R. D. Bennett, 1695; 14. H. E. Maunsell, 1670; 15. J. G. Thornley, 1655; 16. A. W. Duke, 1630; 17. T. E. Carroll, 1600; 18. F. A. Davy, 1585; 19. H. B. White, 1560; 20. R. M. Bradford, 1530; 21. E. C. Maxwell, 1530.

A ROYAL decree in the *Gazette* of Madrid orders quarantine to be enforced on arrivals from England.

DR. NELATON, the eminent surgeon, has been made a senator. This is the first time that an "operative" representative of the medical profession has been promoted to a seat in the Upper Chamber of the Luxembourg. It was Dr. Nélaton, as your readers may remember, who extracted the ball from Garibaldi's ankle after the Italian campaign. It is little probable, as the *Avenir National* slyly remarks, that this cure had anything to do with his being raised to the dignity of senator.

MADAME ALEXANDRINE BRIS has just passed a brilliant examination before the Faculty of Sciences at Paris and obtained the degree of Bachelor. Her intention is to study medicine with a view of obtaining a physician's diploma.

SURGICAL SEPARATION OF THE SIAMESE TWINS, CHANG AND ENG.—The scientific world, and especially that portion of it who have made the study of medicine and surgery their profession, cannot fail to be intensely interested in the fact which has recently come to our knowledge, of the determination of Chang and Eng, the Siamese twins, to submit to a surgical operation for the purpose of dissevering the wonderful link that has so long bound them together. Some forty years ago these twins were introduced to the notice of the civilized world, having been brought to England from Siam in the year 1827 or 1828, by Captain Bunker, at present living in New York; and for a series of years they were exhibited to the public at all the great centres of civilisation. Having visited America, they determined to make this land their home. They bought a valuable tract of land in North Carolina, married two sisters, and settled down in the ordinary routine of a farmer's daily life. Each of them is now the father of nine children. The reason for their determination, at this late day, to call in the art of surgery, to produce an entire physical separation, is that having reached such an advanced age (59 years) they are fearful that one may become the subject of disease which may prove fatal to both. The interesting question arises, what are the probabilities of a successful operation being performed? It will be remembered, in pursuing these inquiries, that the twins are held together by quite a massive link of thoroughly normal and perfectly vitalised integument, some ten or twelve inches in circumference, situated near the vital organs, and in close proximity to the heart and lungs, and the connection is so intimate that each seems to be thoroughly an organised portion of the other, as much so as any of the ordinary members of a naturally constituted human body. Sensation, nervous impression, mental phenomena, morbid, physical, and nervomental conditions, all show a most perfect psychical unity in this wonderful dual physical existence. The question in regard to the result of an operation is no new one, but soon after their first appearance in London and Paris it excited the minds of the foremost intellects in the surgical world. If we remember rightly, the "Twins" were exhibited before the Academy of Physicians and Surgeons in Paris at that time, for the purpose of ascertaining their opinion in regard to the probabilities of a successful operation. The disagreement in regard thereto, we believe, led to the abandonment of the project. Has the science of surgery so rapidly advanced that to-day successful results can be promised when there was so much doubt a score or two of years ago. We understand they contemplate visiting Paris for the purpose of having the operation performed.—*New York Tribune.*

THE VICTIMS OF THE ABERGELE CATASTROPHE.

From a medical point of view the circumstances of this most painful occurrence leave very little for us to record. Unhappily there was no mitigation in the severity of the injuries; no medium between the utter destruction of the unfortunate sufferers who were burned, and the contusions of slight significance which the other passengers received.

We believe that the most serious non-fatal casualty was a temporary concussion of the brain, and both the driver and guard concur in the belief that the shock of the collison was comparatively so slight, that were it not for the fire there would, probably, have been no fatality whatever. The most extraordinary point in the whole misfortune was, that not the least sound or outcry was heard from the persons in the foremost carriages. It is totally impossible to suppose that the occupants were everyone rendered insensible by the shock, though hardly any of the other passengers suffered to that extent. It is also manifestly impossible that the victims can have been overpowered by the fire before they had time even to utter a cry. We believe the explanation must be looked for in absolute and instantaneous suffocation, or anæsthesia by the vapour of the petroleum, a supposition, which we would fain hope may be correct.

Petroleum consists of various hydrocarbons of various boiling and vapourising points. The more volatile ones were extensively used during the American war, under the name of turpentine substitutes. The *vapour* of these will form *explosive* mixtures with atmospheric air. After them come the portions that are used for burning in lamps. They are not explosive with air, but highly *inflammable*, particularly when they have an absorbent material, such as dry earth, wood, &c., to burn upon. The heavy oils are not so inflammable, and are only used for lubricating. Keroselene—the most volatile portion, and which only constitutes a very small percentage—has been used successfully as an anæsthetic, and is similar to benzol or æther in its effects.

Without attributing anæsthetic results, which the percentage of keroselene would not justify, we may still hope that the instantaneous volatilisation of a great quantity of this petroleum may, as in the case of nitrous oxide, by simply depriving the lungs of the air, have caused the immediate anæsthesia which we know by experience would result from such a contingency.

The interval from perfect consciousness to total insensibility is, as we know, almost inappreciable, and it is easily supposable that, for the instant, the shock of the collision may have completely incapacitated the sufferers from even a cry.

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NOTICES TO CORRESPONDENTS.

Proofs reaching authors in England on or before Friday morning are expected to be returned to the Editor, at the office, 20, King William-street, Strand, W.C., before five P.M., on Friday afternoon. Proofs reaching authors on Friday evening or Saturday morning *must* be returned to the office by two P.M. on Saturday, which is an early closing day. Duplicate proofs are sent to authors, in order that they may correct and return one copy, and keep the other for private use. Contributions should be LEGIBLY written, on one side of the paper only.

All Communications and Letters must be authenticated by the name of the writer, though not necessarily for publication.

To Contributors.—It would save both time and trouble if gentlemen would write name and address at the back of their MS., to insure an early transmission of proofs.

Papers have been received on Cannabis Indicis in Catarrhus Senilis; Veratrum Viride in Pericarditis; Belladonna in Infantile Icterus.

Lord Amberley on Over-population.—A correspondent informs us that Lord Amberley denies the accuracy of our report of the proceedings of the Dialectical Society, published in our impression of July 22nd, at the same time calling upon us to verify our report. To this request we are happy to comply, as the gentleman who represented us at the meeting, upon reference to his notes, informs us that the report is strictly correct. The wording may be somewhat different, but the meaning conveyed by the several speakers was unquestionably that recorded in our columns.

Mr. J. Waring-Curran, Spalding.—Your proof was returned through the post, "Insufficiently Addressed." Please write name and address legibly at the back of any communication intended for the printer, that proofs may not be delayed or miscarry.

Dr. Davey, Bristol.—Your letter shall appear in our next.

Mr. S. B., Plymouth.—The subscription in advance, post free, is 21s. 8d. It can date from any time most convenient to yourself.

Dr. G. F. Burder is thanked.

The Disaster at Abergele.—Dr. H. C. Andrews, has just issued an appeal to the benevolent, on behalf of the widow and eight children of the late head-guard, Smith, who was amongst the sufferers from this fearful accident. From personal experience, we are happy to add our testimony to that of Dr. Andrews, as to the kindness and attention at all times shown by this poor man, especially to invalids; and we hope the appeal now made will place his distressed family above the pale of want.

Erratum.—Letter on Puerperal Fever, p. 193, twelfth line from bottom of column, read 14 instead of 13 4-51.

◆

BOOKS, PAMPHLETS, &c., RECEIVED.

A Woman's Work in Water Cure. By Mrs. Nichols. London: Longmans, Green, and Co.

On the Obscure Diseases of the Brain. Fourth Edition. By Forbes Winslow, M.D. London: John Churchill and Sons.

Bathing, it Uses and Advantages. By G. Worthington, L.K.Q.C.P. London: John Churchill and Sons.

The New Orleans Journal of Medicine. The American Journal of the Medical Societies. Journal de Medicine de Bordeaux. The Boston Medical Journal. The London Scotsman. London Review. Rhyl Record. Hastings Chronicle, &c.

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APPOINTMENTS.

The following have just been gazetted:—

Medical Department.—Assistant-Surgeon J. W. C. N. Murphy, from 75th Foot, to be Staff Assistant-Surgeon, vice R. Lindsay, M.B., appointed to 75th Foot.

Royal Hospital, Chelsea.—Field Marshal Sir A. Woodford, G.C.B., G.C.M.G., to be Governor, vice Field Marshal the Right Hon. Sir E. Blakeney, G.C.B., G.C.H., deceased; Field Marshall Sir H. D. Ross, G.C.B., to be Lieutenant-Governor, vice Field Marshal Sir A. Woodford, G.C.B., G.C.M.G.; Brevet Colonel C. L. B. Maitland, from Lieutenant Colonel, half pay, late of Grenadier Guards, to be Major, vice Brevet Colonel Sir J. M. Wilson, deceased.

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BIRTHS.

Gray.—On August 16th, at Armagh, the wife of Robert Gray, L.R.C.P.Edin., L.R.C.S.I., of a son.

Phelan.—On the 15th inst., at Chapelizod House, Co. Kilkenny, the wife of William B. Phelan, L.R.C.S., L.R.C.P., &c., of a son.

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PAMPHLET on "WINE and its ADULTERATIONS" post free.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 2, 1868.

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MORBID CONDITIONS OF THE THROAT IN THEIR RELATION TO PULMONARY CONSUMPTION: THEIR DIAGNOSIS AND TREATMENT.

By S. SCOTT ALISON, M.D. EDIN.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, LONDON, AND PHYSICIAN TO THE HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, BROMPTON, AND THE SCOTTISH HOSPITAL.

No. V.

IN cases of disorder of the cervical portion of the air-tube apparatus simulating pulmonary consumption, the careful application of the tests of physical exploration suffices to declare with all but certainty in every case the true nature of the malady, and the comparative safety of the patient.

In the first place, a large body of negative evidence is procured by the examination of the chest—none, or very few, of those signs being present which we find in pulmonary consumption. Except in a few examples of simulated pulmonary consumption, percussion gives the clear, long-continued resonance of healthy, or of more than usually air-holding lung, and it is symmetrical. The motion is ample, and except in very exceptional cases, such as those combined with malformation of the chest, or old pneumonic or pleuritic condensation, it also is symmetrical. The humid crackle in the apices of the lung is absent, except in a very few cases of liquid bronchitis, the value of which is usually to be made out by the presence of more or less sibilus or bronchitis, and the absence of dulness on percussion. Chamber or cavity sounds are not commonly to be discovered, but it must be admitted that, in a few exceptional cases, air-chamber sounds, with loud noise and air-chamber crackling, are to be discovered in throat affections, not combined with tubercle of the lung, but this is a very rare occurrence. When these signs are made out, the throat affection is combined with bronchitis and emphysema, and with dilatation of one or more of the chief bronchi, in these cases the percussion being clear, over clear, and sibilant and sonorous rhonchi, or wheezing, being present throughout the chest, generally with comparatively little emaciation of the body, the bronchial character of the malady is indicated. The presence of diseased heart supports the non-tubercular view—organic disease of the heart is meant.

It is also to be admitted that throat affections, simulating phthisis, or tubercle of the lung, are met with, but as extreme rarities, in which the throat affection is combined with consolidation of the lung, the result of pneumonia, a cirrhose state in which the voice becomes very loud above, and simulative of the cavernous character, in consequence of the contracted and pressed-upon air-tubes below refusing to *disperse* the voice as usual throughout the lung structure, causing reverberation above. The heart is often displaced more or less, especially at its base, in consequence of the traction of the contracting lung giving rise to undue loudness, and to undue impulse at unwonted parts of the chest.

In examples of throat disorders simulating pulmonary consumption, I regard as a very valuable piece of negative evidence of the non-pulmonary tubercular character of the malady, the absence of an auscultatory sign I have very frequently discovered in cases of the early and yet scanty deposition of tubercle in the apices. I refer to an interrupted or divided friction-like sound or rhonchus. The sound is coarse, and three or four or five divisions, well-marked, are made out in a single inspiration. It resembles the sound of two pieces of coarse cloth slowly rubbed upon each other in contrary directions. The motion not being continuous, the sound is interrupted. Its *locale* is usually one shoulder; it is sometimes found at both. It is heard best above, between the scapula and the clavicle; at the scapular region; and it is sometimes most audible at the head of the humerus. It does not proceed from pleural friction, but from the repeated obstructions to the passage of the inspired air-column through the finest bronchial tubes, from the pressure of tubercular material.

This sound, to which little attention has been paid, is sometimes mixed with the well-known click and fine, humid, distinct crackle of early phthisis. This sign is very inconstant: heard now, it may be inaudible in a few minutes. It may continue for days, then stop for hours, but to return with certainty, and remain with slight intervals until the tubercular deposit shall be absorbed or become softened, and give rise to cavernules and cavities. The presence of this auscultatory sign, and its amount, are a good deal affected by the quantity of the secretion of the mucous membrane of the fine bronchial tubes, and in consequence the sound under consideration varies considerably with the state of the weather, and with the varying amount of watery vapour in the atmosphere. I have found this interrupted, coarse, friction-like sound to become more marked during the prevalence of cold, dry winds. When this sound has disappeared in the breaking-down lung, it is often heard in the apex of the opposite one, usually regarded as healthy, but now really becoming the seat of tubercular deposit. For some years I have called attention to this important sign, at the Consumption Hospital. I regard the *absence* of it in throat affections simulating pulmonary tubercle as a very important piece of negative absence. Its presence I hold as very suspicious in respect of the lung, and its permanent absence as a very material fact in support of the disorder of the patient being one chiefly of the throat or its adjacent parts. It is for these reasons I have thus dilated upon it in this place. I do not mean to say that this sign is necessarily associated with tubercle, but it is almost always so associated.

In examples of throat disorder simulating pulmonary consumption, while auscultation applied to the chest affords most valuable evidence of the absence of signs observed in tubercle of the lung, with the exceptions already stated, and more particularly of the coarse tube blowing inspiration and expiration likewise unduly prolonged. Applied to the neck it gives positive and readily appreciable testimony of the presence of disease in the upper part of the air-tube apparatus, in the forms of altered respiration sounds, adventitious sounds, and of alterations of the voice.

The most common form of alteration of the respiration in the upper part of the air-tube apparatus is a high-pitched constrictive quality very easily recognised, and seated, according to the locality of the disease, at the glottis, at the larynx, or the narrows of the trachea, immediately above its bifurcation. The constriction sound pervades all parts, but it is most intense where the disease is immediately located, and the greatest intensity is, as respects locality, ascertained with perfect ease by the use, simultaneous or successive, of the two limbs of my differential stethoscope. The most intense constriction is heard in that ear connected with the immediate seat of disease. In cases of severe constriction sound of the trachea some degree of constriction sound is also heard at the upper part of the sternum and under the clavicles; but the origin of the sound is proved to be in the throat, and not in the lung or chest by the ear connected with the limb of the differential stethoscope, again connected with the *throat* having the constriction sound in its louder degree.

This constrictive condition of respiration sound is heard all over the neck, from the hyoid bone above to the upper border of the sternum below in front, from the inferior angle of the jaw down to the scapular extremity of the clavicle at the side, and from the lower part of the occiput down to the second dorsal vertebra—the level of the bifurcation of the trachea, behind. In some examples of constrictive respiration dependent upon enlarged tonsils and some thickening of the mucous membrane of the glottis and larynx, the great extent to which the sound exists at the nape of the neck is remarkable, and its abatement and final disappearance, as the stethoscope is made to travel down the neck into the interscapular regions, are highly striking and instructive, suggesting that the disorder is located in the neck, and not in the chest, a point of the greatest pathological and therapeutical importance.

The duration of the inspiration and of the expiration in cases of throat disorder simulating tubercle of the lung is increased, and in some cases scarcely any pause between the sounds of inspiration and expiration and those of expiration and inspiration can be made out.

Large, moist, bubble-bursting sounds in the neck are in many examples of throat disease made out by placing the stethoscope upon the larynx or in the course of the trachea. This occurs, of course, where the secretions are in abundance, and these may be pus or mucus, with or without extravasated blood. These sounds may be heard in any part of the neck, back or front, but they are loudest at the particular seat of the disease most deeply implicated.

Small bubble-bursting sounds are also not unfrequently heard in the same parts, and these occur when the secretion is more scanty. These sounds are sometimes called crepitations, large and small. When they are heard in the course of the neck, and when they are absent in the chest, and when the respiration, the voice, and the percussion sounds are normal throughout the chest, no doubt need be felt in regarding the upper part of the air-tube apparatus as the seat of the main disease, and the local disorder there situated as the cause, for the most part, of the deteriorated general health of the patient.

In some of the more severe throat affections simulating pulmonary consumption, the respiration at the apices acquires a rough and constrictive character, and the expiration becomes long, and thus a simulation of lung disease is set up, even in respect of the auscultatory test. This occurs chiefly in cases marked by the narrowed condition of the lower part of the trachea, already fully described. Full and symmetrical expansion of the chest, long continued and symmetrical resonance on percussion, absence of humid crackling, of air-chamber signs, and of the divided friction-like rhonchus, combined with high constrictive respiration in the trachea, serve to justify the location of the disease in that part or the adjoining structures.

The stethoscope applied over the front of the neck, in many cases of disorder simulating pulmonary consumption, conveys to the ear a husky voice. Sometimes the voice is unduly resonant and loud, and this seems to arise from a moderate amount of narrowing at the glottis, and sometimes from a moderate amount of undue narrowing of the trachea, above the bifurcation.

The mechanism seems to be that reverberation of sound which obtains in *moderately* shut-in cavities or tubes, the same as we discover in narrow lanes and passages. A brazen or metallic voice is sometimes heard through the stethoscope, and this arises from a dry condition of the tube.

The cough, in many cases, heard through the stethoscope is extremely loud and explosive. Sometimes it is brazen or metallic, and this, like the voice, seems to depend upon a dry condition of the air-tube, associated with a spasmodic state. The explosion, hissing, and abrupt barking sounds, already referred to, are conveyed to the ear in remarkable force, through the stethoscope placed upon the throat.

THE FORMS OF PNEUMONIA.

By OCTAVIUS STURGES, M.D.Cantab.

Some short time since, in a paper contributed to the St. George's Hospital Reports, I ventured to suggest that for clinical purposes pneumonia may usefully be divided into four classes. I adopted the view, or rather endeavoured to illustrate and enforce it by examples—that between purely hypostatic consolidation and purely inflammatory consolidation, are to be found the great majority of cases of so-called pneumonia; in other words, that consolidation of the lung was due in most instances to the joint operation of a mechanical and a vital cause, either of these preponderating in any particular instance. It might even be possible, I have thought, by arrangement of a mass of cases, to place, in their order, the modifications in clinical respects to which the varying combinations of these two causes would successively give rise. Such a series would comprehend a complete history of the several phenomena which have been included under this common name. It would review in turn—First. That purely hypostatic consolidation, whose site is mainly determined by the posture of the patient. Secondly. The consolidation, in part mechanical, which, with a certain favouring condition of the blood, a material impediment in the course of the circulation will suffice to produce. Thirdly. The consolidation wholly due, as we suppose, to the presence of a *materies morbi*; and lastly. That inflammatory consolidation which is wont to arise in the healthy and robust under the influence of climate changes, or in response to some direct irritation.

So considered, pneumonia in some of its commonest forms becomes a mere exponent of the general state of the system, and the varying degrees of solidity which the lung exhibits under the operation chiefly of mechanical causes —now airless only, and laden with serum; and now compact, swollen, and incompressible, from a new material filling its cells, may be looked upon as conditions of the pulmonary circulation, which have their analogy in the systemic. In this view, the serous and the fibrinous dropsy which Vogel long ago described may, in the lungs, be represented by engorgement and consolidation respectively, and the two appearances, instead of being regarded as successive steps in one process, or else as arising from totally dissimilar and even opposite causes, may often be more fitly described as strictly analogous conditions, either of which may occur in any given case.

Accepting then the word pneumonia in its widest sense, I proceed to speak of the four forms of it in the order in which I have just mentioned them. As regards the first, it deserves notice, that writers who have been the most peremptory in demanding for pneumonia its true etymological meaning, do not overlook the influence of posture as determining its situation. Thus it has been sought to account for the greater frequency of right pneumonia by reference to the anatomical arrangement of the right pulmonary vessels, and even by the fact that the majority of people repose habitually on the right side. There are, indeed, some remarkable facts quoted by Grisolle, which would seem to prove that with children at least this preference of pneumonia for the right side may be at once and at will, transferred to the left by taking care that the patients lie continually on that side. In this connection must be mentioned the remarkable preponderance of double pneumonias in weakly children, and in old people; "all authors," say Rilliet and Barhez, "have recognised that prolonged decubitus on the back, inspiration of bad air, bad food, &c., have a real influence in the development of secondary pneumonia." Such patients are spoken of as having a "susceptibility for pneumonia."

Now, if it be granted that pneumonia is apt to occur owing to any cause which tends to lower vitality, and that when so occurring, its place of attack is always the most depending portion of the lung, we may either adopt the explanation of Grisolle, if it be one that "the stagnant blood sooner or later provokes a true inflammation of the pulmonary parenchyma," or we may say, more simply, that exudation into the air-cells, of one kind or another, is sufficiently accounted for by the circumstances of the case, and that the nature of it, in particular instances, will be determined by conditions of pressure and resistance, which we have no means of measuring. It is of no practical importance. It is to be observed, however, that this form of consolidation is rarely accompanied by pleurisy, and hardly ever by pericarditis, it thus differs remarkably from the pneumonia, which certain blood diseases excite in a known order of frequency. As occurring at the end of life, its only necessary condition seems to be slow dying, "the gradual withdrawal of the vital force permitting physical laws little by little to resume their sway."

Allied to these cases of purely hypostatic consolidation, which it is impossible to refer to any common cause except general failure of the powers of life, other recorded instances of hepatization are met with which seem to be due, some to a definite obstruction as in valvular disease, and others to an impediment not less real, which is offered by the altered constitution of the blood itself. But while each of these agencies plays its part in the production of hepatization, each, too, has a well-known tendency to produce the other. On the one hand, actual mechanical obstacles to the passage of the blood prevents its due arterialization, and thus render it liable to become the source of local irritation and disturbance; on the other, a hyperinotic state of the same fluid leads to the deposition of fibrin on the valves, and so in the most direct way becomes the source of permanent valvular disease. These two conditions, then, will be apt to occur together, and, so occurring, they may produce a result which either alone is insufficient to effect. Valvular disease, therefore, is not itself the cause of pneumonia. It is only the condition which determines that phenomenon in the presence of other favouring influences, themselves insufficient alone to produce it. The subjects of valvular disease may, therefore, very properly be said to have a proclivity to such attacks, just as they may be said to have a proclivity to anasarca. Consolidation of the lung in such persons may not differ intimately from that which accompanies lingering death or from that associated with blood-poisoning—either of these may have furnished its remote cause—only, here, a new source of embarrassment being superadded suffices to precipitate a result which otherwise would have been delayed, or, perhaps, by timely measures, altogether escaped.

Thus we may conceive an explanation for some of those cardiac cases in which the consolidation, though evidently depending upon blood-poisoning, yet, instead of resembling in its position the true inflammatory hepatization, occurs symmetrically at the lower and depending portions of both lungs, differing only from hypostatic consolidation in being associated with pleurisy, and often with pericarditis. In such instances the immediate cause of the exudation I conceive to be due to the condition of the blood. Its site is determined, in obedience to physical laws, where the impediments are greatest and the propelling force the least. Similarly, in cases where this rule of symmetry is not exactly preserved, we often find that hepatization in one lung is represented by extravasation in a corresponding portion of the other. In instances, especially of mitral narrowing, where the effect upon the lungs of a definite obstruction can be best studied, such extravasation occurs frequently in this association, the one appearance being about as common as the other. Thus, while it is necessary here to invoke the agency of a blood-poison, since, without it, we know that the extremest valvular contraction may go on for years, yet the lungs remain efficient, it is impossible to overlook the manner in which that agency is modified by others which are purely mechanical.

To illustrate these remarks, by reference to collected cases, it appears that in association with valvular obstruction we get hepatization of three kinds. First,[1] and most commonly, it occurs along with congestion, and resembles, pathologically, the simple hypostatic consolidation of which I have before spoken. Such cases, however, are distinguished, clinically, from these by their more rapid course, and usually by the presence of active cardiac symptoms. In some, indeed, the surrounding circumstances render it probable that the condition of the lungs is the result of the mechanical hindrance alone. Secondly, we find it—in situation again like the purely hypostatic, but now often in company with inflamed serous membranes—in cases where, together with valvular contraction, there is either a strongly-marked rheumatic diathesis, rheumatism probably being present at the time, or evidence of uræmic poisoning, or such like ground for believing that the initial cause is an altered condition of the blood. Here, too, hepatization in one lung may be represented by extravasation or congestion in the other, or the three may be mixed up together. Thirdly, and I think exceptionally, we find cases where valvular contraction and blood contamination co-existing, the latter condition overrides the other, and hepatization is met with at some defined and limited spot, as we are accustomed to see it where the valves of the heart are unaffected.

(To be continued.)

Physicians v. Surgeons.—At the Venereal Hospital of Paris one of the surgeoncies is to be abolished, and a physician is to take the appointment. Venereal diseases lie in some degree between physic and surgery. The former seems in the ascendant in the French capital. At the Lying-in Hospital a similar alteration has taken place.

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[1] The three kinds of hepatization here alluded to I suppose to find illustrations chiefly in Class III. of my Tables in the St. George's Hospital Reports. Thus the first kind occurs in cases 1, 2, 4, 8, 12, 15, 17, 22, and 23; the second in 6, 9, 11, 13, and 20; and the third in 14, 16, 19, 21.

CASE OF STRANGULATED FEMORAL HERNIA:

EARLY OPERATION : STRICTURE UNUSUALLY TIGHT : SAC OPENED : INTESTINE VERY DARKLY CONGESTED : INTESTINAL FISTULA RESULTING : NATURAL CLOSURE OF FISTULA : COMPLETE RECOVERY.

By HENRY GRAY CROLY, F.R.C.S.I.,
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On Saturday, the 11th of July last, Mr. —— called upon me to visit his wife, who was suffering from hernia. The following is the history of the case as related by the patient on my visit:—She was 68 years of age, the mother of eleven children, and had enjoyed excellent health. Six years ago, in walking, she accidentally slipped and nearly fell, and on her return home she felt a small kernel in her right groin. She resided in the country at the time, and, on consulting her medical attendant, was advised to wear a truss, which was accordingly procured, and constantly worn during the day. The patient also stated that the greater portion of the tumour was reducible, but a small swelling always remained in the region of the hernia. Four days previously to my visit, she observed a blueness about the hernia, her bowels were constipated for several days, and on the night of the 10th of July at nine o'clock (the truss being off) she vomited. The hernia came down and became very painful. She did not attempt reduction, and says she felt unwilling to do so lest it should burst. She passed a restless night, with pain in the groin, and a burning sensation at the navel. She vomited sour fluid on several occasions during the night, and also at half-past ten o'clock that morning, half an hour before I saw her.

Symptoms at my visit.—Face slightly congested ; countenance a little anxious ; pulse quick ; patient complains of colicky pain in the umbilical region. On examining the groin, I observed a tumour occupying the region of the femoral ring at the right side, oval in shape, and about the size of a small-sized hen's egg, situated obliquely, with the smaller end upwards and outwards, in the direction of the anterior superior spine of the ilium, and the larger end downwards and inwards, towards the saphenic opening. At first glance the tumour looked like an oblique inguinal hernia, but on careful examination, I was enabled to trace Poupart's ligament, upon which the smaller end of the tumour had ascended. The patient informed me that the hernia came down originally at the upper part of her thigh, and placed her finger exactly on the femoral ring.

The hernia was extremely tense, and very painful to the touch.

Treatment before Operation.—I introduced the long enema-tube (O'Beirne's) almost its entire length, and administered a purgative injection, which was retained for some minutes. The bowels then acted, the discharge, consisting of feculent matter, afforded some relief. A grain of opium was given at once, and ordered to be repeated every hour. I informed the patient and her husband of the true nature of the case, and the necessity for early operative interference, if the symptoms were not relieved.

By 3 o'clock P.M., at which hour I again saw the patient and ascertained that she had two evacuations from the bowels since my morning visit, the vomiting had ceased, and her countenance was placid. The hernial tumour, however, was just as tense and painful to the touch as in the morning.

I accordingly decided upon immediate operation, and extemporized an operation-table, on which I placed a mattress. My friend Mr. Stokes administered chloroform most carefully (which was subsequently kept up by Mr. Florence M'Carthy), and ably assisted me in the operation, which I proceeded with in the following manner:—

The integument over the tumour having been pinched up, was divided by transfixion; the incision thus made extended from above downwards, at right angles with Poupart's ligament. Layer after layer of fascia was raised with a fine-pointed dissecting forceps, and divided on a director with a scalpel. The coverings were found to be thin, in consequence of the position of the hernia. The sac was soon reached, and a knuckle of very dark-coloured intestine appeared. A piece of omentum was observed lying to the right side of the gut, and the sac contained dark fluid.

I raised the sac cautiously with a tenaculum, and opened it, holding the scalpel flatwise. A director was then introduced, and the sac freely opened upwards and downwards. A considerable quantity of dark serous fluid escaped, which was removed by the application of a warm sponge over the wound.

A knuckle of darkly congested intestine was thus fully exposed (the size of a large walnut). A piece of omentum of pinkish hue lay to its right side. I passed my finger carefully around the gut, and detached a few slight adhesions. I next felt for the constriction, which I did with the utmost caution, lest I should injure the gut, which was unusually tense. By gently drawing the hernia downwards I was enabled to feel a tight band at the upper part of the saphenic opening (Hey's ligament). I tried to introduce the tip of my index-finger beneath the stricture, but could not do so. I accordingly bent the director near its point, and succeeded in passing it under the stricture, which I divided with the hernia-knife by cutting upwards and slightly inwards. I was then enabled to introduce the end of the little finger of my right hand, and on it the hernia-knife, and further divide the stricture. The omentum was reduced first. It passed up, beneath, and to the outerside of the intestine, which I reduced by very gentle and steady pressure. It went up with a gurgling sound. The tip of the forefinger was introduced into the abdomen, and the hernia was found to be fully reduced. One vessel, which bled at this stage of the operation, was ligatured. The wound was sponged, and the edges were approximated by the interrupted iron-wire sutures. A large compress of lint was applied, and retained by the figure of 8 bandage. The patient was lifted into bed, and her thigh flexed upon a pillow. She soon recovered from the chloroform. A grain of opium was placed on her tongue, and ordered to be repeated every second hour. She was directed to take ice and chicken broth, and to have a linseed poultice applied to the abdomen.

11 o'clock P.M.—I visited the patient, and found that she slept well since the operation, and there was no return of the vomiting, but she complained of a flatulent pain in the abdomen. Tongue clean and moist. Pulse 80 in the minute, soft and regular. Shortly after I entered the bedroom she became pale, and vomited a small quantity of sour-smelling fluid. Ordered iced milk with lime water as drink, and small quantities of brandy in iced water. Poultice to be renewed, and a dry turpentine fomentation to be applied to the abdomen. The grain of opium to be continued every second hour.

July 12th.—10 o'clock A.M.—Countenance natural. Pulse 72 in the minute. Patient was restless during the early part of the night, and complained of a colicky pain in the abdomen, which was relieved by a repetition of the turpentine fomentation. She slept well afterwards until seven o'clock A.M., when she vomited several times, sour-smelling fluid. She passed water during the night. A sinapism was applied over the epigastrium, and teaspoonfuls of brandy with ice were frequently given. The following mixture was prescribed :—

℞ Acid hydrocyanic, dil., ♏viij.
Bi-carb. potassæ, ʒij.
Tinct. opii., ʒi.
— Card. co., ʒij.
Aquæ ad., ℥viij. M.

Sumat cochl : duo amplacum uno succi limon : in effervescent : tertiis horis.

11 o'clock P.M.—Pulse 80. Countenance natural. Abdomen not tender. Patient vomited four times since morning. Took brandy, ice, chicken broth, and effervescing mixture; also the opium.

13th.—Patient vomited four times during the night.

Dressings removed. Wound looks very healthy; pulse 72.

10 P.M.—Stomach has not been sick since morning; no pain or uneasiness complained of. Continue treatment.

14th.—Pulse 72; stomach quite settled; two-thirds of the central portion of the wound have united by "the first intention;" slight red blush around the wound; lower suture removed; slight discharge from lower angle, of a sanguineous fluid; linseed poultice applied.

9 P.M.—Warm water dressing.

15th.—Pulse 80; tongue covered with a white fur; patient passed a restless night; had pain in region of umbilicus; discharge from wound fœtid, thin, and bloody; "Condy's fluid" applied with warm water dressing; ordered,

Calomel, gr. vj.
Pulv. opii. gr. iij.

in pulv. xij. equal; i. tertiis horis sumend.

Turpentine fomentation to abdomen, and linseed poultice.

11 P.M.—Pulse 80; abdomen full, but not tender on pressure.

16th.—Discharge from wound copious and bloody; carbolic acid lotion applied; omit powders.

17th.—Discharge from wound *feculent*, and very copious.

18th.—Patient looks well; discharge from wound like half-boiled egg; it comes out with a sudden gush, and scalds the wound and surrounding integument, which is reddened.

28th.—The fecal fistula has closed naturally, the discharge lessened each day; the bowels were acted upon by enemata, administered with O'Beirne's tube.

August 8.—The fecal fistula opened again, and discharged for a few days; a bright papilla (with small orifice in its centre) appeared in the funnel-shaped orifice at the lower angle of the wound; an occasional touch of solid nitrate of silver assisted nature in closing the fistula, and the patient is now in the enjoyment of excellent health, and has no tendency to protrusion of bowel, the operation having performed a radical cure.

Observations.—On reviewing the progress, treatment, and termination of the foregoing interesting case, the following practical facts may be summarized, viz.:—

The shape of the hernia (which was femoral) resembled the oblique inguinal form, in consequence of the direction which the tumour assumed by passing over Poupart's ligament, and extending in the direction of the anterior superior spine of the ilium; on close examination, however, the diagnosis was not difficult, as the neck of the tumour was traceable beneath Poupart's ligament, in the direction of the femoral ring.

Before deciding upon operation, I tried the effect of purgative injections, administered by means of O'Beirne's long tube (passed fully up into the bowel), and the internal use of opium. Notwithstanding the bowels having acted freely, and vomiting having ceased, the hernia remained unaltered; the taxis was not tried in consequence of the tenderness and unusual tension of the hernia, and the result of the case showed the propriety of this practice. The sac was opened in consequence of the dark appearance of the intestine, as seen through it.

The stricture was very tight and was caused, as usual, by the upper margin of the saphenic opening (Hey's ligament), and required much care to divide it without injury to the gut, which was tense and very darkly congested. The patient was kept under the influence of opium for many days, to allay the peristaltic action of the bowel. An intestinal or fecal fistula formed on the 7th day; the neck of the sac and the adjoining peritoneum became adherent, and prevented extravasation of the contents of the intestine into the cavity of the abdomen, and in due time, these newly adhered parts became cicatrized, and a natural cure of the fistula was effected.

The case proves, in my judgment, the importance of *early operation* and avoidance of the mischievous taxis; had the former been delayed (though the constitutional symptoms did not appear to be urgent), and the latter resorted to, death from gangrene of the intestine must, I believe, have been the result.

REMARKS ON FEVER AND INFLAMMATION.

By B. KELLY, M.D., L.K.Q.C.P.I.

THE aphorism, "Ubi irritatio ibi fluxus," is scarcely more applicable to the blood than to the nervous fluid. Nor is it alone in morbid conditions of the system we see the force of this truth exemplified. In concentration of thought, as in deep meditation and study, the senses are so far blunted and kept in abeyance that powerful external impressions often fail to arouse them. The state of mind produced by moral emotions also sufficiently prove the influence exercised upon the nervous system, and, through it, on the circulation by subjective impressions alone. Thus, chagrin and jealousy induce jactitation and feverish excitement; pleasure and hilarity, on the contrary, are attended by an equable temperature.

It is thus, doubtless, that in phthisis, pneumonia, pleuritis, &c., during their inflammatory stage or acme, so great is the accumulation of nervous energy in the diseased organs that, all other portions of the body being in a great measure deprived of it, a condition analogous to section or paralysis of the organic nervous system ensues; and hence the sympathetic fever which always accompanies the diseases in question. Why the vasomotor system should suffer more than the cerebro-spinal by this abstraction and local congestion of the nervous fluid may possibly be owing to the fact that the former presides more especially over the functions of circulation and nutrition, and is thereby more generally and intimately diffused throughout the economy. The exacerbations and remissions which occur in the course of acute disease, and which correspond to the ebb and flow of the nervous fluid, may thus serve as a faithful guide to indicate the amount of irritation centred in the inflamed part.

Although the organic nervous system is not directly under the voluntary control of the cerebro-spinal, it by no means follows that its nervous power does not emanate from it. Impressions made upon the peripheral portions of the sympathetic, whether located in the intestines or in other abdominal or thoracic viscera, must necessarily traverse the corresponding ganglia in order to be felt by the nervous centres. In like manner the excitations—the result of these impressions—produced in the central organs, and carried by the efferent branches, slowly repeat the same circuitous process ere they can reach the muscles and other tissues to which these nerves are distributed. We thus can easily account for the tardy manner in which non-striped muscular fibre contracts under the influence of a stimulus; but its energy is not the less powerful or persistent for its slowness.

All acute inflammations and most fevers are ushered in or preceded by a chill, which usually lasts for a period commensurate with the severity of the disease of which it is the harbinger. In a simple phlegmasia it is generally single, but in fever it is invariably multiple, and consists of a quick succession or series of horripilations. This rigor, as it is called, is characterised by a shrivelled state of the skin, by contraction of the capillaries, and, as a consequence, by a notable decrease of temperature. The first action of the morbific cause, whatever it may be, whether fibrile or inflammatory, seems to expend itself upon the organic nervous system, and to stimulate it to its utmost capacity. We know that excitation of the sympathetic is followed by contraction of the arterial capillaries, slowness of the circulation, and diminution of the animal heat of the body. These phenomena tally in a remarkable manner with the premonitory symptoms of febrile and inflammatory diseases. Following the chill there next appear suffused redness of the whole surface, turgidity of the vessels, and elevation of temperature. The same, it is unnecessary to say, is observed in section or paralysis of the great sympathetic. But how are we to account for such a striking similarity of effects in conditions so apparently opposite? The old-school pathologists explained away the phenomena of the first stage of inflammation in a very off-hand and, to themselves, a very satisfactory manner.

The capillaries, said they, at first contract, because they possess the inherent power of contraction; and secondly, they dilate, because they possess the power of dilatation! This, certainly, was very accommodating of the capillaries. But why do the capillaries in inflammation at first contract, and soon afterwards dilate? These vessels, being under the control of the sympathetic, remain contracted so long as sufficient nervous fluid is conveyed to them; but, as the result of over-stimulation of any portion of the nervous system is exhaustion, or paresis, the vessels soon dilate from sheer pressure of the blood, and not from any dynamic activity inherent in themselves. In a word, the stage of contraction coincides with nervous irritation, and that of dilatation with exhaustion of nervous energy; and as all muscular fibre, whether organic or striated, is incapable of contraction independently of nervous fluid, or some agent analogous to it, so does its extension depend upon mechanical force. And as a state of contraction of the capillaries is attended by depletion of the tissues, so does the opposite condition, or that of dilatation, induce hyperæmia, stasis, and congestion.

In a simple phlegmasia, the irritation which disturbs the nervous system, and, through the latter, the circulation, is peripheric, and is located in the organ or tissue inflamed. In fever, on the contrary, the irritation is central, and depends upon a general specific intoxication of the system; and hence the treatment best adapted to the former will prove utterly worthless, or even destructive, to the latter, and *vice versa*. It may, however, be here objected that if the irritation which gives rise to a phlegmasiæ be peripheric, and confined solely to the part inflamed, how comes it to pass that the temperature of the whole body is exalted as in common continued fever. That the heat of the inflamed tissue is greatly increased, there can be no doubt, as is easily witnessed in anthrax or furuncle; but this increase is only relative as regards the entire system. Owing, as already remarked, to the abstraction of the nervous fluid, and its concentration within a narrow focus, a condition of the sympathetic ensues somewhat similar to what follows its section or paralysis. The heat, moreover, in inflammation, is more subjective and imaginary than positive or objective. In continued fever the contrary of this obtains. The patient invariably complains of coldness; whereas, if the hand of the physician, or a thermometer, be applied to any part of his body, a notable elevation of temperature will be found to exist. The state of the circulation is also diametrically different in both cases. In inflammation the pulse is generally increased in frequency and force, the local and partial paralysis of the great sympathetic being more than counterbalanced by a morbid erethism of the cerebro-spinal system. The arteries throughout the body, and more especially those leading to the point inflamed, pulsate vehemently, as though some great obstacle, the removal of which they had undertaken to accomplish, had lain direct in their course. In fever, on the other hand, the circulation is *apparently* quickened, but diminished in force; the pulse, consequently, is rapid and fluttering, but weak and compressible; hence the great tendency to passive hæmorrhages and hypostatic congestions shown by the disease. The blood also retains more or less of its arterial character after having traversed the tissues of the body, proving conclusively that nutrition, normal and physiological, is not only impaired, but in a great measure suspended; the fibrine is diminished, and a state of the muscular system resembling at first fatty degeneration, and finally atrophy, ensues.

The decrease of fibrine may be owing to some yet unknown change (probably of a catalytic type) in the albumen, as a highly fermentible substance, by the zymotic poison, or the fibrine itself may be primarily attacked by the same subtle and septic agent.

We agree with Lyons, that the increased circulation in fever is more apparent than real. This authority states:—"Indeed so imperfect are these contractions (ventricular) sometimes found to be, that the mass of the blood, instead of moving with increased velocity, is retarded, and flows more slowly than usual."

In inflammation the blood, especially the veinous, is surcharged with fibrine and carbonic acid; and although the muscles are wasted when the disease has continued a considerable time, nothing approaching fatty or waxy metamorphosis of their fibres is ever noticed.

Another remarkable difference between fever and inflammation is shown by the manner in which congestions, as they occur in both, usually comport themselves. In fever a pneumonia, for instance, will persist nearly during the whole course of the disease without effecting any change of a fatal or destructive nature in the lung tissue—neither purulent nor plastic infiltration taking place—the parenchyma of the organs becoming only somewhat more friable than normal, owing to lesions of a necrobiotic order induced in all the solids and liquids of the body. Pus formation is as much a natural and common consequence of an acute, unchecked, phlegmasia, as the absence of suppuration is characteristic of simple idiopathic fever. The ulceration of Peyer's patches, which sometimes ensues in the course of typhoid, forms no exception to the truth of this proposition. These bodies, like all other conglobate glands, become hypertrophied in fever; the nucleated vesicles in the interior of their stroma undergo cheesy or fatty degeneration, as the result of modified and impaired nutrition, and finally softening and sphacelus supervene. Their superficial location on the surface of the small intestine, where they are continually exposed to friction from the passage of fæcal matter, is highly favourable to their disintegration, and accounts, at the same time, for the comparative immunity enjoyed by the mesenteric and other ductless glands of the system. The ulceration of the larynx, pharynx, and œsophagus; the bed sores on the hips, nates, and other parts exposed to pressure or friction, afford additional proof of the fatal facility with which inflammation and sloughing arise from slight causes of irritation in the course of continued fever.

The eliminating function bestowed upon Peyer's patches in typhoid by many pathologists, is as erroneous as the one generally attributed to the kidneys in scarlatina, or to the stomach and bowels in cholera. The only stage at which expulsion of the putrid poison can well be said to take place is, when the glands are simply enlarged, and before ulceration has set in; but we have no presumptive evidence, much less positive proof, that such is the case. Nature, we are sure, never blindly destroys an organ which she had previously intended should subserve the office of an emunctory. And as the term "elimination" necessarily implies a physiological act, it would be repugnant in the highest degree to connect it with a morbid process like that of ulceration. The changes wrought in the economy, and especially in the glandular system, by the zymotic element of fever, are as material and fundamental in themselves as the lesions induced by corrosive and irritant poisons. It expends its virulence, so to speak, in operating these changes, much in the same way as the chemical quality of an acid is lost in neutralizing an alkaline base. There is, consequently, great wasting of the tissues—the poison being thus thrown off, not, indeed, such as it entered the system, pure and active, but modified and combined with effete organic matter. "Muscle, gland tissue, bone itself," as remarked by Lyons, "undergo manifest diminution in volume and density in the course of febrile diseases, often to an excessive degree." In this way, also, we can account for the remarkable fact of fever scarcely ever attacking the same individual a second time—all the organic liquids and solids of the body having undergone such profound modification from the poison while permeating the system, that even, when restored to health, they still retain the impress of its morbific action to so great an extent as to become impervious to all subsequent contagion of a similar kind.

Great stress is often laid upon deafness when it arises as a symptom in typhoid; and physicians, not unfrequently, endeavour to draw an unfavourable prognosis from its presence. But the reason, we think, why deafness is thus invested with greater importance than any other physical or rational sign of the disease, is due to the fact that we commune more generally with patients through their hearing than any, or all, of their other senses.

Indeed, so far as we have observed, the sight, smell, taste, and even touch of fever patients are as often impaired and blunted, as is the auditive faculty. Occasionally there is undue sensitiveness of the acoustic and optic nerves, but such an accident is comparatively rare, and, when it exists, should make us rather suspect the presence of a disease simulating typhoid. The sordes on the teeth, lips, and gums; the thick, clammy film, often veiling the cornea and conjunctiva; the desquamated, dust-like particles obstructing the nares and covering the alæ nasi, without exciting any sense of discomfort, prove conclusively the degree of intellectual hebetude and nervous torpor in which the individual is plunged. These accidents are in themselves as significant as the temporary and partial loss of hearing, but they fail to impress us as vividly as the latter for the reason already adduced.

An unfavourable prognosis may be safely drawn from contraction of the pupils, especially when well-marked and persistent. This symptom constitutes, *per se*, the strongest evidence of the complete paralysis of the organic nervous system by the typhic poison. The general hyperæsthesia of the surface of the body, so common in continued fever, would also seem to indicate that the erethism of the sensory nerves is in a great measure vicarious of the nervous energy withheld from the sympathetic. The pulse in these cases is remarkably quick, small, and fluttering, which clearly indicates the employment of neurosthenic agents, and which nearly always ushers in a fatal termination.

A correct prognosis, whether favourable, or otherwise, can also be often determined from the condition of the tongue, and intellect of the patient. When the former remains moist and comparatively clean throughout the course of the disease; when the reason is unimpaired, or only subject to slight paroxysms of stupor and delirium; and when, withal, there is a keen appetite for the more substantial kinds of food—approaching a true boulimia, the case becomes one of extreme gravity, and will require all the vigilance and skill of the physician to prevent a fatal issue. The most deceptive, and, at the same time, the most formidable cases of typhoid fever that have ever fallen under our observation, were those in which the tongue was moist and uncoated, the mental faculties unclouded, or slightly impaired, and the appetite ravenous.

ON THE PATHOLOGY AND SIGNIFICANCE OF CERTAIN ENDO-CARDIAL MURMURS.

By THOMAS HAYDEN, M.D., F.R.C.S.I., F.K.Q.C.P.I.

[Abstract of Paper read before Section A (Medicine) of the British Association at Oxford, August 7, 1868.]

Dr. Hayden commenced by classifying murmurs originating within the heart under two heads—namely, those occurring simultaneously with the sounds, and usually designated "systolic" and "diastolic" respectively; and those which occur during the intervals of silence or so-called periods of repose between the sounds. These periods of silence are two in number, and distinguished as the short or "systolic" pause, occurring between the first and second sound; and the long or "diastolic" pause between the second and succeeding first sound. The designations, "systolic" and "diastolic," he has applied to these periods by preference, because they imply the corresponding state of the ventricles in regard to contraction and relaxation, and thereby assist the mind of the student in interpreting contemporaneous murmurs.

Systolic murmurs are of two kinds—viz., those which accompany, and those which supersede the first sound.

Diastolic murmurs were similarly classified.

The relative significance of these two kinds of murmur, in association with the first and second sound of the heart respectively, was next pointed out, as was likewise the condition of the valves to be met with in each case.

Murmurs occurring within the time of the short pause are theoretically of two kinds—viz., "post-systolic," which immediately follow, and are in direct continuity with, the first sound, extending to a variable length, into the short pause, but in most instances falling short of the second sound. Such murmurs, he showed, were confined to the apex of the heart, of mitral origin, and due to simple valvular incompetence, without organic valvular disease.

The second kind of murmur falling within this period—viz., towards its close, and immediately preceding, and continuous with, the second sound, he designates "præ-diastolic." Practically, the latter kind of murmur is exocardial; he has not met with a single example of such a murmur due to an endo-cardial cause. A case was given, in which it was represented by a circumscribed pericarditic friction-sound, and another in which the murmur of an abdominal aneurism, synchronous with the pulsation of the abdominal aorta, and occasionally audible by transmission at the apex of the heart, corresponded in time with the period immediately preceding the second sound, and was, therefore, a veritable præ-diastolic murmur.

Murmurs developed within the period of the long or diastolic pause are of two kinds—namely, "post-diastolic," which are continuous with, and, as it were, appended to, the the second sound, but falling short of the first. These murmurs are basic, usually aortic in origin, and expressive of imperfect closure of the aortic valves, the consequence of incipient, and as yet very partial structural change confined to the edges of the valvular segments.

Finally, the murmurs which occupy the terminal portion of the long pause, he designates "præ-systolic" in preference to the title "auricular systolic" given to them by Dr. Gairdner.

These latter murmurs are by no means uncommon, are usually confined to the area of the apex, and pathognomonic of mitral constriction.

Numerous examples were given of the several species of murmur mentioned, with detailed history of cases, and the classification of murmurs, with their relationship to the several phenomena constituting the cycle of cardiac action, was illustrated by diagrams.

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Hospital Reports.

DR. STEEVENS' HOSPITAL.

CASE OF LEUCOCYTHÆMIA.

UNDER THE CARE OF

H. FREKE, M.D., F.K.Q.C.P.I., M.R.I.A.,

PHYSICIAN TO STEEVENS' HOSPITAL.

(Reported by S. Flood, M.B., F.R.C.S.I., Clinical Clerk.)

J. M., aged 51, a constable in the Royal Irish Constabulary, was admitted into Steevens' Hospital, on the 15th of June last, complaining of palpitation, general debility, loss of appetite, and inability to perform his duties.

He states that he always enjoyed good health until January, 1867, when he began to suffer from dyspepsia and weakness, which have continued up to the present time.

His symptoms were dyspnœa; palpitation increased by exercise, or going up stairs; vertigo; dimness of vision; general debility; anorexia constipation; pyrosis; occasional lancinating pain in the region of the spleen and left shoulder; emaciation. The mucous membrane of the conjunctivæ and mouth was pale and almost bloodless. Legs œdematous; skin sallow and dry; tongue clean and pointed; abdomen tumid; appetite very capricious; bowels constipated. No pain on pressure over any portion of the abdomen; liver enlarged one finger's-breadth below the false ribs. Respirations 18, lungs apparently healthy; pulse 96, weak; temperature 99°. Area of precordial dulness slightly increased; heart's sounds heard more distinctly than normal, and over an increased space; no bruit. Urine acid, sp. gr. 1030, depositing a copious brick-dust sediment of lithates; no sugar; spleen not perceptibly enlarged; thyroid body of natural size; great depression of spirits. Cervical, axillary, inguinal and iliac glands enlarged (many of them to the size of a chesnut), and distinctly indurated. A loud and harsh bruit is heard on placing the stethoscope over the enlarged glands at the root of the neck on the left side. Never had hæmorrhage of any sort. The patient attributes his illness to exposure to cold and wet.

In the absence of any history of hæmorrhage, malarious or malignant disease, it was difficult to arrive at an exact diagnosis, until that form of leucocythæmia, described by Dr. Hughes Bennett and Virchow as affecting the glandular system without splenic enlargement, suggested itself.

A microscopic examination of the blood on several occasions verified this opinion. The number of red and white corpuscles in the field of the microscope was about equal. Several of the red globules appeared irregular in shape.

The treatment consisted in the administration of various salts of iron in full doses; strychnia, quinine, iodine, and liberal diet; and all without the slightest beneficial effect; the patient presenting the same strikingly anæmic look which was so conspicuous on his admission.

He was discharged on the 1st of August, and again readmitted on the 3rd, suffering from severe diarrhœa, which has continued up to the present time quite unchecked by acetate of lead and opium (Graves' pills); katechu, kino, logwood, opium, chalk, sulphate of copper, and nitrate of silver, &c., &c.

KING'S COLLEGE HOSPITAL.

Cases under the care of Dr. BEALE, F.R.S.

(From brief notes by Dr. Tonge.)

Pneumonia.—Arthur R., æt. 14, no occupation. Admitted April 1; discharged May 11. In hospital 40 days. *Recovery.* While sweating drank 2 pints of cold water; shivering soon afterwards. On 2nd day, pain in left side; cough and feverishness. On admission face flushed; drowsiness; tongue coated; pulse 120; respiration 36; left lung slightly dull in front, completely dull below spine of scapula behind; fine crepitation and bronchial breathing over dull space; sibilus elsewhere; 6 days later less bronchial breathing and bronchophony; scanty white frothy expectoration; 12 days later lower one-third of left lung dull; distant vesicular breathing; crepitation at right base; rhonchus and sibilus at upper part of lungs; 6 days later breathing everywhere vesicular; lower one-third of left lung still slightly dull.

Liquor ammon. acetatis, aromatic spts. of ammonia, and spt. eth. nitrici (17 days). Then bark, muriatic acid and squills. Brandy to 9 oz. Turpentine stupes.

Tubercular Pneumonia.—J. M'D., æt. 23, potman. Admitted April 14. *Died* on April 22. In hospital 8 days. Three brothers died of phthisis. Profuse hæmoptysis 18 months ago; slight cough previously. Out of work, and "worried" of late; has lost flesh much; very weak and feverish 1 week. On admission emaciated; tremulous; delirious; dulness diminished; expansion and cracked pot sound under right clavicle; gurgling crepitation; tubular breathing and pectoriloquy below; dulness and coarse crepitation over whole back of right lung; breathing bronchial over lower third; purulent expectoration streaked with blood; tongue red and glazed; pulse 130; respiration 60. Gradually became weaker and died on 22nd.

Post-mortem.—Old adhesions of and recent lymph on right lung; right lung and apex of left studded with miliary tubercles, and completely hepatized by pneumonia; cavity in each apex; ulceration of back of true vocal cords; ulcers in ileum.

Liquor ammon. acetatis, aromatic spts. of ammonia, chloric ether, and squills; quinine and opium. Brandy 12 oz. Turpentine stupes.

Chronic Peritonitis—Disease of Ovaries and Bladder.—A. C., æt. 19, housemaid. Admitted December 26; *died* on May 7. In hospital 72 days. Amenorrhœa 9 months. Pain, tenderness, and swelling in hypogastric and left inguinal regions; vomiting, loss of flesh and strength, and occasional severe headache, 6 months; jaundice 4 months ago, and again 1 week ago; diarrhœa 3 months. On admission skin dark and sallow. Tender tumour just above pubes; dull on percussion; as large as two fists. Appetite pretty good; often capricious. Tongue clean. Much diarrhœa throughout. Occasional vomiting. Progressive emaciation and weakness. Death on March 7.

Post-mortem.—A few tubercles at apices of lungs; liver fatty. The tumour was formed of some coils of small intestine matted together by lymph. Old abscess between uterus and bladder. Superficial ulceration of os uteri. Cyst of each ovary. Black fungoid excrescences on posterior wall of bladder. Intestinal mucous membrane healthy.

Bark and hydrochloric acid. Glycerine and syrup of iodide of iron. Chloric ether and sp. ammon. arom. Astringents for diarrhœa. Wine 4 oz.

Ulcer of Stomach—Hæmatemesis.—J. G., æt. 38, labourer. Admitted November 4; discharged November 19. In hospital 15 days. *Recovery.* Had cholera 11 years ago. Pain at epigastrium, 2 months; increased by food, which is vomited soon after it is taken. Sour risings. Profuse hæmatemesis on day of admission. Motions dark and loose since. Epigastrium tender. No dorsal pain. Is very anæmic.

Tannic acid (1 day). Then sulphate of magnesia and dilute sulphuric acid.

Ulcer of Stomach—Hæmatemesis.—J. G., æt. 21, barmaid. Admitted May 18; discharged July 1. In hospital 44 days. *Very much relieved.* Pain in chest and between shoulders 2 years. Vomited a clot of dark blood three weeks ago. Slight hæmatemesis twice or thrice daily since. Bowels confined. Appetite bad. Nausea after food. Tongue brown. Pain at epigastrium on 2nd day after admission (23 days). Vomited about half an ounce of blood o.m. Discharged because unwilling to follow treatment.

Hydrocyanic acid and bicarbonate of soda (25 days). Then quinine and iron. Hydrochloric acid lotion.

Ulcer of Stomach (?)—Caroline D., æt. 32, married. Admitted April 21; discharged May 7. In hospital 16 days. *Recovery.* Typhus 16 years ago; confined 16 months ago; dyspeptic since. Suckled child for 12 months. Weakness, flatulence, epigastric pain, worse after food, sour risings, evening vomiting, occasional diarrhœa, motions dark, appetite bad, pulse feeble.

Aromatic spts. of ammonia, and mixt. camph. (7 days). Sulphate of iron and quinine.

Vomiting.—John R., æt. 41, street fruit-seller. Admitted July 8; discharged July 13. In hospital 5 days. *Recovery.* Vomiting and epigastric pain 1 month; pain over whole abdomen, 4 days; sour risings; constipation; tongue coated; pulse 76; constant vomiting of dark green fluid.

Hydrocyanic acid, chloric ether, and bicarbonate of soda.

Dyspepsia.—A. F., æt. 28, housemaid. Admitted November 3; discharged November 23. In hospital 20 days. *Recovery.* Family phthisical; catamenia irregular 3½ years; loss of flesh; vomiting and epigastric pain 6 months; four attacks of hæmoptysis in last 4 months, the last 14 days ago; cough 2 months; much tenderness of abdomen;

slight dulness, harsh bronchis, and increased vocal resonance at left apex; no vomiting after admission.

Pepsine, bismuth and hydrocyanic acid, bicarbonate of potass. Aperients.

Dyspepsia.—Clara C., æt. 35, perfumer's assistant. Admitted September 29; discharged October 27. In hospital 28 days. *Recovery.* Catamenia absent 7 months; and waterbrash 7 months; pain at epigastrium, at first slight and occasional; appetite bad; epigastrium tender; constant vomiting; pulse feeble.

Hydrocyanic acid and bicarbonate of soda, pepsine, and dilute hydrochloric acid, sesquichloride of iron and quassia.

COUNTY LIMERICK INFIRMARY.

CIRCUMSCRIBED FEMORO POPLITEAL ANEURISM OF LEFT LEG: FAILURE OF PRESSURE: LIGATURE OF FEMORAL ARTERY IN PORTER'S SPACE: SECONDARY HÆMORRHAGE ON 15TH DAY: LIGATURE OF EXTERNAL ILIAC ARTERY: DEATH FROM PYÆMIA AND GANGRENE OF FOOT AND LEG.

Under the care of Dr. THOMAS J. GELSTON.

James O'Dea, æt. 46, seen by me as a dispensary patient on 27th June, 1868, when I at once had him removed to the County Infirmary, where I saw him in consultation with Dr. Wilkinson at three o'clock P.M. Is a sawyer by trade. He received no injury; had venereal; drinks freely, and suffers from rheumatism. The enlargement begins at the angle of Scarpa's space, and extends to the lower margin of the popliteal space. The sound limb measures above the knee 12½ inches, whereas the diseased one at the same point 15½ inches. Visible pulsation; great œdema of leg and foot. He has been blistering and poulticing the tumour on his own responsibility. No medical man saw him. Heart sounds healthy. Patient very irritable and nervous. Commenced compression at once, and applied ice to the tumour. All pulsation ceases on pressure being applied to the femoral above the tumour; but the sac cannot be entirely emptied. Says he never remarked anything wrong till about a month since. Glands in groin enlarged, and distinct fremisseunent along entire course of artery of diseased limb, and slightly so in sound one.

July 1st.—Compression kept up since the 27th of June. The aneurism measures this morning 17½ inches. He now cannot bear any pressure in the groin, and the clamp which was applied in the thigh has produced a slough; great œdema of entire limb up to groin; so we decided on tying the femoral artery, which I did on the morning of July 2nd, by Porter's operation, by a transverse incision half-an-inch below Poupart's ligament; the vessel was easily secured, and pulsation immediately ceased. Applied a flannel bandage up to one knee, and hot jar to foot. To have his meat; no porter or ale. Scarcely a drop of blood was lost during the operation. Six P.M.—Going on very well; had some pain in his knee during the day, which is now quite gone. Temperature of foot and leg good; no pulsation in tumour. To have 40 drops tinct. opii at bedtime. From this time he went on well. Tumour daily getting more solid, and measured on the 10th July 15½ inches, when on July 17th, at 11 A.M., secondary hæmorrhage took place, pressure was applied in groin, and when my father and I arrived, I at once cut down and tied the external iliac artery by the usual operation. Scarcely a drop of blood was lost, and the hæmorrhage was completely arrested. To have 40 drops tinct. opii at once.

All went on well till the 19th July, when fresh bleeding took place from the old wound from the distal end of the femoral; when I arrived all had ceased, so I applied a graduated compress. Patient very weak. Circulation feeble, but temperature of leg and foot good. Went on very well till July 21st, when the bleeding again took place. We enlarged wound, but could not get at any vessel; all the parts sloughy, plugged wound with sponge and a saturated solution of perichloride of iron in glycerine, and to keep up pressure over all with the hands, which was done by all the patients in the hospital by turns, night and day (till his death).

24th.—Bled again; plugged wound as before.

28th.—Bled again, tried in vain to secure some vessel, but failed. All parts sloughy, and full of pus; would not hold a tenaculum or needle.

30th.—No bleeding since, but gangrene is setting-in in the foot. To be kept warm.

31st.—Gangrene spreading; no return of hæmorrhage; patient very weak, and sinking rapidly. Died at two P.M. of the morning of August 1st, 1868.

Ten hours after death the femoral artery was found extensively diseased, and the hæmorrhage took place from the distal end of the femoral; all parts sloughy and full of pus. The ligature on the external iliac came away when touched, but the artery was impervious. We did not open the sack, which was quite soft, not wishing to disfigure the remains too much.

The failure of the ligature on the common femoral in this case I attribute to the diseased condition of the vessel.

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Summary of Science.

(*Specially edited and Compiled for the Medical Press and Circular.*)

By C. R. C. TICHBORNE, F.C.S., F.R.G.S.I., Etc.

[The Editor of this Summary wishes it to be understood that he is not responsible for the ideas, theories, or the correctness of statements made in any of the papers quoted in the compilation.]

OCCLUSION OF HYDROGEN-GAS BY METALS.

The master of the mint has applied this term to the absorption of gases by what he terms colloid metals.

A new method of charging the metals with hydrogen at low temperatures has lately been discovered by him.

When a plate of zinc is placed in diluted sulphuric acid hydrogen-gas is freely evolved from the surface of the metal; but no hydrogen is occluded and retained. A negative result was, indeed, to be expected from the crystalline structure of zinc. But a thin plate of palladium in the same acid, and brought into contact with the zinc, soon becomes largely charged with the hydrogen, which is transferred to its surface. The charge taken up in an hour by a palladium plate amounted to 173 times its volume.

Although the hydrogen enters the palladium, and no doubt pervades the whole mass of the metal, it exhibits no disposition to leave that substance even in a vacuum at the temperature of its absorption. Occluded hydrogen is therefore no longer a gas, whatever may be thought of its physical condition. When palladium charged with hydrogen is left exposed to the atmosphere, the metal is apt to become suddenly hot, and to lose its gas entirely by spontaneous oxidation.

The condition of hydrogen, as occluded by a colloid metal, may be studied with most advantage in its union with palladium, where the proportion of gas held is considerable. The largest absorption of hydrogen observed was in the case of palladium thrown down upon a thin platinum wire by electric deposition. Such a specimen of metal occluded 982 times its volume of hydrogen, or by weight—

Palladium, 99·277
·723

100·

or an approximation to the compound Pd H.

Professor Graham thinks that the passage of hydrogen through metals is always preceded by the condensation, or occlusion of the gas. The "solution affinity" of metals appears to be nearly confined to hydrogen and carbonic oxide; metals are not sensibly penetrated by other gases than these.

THE COMPOSITION OF COMETS.

Mr. W. Huggins describes the appearance of the comet seen in the telescope on June 22nd. He found the light of this comet when examined with a spectroscope furnished with two prisms, to be resolved into three broad, bright bands. The author gives a measure of these bands, and a diagram of their appearances. This spectrum of the comet agrees exactly with a form of the *spectrum of carbon*, which he observed and measured in 1864—viz., the spectrum of the induction spark taken in a current of olefiant gas. The remarkable close resemblance of the spectrum of the comet with that of carbon necessarily suggests the identity of the substances by which the light is emitted in both cases. Phosphorescent substances give discontinuous spectra, but we cannot consider cometary light to be of a phosphorescent character.

ADULTERATION OF SUBNITRATE OF BISMUTH.

Dr. Redwood has met with two samples of adulterated subnitrate. The new sophistication seems to be phosphate of lime. M. Roussin had previously found a sample containing 28 per cent. of phosphate of lime; and we are glad to find, for the credit of the British manufacturers, that the two samples examined by Dr. Redwood were of foreign make.

This fraud is detected in the following manner:—Equal quantities of the subnitrate and tartaric acid are dissolved in water, acidulated with nitric acid. To this is added a strong solution of carbonate in excess. The subnitrate of bismuth will remain clear, even after boiling; if it contains one or two per cent. of phosphate of lime a white precipitate will fall on boiling.

ON PHOSPHORIZED OIL.

M. C. Méhu writes upon the above subject in the *Journal de Pharmacie et de Chime.* The oil is used in paralysis and other diseases. M. Méhu says that the preparation of the French codex *(Huile Phosphorée)* is a bad preparation; both uncertain in its composition and changeable.

One of the causes of this instability is the impurities in the almond oil. He therefore heats the oil in a porcelain capsule during one-fourth of an hour to a temperature of 150°, and finally to a temperature of 200 to 250° for six minutes.

It gives off the vapour of water and certain organic substances easily alterable; at the same time the oil becomes completely blanched. It is only necessary to filter it.

One centigramme of phosphorus is then placed in a flask, and a gramme of oil, prepared as above, is added.

The phosphorus must be quite transparent, and free from red or opaque phosphorus. The flask is placed upon a salt-water bath, and the mouth opened once or twice, to allow the heated air to escape, and finally the temperature is raised to 80 or 90° C. without shaking; the flask is then closed and shaken violently, until all the phosphorus is dissolved. The phosphorus is not deposited again on cooling.

The oil at 1-100 is phosphorescent when the flask is open; the space filled with air exhibits a magnificent phosphorescent cloud, and the vapour of phosphorous acid is formed.

An oil which does not contain more than two grammes of phosphorus for 1000 does not shine in the dark, and the vessel is no longer filled with white clouds of phosphorous acid.

Such an oil is preferable for daily use to one which is undergoing a partial alteration each time it is opened.

The phosphorescence of any oil is a sign of its alteration in the air. If, however, a few drops of æther are added to the oil, the faculty of shining in the dark is instantly stopped. Sulphide of carbon and turpentine possess this property, but essences of thyme, rosemary, and mint, and alcohol do not possess it. The vapour of æther alone is quite sufficient to stop the phosphorescence.

DETECTION OF NITRO-GLYCERINE.

A. Weber gives us the following method for detecting nitroglycerine in case of poisoning. The organic material or substance is comminuted and then extracted with ether or chloroform. The tincture is mixed with two or three drops of pure aniline and evaporated on a water-bath.

To the residue a few drops of concentrateds ulphuric-aci re then added, when, if nitro-glycerine is present, a purpled colouration appears, which changes to a dark green on dilution with water. As little as ·001 grain of nitro-glycerine may thus be identified.—*Foreign Correspondent of the Chemical News.*

SPECTRA OF POTASSIUM AND BARIUM.

Mr. J. Freeman *(Chemical News)* recommends the use of a mixture of the chlorates instead of the nitrates for viewing the spectra of their metals, and there is no doubt that his remarks are applicable to other metals. The increased temperature produced from the combustion of a chlorate with charcoal, compared to a nitrate, renders visible, in the case of potash, all the lines with the exception of one, in the blue, many of which are invisible when only viewed from the combustion of nitre. The same remarks apply to barium.

PERSULPHIDE OF HYDROGEN A TEST FOR STRYCHNINE.

Under the heading of "A Contribution to the Knowledge of Persulphide of Hydrogen," Dr. Hofmann has forwarded to the Royal Society an account of a most curious reaction, which promises to be of considerable practical value. The composition and even the existence of persulphide of hydrogen has remained so far an open question, although examined by Schule, Berthollet, and Thenard. It remained for Dr. Hofmann, with his usual facility, to decide this point, and to give the account of some experiments which promise to have a practical bearing. On adding a cold saturated solution of strychnine in strong alcohol to an alcoholic solution of polysulphide of ammonium, brilliant crystalline spangles soon begin to appear in the liquid, and after twelve hours the vessel is filled with beautiful orange-red needles, frequently attaining the length of a centimetre. After the removal of the mother liquor it is only necessary to wash these crystals once or twice with alcohol to render them quite pure. They are insoluble in water, alcohol, and ether, and also in bisulphide of carbon. The crystals are composed of one molecule of strychnine with one mol. of persulphide of hydrogen. This compound C^{21} H^{22} N^{2} O^{2}, H^{2} S^{3} goes far to prove the existence of a persulphide of hydrogen.

Quinia, cinchonine, brucine, and several other vegetable bases were respectively submitted to the action of an alcoholic solution of polysulphide of ammonium, but in no case was a similar phenomenon observed. It therefore becomes evident that not only does Dr. Hofmann's experiments bear a more than ordinary scientific interest, but that a mode of preparing strychnine and also a test for that important alkaloid is thus shown.

SILICI-IODOFORM AND IODIDE OF SILICUM.

Iodide of silicum is formed by passing iodine over red-hot silica, the iodine vapour must be passed with perfectly dry carbonic acid—as thus obtained it is in white cubic crystals. It decomposes water with the formation of silica, and hydriodic acid, with the liberation of hydrogen, and the precipitation of iodine. By causing hydriodic acid to act upon silicum in the presence of hydrogen, a liquid product was obtained by M. Friedel, which was found to have the composition $Si\ H\ I_3$. Its density is 3·360. It does not, however, seem to be a stable compound. When decomposed by water, it yields a white substance, which liberates hydrogen, which M. Friedel supposes to be siliciformic anhydride.

PURE CARBONATE OF LIME.

Dr. Græger's process (given in the July number of the American Journal of Pharmacy) may be found useful in the arts, as pure lime is not easily procured economically. Burned lime, recently *slacked*, is digested with a solution of nitrate of ammonia, leaving the lime somewhat in excess. The liquid contains nitrate of lime and ammonia, none of the impurities found in lime being dissolved. Carbonic acid gas passed through this solution precipitates pure carbonate of lime as a dense crystalline powder. It is admissable to add to the liquid a little carbonate of ammonia before filtering it. The filtrate is neutralized with nitric acid, and serves again for dissolving burned lime. The only expense, therefore, is in generating the carbonic acid,—*Journal de Chemie.*

DETECTION OF ERGOT IN FLOUR.

In same journal we have an account of a method of detecting ergot in flour, a matter of some importance in many countries. M. Berlandt's process is based upon the decomposition of propylamin into marsh gas and hydrocyanic acid ($C_6\ H_9 N = 2\ C_2\ H_4 + C_2\ N\ H$). One part of the flour, 1 of caustic potassæ, and 6 water, are introduced into a small flask, which is connected, first, with a chloride of calcium tube, and then with a combustion tube of 5 mm. diameter placed in a combustion furnace; this tube is connected with a Liebig's potash apparatus containing distilled water. The combustion tube is heated to redness, and then the flask is heated for half-an-hour, while the potash apparatus is kept in ice. This liquid is afterwards mixed with sulphide of ammonia, evaporated to dryness, and dissolved in a little water. A few drops of diluted sesquichloride of iron produce a blood-red colour, in consequence of the formation of sulphocyanide of iron.

COLOURLESS IODINE.

Under this name a solution containing iodine, carbolic acid, and glycerine, has been introduced to the American profession. It is made by mixing—

Compound tinct. of iodine, ♏xlv.
Carbolic acid cry., ♏vj. (fused).
Glycerine, ʒviii.
Water, ℥v.

The colour of the iodine gradually disappears, and the solution eventually becomes colourless; this change is completed at 60° Fahrn., in eight or ten days, but if exposed in a water bath to a temperature of 90° to 100°, the change will be effected in eight or ten hours. The change is due to the carbolic acid, not to the glycerine. The character of the change is the probable transformation of iodine into iodoform.—*American Journal of Pharmacy.*

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 2, 1868.

"DOCTORS," CIVIL AND MILITARY.

THE late Mr. GUTHRIE made the remark that there is hardly a great functionary, a member of Parliament, or a clerk in any of the public offices which may have directly or indirectly to do with doctoring, who does not consider himself by virtue of his station or office better qualified to judge of all matters in physic and surgery than any doctor in the empire. In civil life, the medical man finds his views and professional action often combated and embarrassed by venerable people of either sex, who would not dare to question the opinion of their lawyer on a point of law, or their clergyman on one of controversial theology; but who hesitate not to evolve, out of their inner consciousness, any number of theories to hurl against the experience and science of the doctor. The latter, if he be a discreet man, learns to accommodate himself to circumstances—knowing that while bread and butter are not to be quarrelled with on slight pretences, the tendency of nature is, in most instances, to effect a cure; and that in the few exceptions, or where the case is really complicated or severe, he is pretty sure to be left in the full enjoyment of all the responsibility connected therewith, but also of all the odium, should unhappily the laws of mortality prove, as they are sure to do some time or another, more potent than his art.

As an example of what occurs in the public services, let us take the Army. According to theory, *and the regulations,* the medical officers are responsible in regard to all matters that bear upon the health of the troops, and it is perfectly right that they should be so. But what is the case in practice? There is hardly an officer of or above *Field* rank who now-a-days does not consider himself quite as capable as any doctor to form an opinion upon any sanitary question that may arise,—a belief in which they are encouraged by the higher authorities, who make a point of constituting sanitary boards of military officers, with a surgeon merely to give his opinion upon any matter regarding which it may be required. Men, not of the medical profession, have, as a rule, a very imperfect idea of what are called sanitary requirements, beyond what can be effected by the scavenger. They, therefore, consider that any proposal which does not include the use of the broom is not in its nature worthy of attention, while to a suggestion that does include the employment of that very useful, if not particularly scientific instrument, they reply that their noses and eyes enable them to form as correct an opinion as any medical man could in the existing conditions. But let us suppose that the report or representation of an army medical officer with regard to a question, say of barrack or hospital construction, has, after being duly commented upon, been forwarded to its destination, the chances are that it there subsides; or, should any reply be vouchsafed to the proposals, it is only an intimation that they shall be considered, or, perchance, included in the estimates for improvements to be effected at some distant future date.

With this the Military Medical Officer will, if he has tact and discretion, be satisfied; only he knows, probably from past experience, that he had better take a note of the circumstance. Should, unfortunately, illness occur among the troops under his charge, or defects be discovered by any of the many Inspecting Officers who from time to time go their rounds, woe betide the unlucky Surgeon who is unable to show that he has already brought the subject to notice! Thus, he finds himself in this happy position, that if he does suggest necessary improvements, the chances are much against their being carried into effect; whereas, if this knowledge deters him from doing so, and any circumstance should arise to direct special attention to the existence of defects, his prospects, as regards advancement in his department, are floored from that moment. A pleasant position truly! And yet, how can circumstances be altered? The public cares little by what precise means desired ends are attained, but it does care that the army for which it is made to pay exorbitantly shall be maintained in the highest possible degree of health and efficiency. Let, therefore, medical officers have, in reality, as they now have only in name, the entire superintendence of all matters bearing upon the health of the soldier. Let the cobbler stick to his last; the military officer to matters military; the medical officer having control and responsibility in regard to those that come within his proper sphere.

Doubtless, there are times, as for example in active service, when military requirements supersede all other considerations; but under ordinary circumstances, both at home and abroad, there appears to exist no actual reason why the principal medical officer in the command should not, through his subordinate officers, be held as supreme in sanitary questions, as the commanding Royal Engineer is with reference to his branch of the service; he being in turn responsible to the Director-General, who, in order that he might exert his proper functions, should be directly in communication with the Secretary of State for War, towards whom his standing ought to be in all respects equal to that of an Under Secretary.

There exist certain questions of sanitation that concern the military in common with the civil portion of the community. They ought really to be considered by a Board or Committee, consisting of representatives of each; the views arrived at, in so far as they concern the troops, being submitted through the Army Medical Department. As matters at present are, that department, in regard to the larger questions affecting the health of the soldier, holds little, if at all, better position, than it did at the end of last century. It is time that this anomaly should cease.

LORD AMBERLEY'S VIEWS ON ABORTION.

As we anticipated, the report of the discussion on Mr. Lawrie's communication to the Dialectical Society "On the Happiness of the Community as Affected by Large Families," has excited very justifiable indignation against the doctrines to which some of the speakers gave expression. On that occasion Lord Amberley, son of the leader of the Radical party in the House of Peers, the pet lordling of the Reform League, and the Liberal candidate for the representation of South Devon in the new Parliament, occupied the chair, and the assembly was *graced* by the presence of several females, whose views on morality appear to be very advanced indeed.

The author quoted Scripture to show that all the ills the world ever suffered under were due to the over production of the human race. He wound up the disquisition with the opinion that emigration, colonization, or any of the existent means of getting rid of the surplus population are only inefficient make-shifts, and that the only *panacea* is the small family system prevailing in France. So far Mr. Lawrie's paper was innocuous, for even if his arguments were not unsupported by practical experience, there could still be no great objection to persons restricting the number of their children by enforced self-denial. So far from the author's premises being true, it would seem evident that the high and increasing rates of wages even in the most over-populous places, and the existence on the face of the globe of whole continents of barren and uninhabited soil, indicate that increased rather than diminished population is what the world requires to attain the highest degree of happiness and civilization. It is simple nonsense for an author who desires to legislate for the whole world, to argue from individual grievances; and the absurdity was capped by a subsequent speaker, who said that an agricultural labourer of his acquaintance had only 8s. a-week, and three children, "owing to the fact that the people are landless, and that large tracts of ground were taken up by the hunting grounds of the aristocracy."

It is not, however, to Mr. Lawrie's proposal of small families that we object, but to the means openly and unblushingly proposed to remedy the difficulty, and the utter disregard by the speakers of the principle of right and wrong which conscientious persons derive from the teachings of religion. Feeling the hopelessness of inculcating universal self-denial as a remedy for their alleged grievance of over-production, they at once discard it, the only natural or right means of controlling over-population, and they look around them for means, holy or unholy, by which the world may be permitted to give full licence to its sensuality without incurring the penalty (as the Dialectics would call it) which nature and a just Providence provides. Before considerations of what they call expediency all conscientious or scriptural restrictions vanish, and they do not hesitate when a moral difficulty arises in their path to elbow it aside at once to make room for a feasible, if not very righteous plan of their own. We believe we have not misrepresented the opinions of those who took part in the debate.

Mr. Levy said—As to the way in which the limitation of families should take place, he did not think, with many, that each family should only have two or three children. Delicate persons would be better without any children, and the robust and capable ought to have the privilege of engendering a larger number than the average.

Dr. Chapman accepted the law of Malthus as a scientific truth. The tendency to procreation helped us to keep down the inferior races, and thus, with the palliative of emigration, he thought that the "struggle for existence" was, on the whole, beneficial to mankind. Probably, as civilization advanced, the mere animal propensities would become more easily kept in abeyance, and poverty, arising from our over-population, would cease.

Lord Amberley said the subject brought forward by Mr. Lawrie was of first-rate importance. There was no doubt that prevention of over-population was by far the most satisfactory method of attacking the evil. How was this idea to be best spread among the poorer classes? He was glad to hear from Mr. Bradlaugh that the working classes were beginning to debate this vital point. Unfortunately the influence of the clergy in common with that of society, and the natural passions of mankind, were opposed to the prevention of over-population. He ventured to think that the propositions of Mr. McSweeny, that the evils of over-population could be remedied by taking the hunting-grounds of the nobility, were erroneous. If it would do so, he, for one, did he possess such a park, would gladly part with it to do away with poverty; but, in fact, population would swallow up such small gifts in a few years, and leave only fewer open spaces for all to enjoy. Emigration was good, but not rapid enough to relieve the pressure caused by rapid multiplication. The practical conclusion from all of which seemed to him to be, that Mr. Malthus was correct, and that, if ever we are to escape, as a nation, from poverty, it must be by the limitation of the size of our families. He (Lord Amberley) objected to celibacy; we all naturally objected to war and famine. Well, then, the only remaining alternative seemed to him to be small families; and after all it turned out to be a medical question how this could be best accomplished without injury to the health. He wished much he could hear the proposals of the medical men in the room as to the best means of limiting numbers. In America ladies were in the habit of keeping back their families, but the methods they employed seemed to him to be dangerous to health. Hence he should much like to hear a discussion as to whether some innocuous measure might not be discovered. It was remarkable that the subject should have first been taken up in America, where it was not so much required as it was here.

Mr. Rigby Smith believed that the existence of large families was an immense evil. He would add that, at present, it was by no means the best portion of the race which increased and multiplied too fast; it was precisely the opposite of this. Witness the celibacy of the barristers and of the upper and educated classes, and the rapid multiplication of the uneducated classes.

Dr. Charles Drysdale said he would not assume that all in the room agreed with the law of population, according to Malthus. He believed it was but proved by the following facts:—During the years from 1790 up to 1810, there was scarcely any emigration into the United States of America, and yet the population there nearly doubled itself in these twenty years. Now, in Great Britain the greatest rapidity of multiplication ever known —*i.e.*, from 1800 to 1853, had caused the population to double only in 53 years. In France the rate of increase of late was almost null. In Turkey it was calculated that it would require 555 years for the population, at its present rate of increase, to double itself. Now, it was evident that if in France, for example, the population did not double itself so fast as in the United States from 1790 to 1810, it must be because it was checked in various ways. And, on inquiry, it would be found that in France, as in England —(1). Marriages were contracted later than in America. (2). Wages were far lower in France than in the United States. (3). There were far more prostitutes in France than in the United States. (4). There were fewer children to a family in France than in England, or *a fortiori*, in the United States. Lastly, a vast number of children died from privations and poverty. He, therefore, admitted with Lord Amberley that the question was mainly a medical one—viz., how could married persons limit the number of their offspring without injuring their health? He thought this question required much calm thought and discussion, and meanwhile would only state that in France, a few years ago, he had in one hotel met with two young couples both married about five years, and both without children. On interrogation the same answer was returned by both husbands, that they were not rich enough yet to afford children. This was one solution of the difficulty of over-population, if not the best.

Mr. Nasmyth contended that the over production of children was, in a great measure, dependent on fashion. It was the present fashion in England to have large families, whilst in France, as everybody knew; a great number of persons thought it absolutely wrong to have more than two or three.

Mr. Davis contended that the cause of the poverty of the poorer classes in this country was not that they had too many children, but that the land laws were bad and required alteration.

We have reprinted above the most important portions of the debate, as it appeared in our issue of July 22nd. We understand that Lord Amberley, feeling that the views attributed to him are not likely to meet with favour with his friends in South Devon whom he desires to conciliate, denies the accuracy of the report.

We have only to say that we have entire confidence in the source from which we have received it; that it was revised by a gentleman who was present at the meeting; that Lord Amberley's official presence at the society, and the adoption by a subsequent speaker of the views which he now repudiates—should be some guarantee that his views were accurately represented; and that we believe our report embodies, if not his Lordship's *ipsissima verba*, at least the plain significance of his words.

We are not surprised that his Lordship should consider the obvious bent of the discussion such as to demand his repudiation. We take from it an unpleasant estimate of the prevailing morality of the age in which "advanced" politicians officiate at a discussion which, if it means anything, means abortion and prostitution as an expedient alternative for persons of easy conscience and unbridled appetite.

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Notes on Current Topics.

Doctors in the Legislature.

We hope we may accept the advancement of M. Nelaton and the rumoured intention of the Emperor to promote M. Claude Bernard to the Senate of France, together with the increased and increasing number of medical candidates for Parliamentary seats under the New Reform Act, as evidence of an awakening on the part of governments and the doctors themselves to the claims of the profession to legislative rank. The list of our existing medical members (if indeed they can be called medical representatives, in whom their professional connection is apparently forgotten) —Sir John Gray, Dr. Brady, and Dr. Clement—are numerously and energetically reinforced for the forthcoming contest by several other candidates. We have for the Universities of St. Andrews and Edinburgh, Dr. Prosser James and Dr. Richardson; for Manchester, Mr. Mitchell Henry, who at last election contested Woodstock; for Bridgewater, Mr. Vanderbyl; for Marylebone, Dr. Humphry Sandwith; for Colchester, Dr. Brewer; for Rochester, Dr. Alfred Smee, and we trust we may add Sir Dominic Corrigan to the list.

Whether any or many of these gentlemen succeed in obtaining a seat or not, we think their candidature is a matter for congratulation. Our profession owes its subordinate position, as we believe, mainly to the fact that its members are regarded by the public as "only mere doctors," simple earners of fees—Helots who have their task to do, and perform it and no more, and accordingly deserve little thanks for their services. It is satisfactory to see that the aspirations of our brethren are not limited, nor their ambition narrowed by the pursuit of their profession, and that even men who have practice to leave behind and fees to lose, are moved to some greater pursuit than medical money-getting.

The Quarterly Examinations at the Royal College of Surgeons in Ireland.

The second or Surgical Examination of the Royal College of Surgeons has just terminated, and it affords every reason for satisfaction to the College and the Profession.

The number of candidates was large—forty-eight applicants having appeared in the Hall. The answering was excellent, and in every respect bears favourable comparison with that elicited at the last quarterly examination. Of the entire number only two were rejected, and forty-six passed on much higher averages than have usually prevailed. We attribute this desirable condition of things to the justly severe measure meted out to the bad candidates on former occasions.

The Dublin City Prisons.

We rejoice to observe that the attempt to make the public appointments under the patronage of the Dublin Corporation subservient to family and religious considerations, to which we have more than once adverted, has been at last finally overthrown. The medical officer elected and re-elected by the Town Council under the circumstances which we have narrated, has been replaced by the officer elected by the Grand Jury, who formally entered on his duties last week. We cannot congratulate the public on the fact that they have achieved absolute purity of election in the new appointment, for the savour of a family political job is not much less offensive in the one case than in the other. Either gentleman is personally and professionally a perfectly unobjectionable occupant of the office; yet, were it not for the satisfaction that the attempted job of the Town Council, which was peculiarly flagrant in its character, has been defeated, we hardly think there is much choice of motives between the selection of a son-in-law for his father-in-law's, or a son for his father's politics.

Reproduction Extraordinary.

Our readers will call to recollection the fact that a young man who suffered under a repulsive deformity, exhibited himself some years since in the great towns of Great

Britain and Ireland, not only to the profession, but to the general public. He presented the extraordinary monstrosity of a third leg, and a double penis, and at the time a disgusting picture and a minute description of the appearances appeared in the columns of a leading medical periodical, and were so highly appreciated by a certain class that copies of the journal in question were sold at half-a-crown each. The only point of any scientific interest in the case was the influence of the monstrosity on the generative function, and we learn that some time since the young man was married at Cardiff, and that his wife has lately given birth to a fully formed and perfect child, which has since enjoyed uninterrupted health.

The Perils of the Sea-Side.

At a season when so many escape from the ordinary toils of life to spend a little time at the sea-side, a medical journal may well remind its readers of some of the perils that may be encountered, and are easily avoided. We are not about to dilate on the dangers of boating to those who cannot swim, although during this season four deaths have come under our personal notice caused by this carelessness. Nor do we propose to warn against the danger of entering apartments lately vacated by patients suffering from small-pox or other infectious disease; the recent Act of Parliament will, it is to be hoped, afford more protection from such perils than has heretofore been attainable. We have lately given some advice to bathers, and therefore need not dwell further on that subject, than to remark that during the past week we have met with a case rapidly ending fatally, induced by injudicious bathing.

Patients who so recklessly resort to such treatment without professional advice are just now so numerous that we can scarcely expect other than that some sad consequences should be occasionally met with.

We desire, however, to warn against perils more easily overlooked. There are many patients who, under the best advice, go to the sea-side and would obtain great benefit, but for their own imprudence. To say nothing of their diet, which, in many instances, is anything but suitable for them, they abandon every caution, and make demands on their slender strength which only the robust can endure.

Ladies who at home assert that a drive in the park fatigues them, that a northerly or easterly wind gives them cold, and that a drop of dew or rain might lay them up for weeks when they reach a fashionable watering-place, enter on a course of life that makes men wonder how they get through the toil. If a hurricane blow it is a "sea breeze," or a mere "land zephyr." If towards evening the seats on the parade should be dripping, it is "not pernicious dew or fog," but only the "sea moisture of the air settling." Should the sands be the fashion at the place selected, saturated shoes, stockings, and petticoats are of no consequence, as "sea-water never gives cold." Then excursions up precipitous hills, clambering up the cliffs, or jumping from rock to rock in the insane pursuit of all the hideous "wonders of the shore," that are demanded by the insatiable aquarium of an Englishwoman at the sea-side; these, and more than these, are the freaks constantly to be seen. For strong and hearty people, well and good! For those whose ailments are imaginary, better still a little roughing, it may do much to restore the tone of the over-wrought creature of civilisation, and give an appetite to the fastidious and dainty. But where there is real physical disease or defect, such freaks cannot be too sternly forbidden. Let us give an example. Palpitation may be a symptom that would disappear with fresh air and exercise, but suppose disease of one of the valves of the heart to exist—is there any medical man who could forget that the mode of life we have mentioned above would certainly aggravate it, and might rapidly prove fatal? Yet, we have known such patients exposed to such perils, and urged or dragged on in the mad career by friends and relatives, recklessly bent on making the most of the time. Sometimes the excess does not stop here, but balls and parties add ill-spent nights to over-wrought days. It is a great error. Let those who have committed it try a short time the effect of REST, and they will thank us for the hint.

Foreign Medical Literature.

ON DIABETES MELLITUS AND PARESIS OF THE RIGHT EXTREMITIES, IN CONSEQUENCE OF A TUMOUR IN THE MEDULLA OBLONGATA.

(Reported by Dr. J. B. Dompeling.)

Translated from the *Nederlandsch Archief voor Genees en Natuurkunde*, IVe Deel, Ie Aflevering, 1868, p. 179, by

W. D. MOORE, M.D.Dub. et Cantab., M.R.I.A., L.K.Q.C.P.I.

HONORARY FELLOW OF THE SWEDISH SOCIETY OF PHYSICIANS; OF THE NORWEGIAN MEDICAL SOCIETY; AND OF THE ROYAL MEDICAL SOCIETY OF COPENHAGEN; SECRETARY FOR SWEDEN, NORWAY AND DENMARK, TO THE EPIDEMIOLOGICAL SOCIETY OF LONDON.

The following case, already brought some weeks ago before the Medical Society of Utrecht, appears to me sufficiently important to be made known to a wider circle. From the explanation of the morbid phenomena in their details, in connection with the affection of the medulla oblongata, I refrain, confining myself rather to an accurate statement of the history of the case.

Heer v. L., born of a phthisical mother, had always enjoyed good, though not strong, health, and by observing a very regular course of life, and abstinence from Bacchus and Venus, he was never ill. He remembered having fallen, when at Zevenaar in his fifteenth year (1858), without any assignable reason or cause, upon his occiput, against a sharp angle of a wall. This was attended with no external injury, but with momentary loss of consciousness, and with the occurrence of a peculiar sensation in the right hand, while he felt a difficulty in walking. He afterwards suffered much from headache, commencing in front, and ending in the nape of the neck.

In his twenty-first year, he went as officer of health to India, having previously, though formerly thin, become, within a few months, rather corpulent. He arrived in good health in India, but thinks that he soon after found his gait to be tottering, and his vision double. In the course of six months he was, in July, 1865, transferred to Telok Betang, in the Lampongs, south coast of Sumatra. He there felt that the tottering in his gait increased, and that writing became difficult, as he could not guide the pen properly. On a certain morning he was attacked with fever, violent pain in the occiput, vertigo, and hiccough. These symptoms having been subdued after the lapse of 4½ days, he was directed to Katimbang, situated at the foot of Ratjabassa (highest mountain), a cooler place. The improvement which had set in did not, however, continue, so that he sailed for Batavia.

From the report of his state there made, the following appears:—

The patient has a suffering aspect. His face, especially on the right side, is of a dark red colour, the conjunctivæ are injected. The whole right side is somewhat paralysed. In the dark, or with his eyes closed, he cannot stand or walk without tottering considerably. In these respects he is better in the morning than in the evening. In the light he can better control his movements. The right, upper, and lower extremities are considerably emaciated, the muscles are flaccid. The difference in circumference between the right and the corresponding left side amounts to three Netherlands inches. The sense of touch in the right hand is almost lost, the sensibility to temperature on this side is, however, exalted.

As to the right lower limb, the feeling in the sole of the foot is normal, yet the patient complains of defect in guiding the foot, of difficulty in drawing on his stockings, of crackling in the right knee, of periodical spasms in the right foot and hand, while lying he can execute all movements with the right extremities. Under the action of the induction-current the irritability of the muscles of the right side seems to be diminished.

The patient complains moreover of giddiness when he lies low and when the temperature is high, of singing in both ears and double vision when he looks to a distance with his head raised, at which time the right eyeball is directed too much inward. When the head is bent forward, or looking at near objects, vision is normal. Ophthalmoscopic investigation presents nothing irregular, with the exception of slight hyperæmia of the retina.

His sleep is calm, without troublesome dreams. He has almost always pain in the occiput. Respiration is normal. The pulse is quick, more than 100 beats in the minute. The action of the heart is otherwise as it ought to be. Swallowing takes place almost invariably with the aid of fluids. His speech is undisturbed. So are the digestion, the sexual power, and the urinary apparatus. The patient complains only of considerable thirst, which constantly induces him to drink.

As to the psychical functions, he complains of weakness of memory, especially for the retention of names, while his temper is characterised by indifference and depression.

As he had expressed a wish for a cooler climate, he was removed to Sindanglaya, above Buitenzorg.

When there, he began to be more feverish in the evening; his pulse did not fall below 100 beats in the minute. On moving, his speech was affected with quivering of the lips, swallowing was very difficult. His left leg about the knee was insensible to pain and temperature. The right leg was paralysed. After a derivative treatment the congestive symptoms improved, but diarrhœa continued. At the end of a fortnight he returned to Batavia, used much laudanum for the diarrhœa (the cholera was then raging at Batavia), and ten days later embarked for Holland.

On the voyage home his condition became remarkably improved. He retained, however, a great appetite, particularly for sweets, and much thirst. He suffered a great annoyance from dryness of the eyes, labouring, in consequence, on two occasions, under conjunctivitis, and during the last weeks of his voyage he passed joints of a tapeworm. On the 21st December, 1866, he arrived here very happy at having, after so much wandering, reached a sure haven.

I saw the patient in the evening of the same day (21st of December, 1866). He was scarcely recognisable by those who had known him before his departure. He was decrepit, emaciated, I should almost say that he had become smaller. His unquenchable thirst for water struck me; I therefore had his urine examined the following morning, and it appeared that his disease, which in India had been diagnosed as progressive atrophic muscular paralysis, or progressive locomotor ataxy, was a considerable *diabetes.* The reaction of the urine was strongly acid. Its density was about 1·044 = 6°. With the copper-test fluid, one drop of urine in 60 of distilled water gave a very strong reaction. With the potash test, 10 drops of urine in two drachms of distilled water and half a drachm of liquor of caustic potash gave a brown reaction.

The weight of the body is 55 kilogrammes, or 110 pounds. The intellectual faculties are normal, both the imagination and the memory. Hearing on both sides is good, even acute. There is no tinnitus aurium.

Opthalmoscopical investigation, performed by Dr. Snellen, gave: paresis of all the muscles of the eye on the right side, especially of the abducent, thence double vision in all strong peripheral movements of the eyes, especially in looking outwards to the right. Slight nystagmus. Pupils easily movable, apparently somewhat less so towards the left. Emmetropia. Nothing else abnormal.

Smell and taste are good. The tongue does not deviate. The *right* half of the body, both arm and leg, and also in some degree the trunk, atrophied. The sense of touch is lessened. In the hand *two* sharp points of the compass could be distinguished only at a distance of about three Netherlands inches. The sensibility to temperature exalted. The whole *left* side better nourished, tolerably muscular and strong (the patient was from infancy left-handed). The sense of touch is normal, if not exalted, sensibility to pain and temperature diminished.

Respiration normal, often troubled with hiccough, pulmonary capacity ample. The voice masked. Neither abdomen nor hepatic region swollen or sensitive. Bowels rather confined, each evacuation accompanied with proglottides of a tapeworm.

The patient was now ordered as much as possible animal food, the use of Carlsbad water; subsequently he took also Vichy. The treatment of the tape-worm with Kousso was tried, whereupon a medio-cannellata of about three yards in length, without the head, appeared. Subsequently the treatment was repeated in Friesland, in vain, until later it completely succeeded with decoction of pomegranate, and the head also was expelled. Afterwards he used cod-liver oil, and had a seton placed in the back of the neck.

The patient now went to Zaandam, and some weeks later to Friesland, where he much enjoyed the country air. He sent me from time to time his urine, with statements. For example, January 19, 1867, took 110 ounces of fluid, while the quantity of urine was 152 medicinal ounces in the twenty-four hours. 2nd February, used 124, excreted 196 ounces, density 1·040. When diluted 450 times it still gives a very evident reaction with the copper test.

Beginning of March used 131, excreted 129 medicinal ounces.

Reaction very strongly acid; density 1·042 = 5¾ $^{\circ}/_{0}$

Returning on the 27th May from Friesland, I saw him again. His appearance was much improved; his weight was 118 pounds, he had therefore increased 8 pounds. He had now always written letters with the left hand, but the last, although very badly, again with the right. He stands more firmly on his legs, and totters only in the dark. His thirst is not so excessive. The eyes are still somewhat dry, only in the evening; but the urine still contains very much sugar, and its specific gravity is 1·045. He set out this day for Carlsbad; he got tired here and fancied the change might be of use to him. Though I did not expect a cure I thought it might improve his condition. After remaining there six weeks, under the treatment of Professor Seegen, he returned. He had first drunk of the Marcbrunnen, which caused diarrhœa, then of the Felsenquellen and Mühlbrunnen, subsequently of the Sprudel cold spring.

The urine at first contained 7$^{\circ}/_{0}$ of sugar.

The quantity in the 24 hours was 14 cups.

The following week the sugar was 4$^{\circ}/_{0}$ in 6 cups.

At the end of the treatment it was 2½$^{\circ}/_{0}$ in 6 cups, which may be called a small quantity.

The weight of the body is now 112 pounds, that is a falling off of 6 pounds; all the symptoms are better.

The strength, especially on the left side, is increased. The eyes are no longer so dry in the evening; the thirst is less. The double vision (images next one another) is very variable, at one time better and again worse.

The specific gravity of the urine is 1·035.

Within the last few days the cough has increased, with some tightness in the right side of the chest, and rusty-coloured sputa, especially in the morning.

The cough now began to get gradually worse. After the lapse of a couple of months hæmoptysis came on, and the patient became phthisical. In November the urine was once more examined by Dr. Brondgeest with Soleil's saccharometer. It contained then nearly 7$^{\circ}/_{0}$ of sugar, its specific gravity being 1·0195. The patient suffered much from fever, became very weak, and his life ended on the 2nd February, 1868. He had sat up that day for some hours, went to bed, fell asleep, and with a single gasp life was extinguished.

We have thus had to do, in this instance, with a very interesting case of diabetes. That this affection had a central origin, may almost certainly be stated, on account of the simultaneous occurrence of very serious cerebral phenomena. Indeed, I may say, that the diabetes was only one of the symptoms presented by the affection of the brain. It was at the same time the leading string to determine where this cerebral affection had its seat, which in fact could not be otherwise than on a level with the fourth ventricle. Disease, however, of this part of the brain, is attended with this form of diabetes, which Eulenberg and Landois have described as the angio-neurotic form of diabetes. I borrow the following from their important communications, to be found recapitulated in a series in the *Wiener Wochenschrift* for the 30th November, 1867:—

"As is well-known, Claude Bernard made the important discovery, that an injury of the floor of the fourth ventricle of the brain is followed by the excretion of sugar through the urine, which in mammalia commences one and a half hours after the operation, and for the most part terminates in six hours. The place on the floor is tolerably extensive, and on opposite sides of the median line. If the lesion touches the spot between the origins of the vagi and auditory nerves, we observe with the excretion of sugar increased secretion of urine ; if it be higher, the excretion of urine, and also the quantity of sugar, is more moderate, but there is at the same time albumen in the urine. Through the operation, the so-called sugar puncture, the centre of the vascular nerves of the liver becomes injured, and there arises in fact an angio-neurotic form of diabetes.

"According to Schiff, the paths of these vasomotor nerves of the liver run from the floor of the fourth ventricle in the medulla oblongata, and further in the anterior columns of the cervical and dorsal medulla, to the fourth or fifth dorsal vertebra. Here they leave the medulla and repair through the communicating branches in the path of the sympathetic, run with them downwards, and finally accompany the vessels of the liver in the hepatic plexus, into the interior of the parenchyma.

"Some of these nerves seem to take their course in the path of the splanchnic nerve, at least, von Graefe and others saw diabetes occur after division of this nerve. In general lesion of the vasomotor hepatic nerves has, in whatever part of their course, the same result as the sugar puncture. There always arises, as immediate result, paralytic vascular dilatation of the liver with stasis.

"In the interior of the hepatic cells the so-called hepatic starch or glycogen is found, a non-nitrogenous substance which is by ferments, and also by saliva, metamorphosed into sugar, which, however, does not take place in the normal state.

"The sugar formed by fermentation is diffused through the blood-vessels in the blood. A portion of the sugar is in the lungs burned through respiration into carbonic acid, so soon, however, as the quantity of sugar in the blood amounts to one-half per cent, the combustion no longer takes place completely, and sugar appears in the urine.

"This sort of diabetes may now be traumatic : diabetes angio-neuroticus traumaticus, or toxical.

"The first runs mostly an acute course, after a fall on the occiput, wounds of the head, contusion of the neck ; but also mental affections. &c., may act injuriously on the centre of the hepatic vascular nerves."

What was the nature of the cerebral affection in the above case, and what cause had given rise thereto ? There was as little reason for assigning the first as the second. On the other hand, there were many reasons for believing that in this instance pressure had taken place, from some tumour or other, in the neighbourhood of the fourth ventricle.

As to the cause, two presented themselves as having possibly given rise to the disease. In the first place, the fall on his head in the patient's fifteenth year, which, as we have seen, is frequently the cause of this form of diabetes. But if we assume this cause, the results thereof were very insidiously and slowly developed; for from that time until the patient went to India no trace of any cerebral affection manifested itself. All that time I saw the patient daily, and went about with him. His intellectual faculties, his vegetative and animal functions were perfect.

Another question which might come under consideration was whether there was any connection between the occurrence of the tænia and the cerebral lesion; and I must acknowledge that at first at least I attached some value to it.

The possibility of so-called self-infection is, however, rendered probable by many observations. Not long since I met with in "Schmidt's Jahrbücher," 1867, No. 3, a case described by R. Wagner, in which cysticerci in the brain and a tænia in the jejunum co-existed. Among the eighty-eight cases of cysticerci in the brain collected by Küchenmeister, however, I found not one in which they were located in the fourth ventricle. Meanwhile, this appeared to me to be no great difficulty, as there was, *a priori*, no conceivable reason why cysticerci should not occur in that place. Though, if in our patient self-infection had taken place, we should assume that cysticerci of tænia mediocanellata may occur in the brain, which, so far as I know, has not yet been met with.[1]

But enough of conjectures. The post mortem examination, at least of the skull, was permitted. A tumour was found occupying the whole right half of the medulla oblongata, and passing into this without any defined line of demarcation. Above and on the under surface of the tumour were situated two vesicles filled with fluid, in which, however, nothing of cysticerci was met with. Otherwise the brain was normal; only some turbid fluid was found between the pia mater and arachnoid.

The tumour, further examined by Prof. Koster, is a sarcoma fuso-cellulare, with great capillary vascular developments; while in some places nothing but fibrillar connective tissue with blood-vessels is met with. Nowhere is any carcinomatous structure to be found.

The tumour, which is of the size of a small walnut, was evidently formed beneath the pia mater. This membrane can be traced from its circumference into the neighbourhood of the tumour, after which it passes into the surface of the same, without being capable of being further separated.

On longitudinal incision made through the tumour we can find absolutely no boundary between the nerve-tissue of the medulla and the sarcoma. Each passes undistinguishably into the other; yet, evidently, rather displacement of the mass of the medulla has occurred than a taking-up of this latter into the tumour, as nowhere in this is nerve-tissue met with, except in the depth of the incision, where it is doubtful whether we have the tumour or the medulla before us.

[Representations of the tumour are given in the original, from which it appears] that the tumour has strongly pushed to the left the sulcus longitudinalis from the floor of the fourth ventricle; that the roots of the accessory nerve of Willis, and the inferior root of the nervus vagus of the right side, *highly atrophic from the tumour itself*, come outwards, and that the fibres of origin of the auditory and facial nerves were uninjured.

In conclusion, I must add that just as I was writing out this case I found one nearly precisely similar communicated in Virchow's Archiv,[1] and described as a great peculiarity, almost as a curiosity. The tumour examined by Virchow was also in that case a sarcoma fuso-cellulare.

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BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

MEETING AT NORWICH, AUGUST, 1868.

THE 1868 meeting will rank second to none of its predecessors for the interest and importance of its numerous addresses and papers. A detailed report of the proceedings would occupy many numbers of our journal. We propose, therefore, with a view of economising space, to give mere extracts from, or abstracts of, a few of those we judge may be acceptable to our readers.

PROFESSOR TYNDALL'S ADDRESS.

The section devoted to Mathematical and Physical Science was opened by an address from Professor Tyndall, who presided over this section. The learned successor of Faraday at the Royal Institution, after an introduction of great length, proceeded as follows :—"There have been writers who affirmed that the pyramids of Egypt were the productions of nature ; and in his early youth Alexander Von Humboldt wrote an essay with the express object of refuting this notion. We now regard the pyramids as the work of men's hands, aided probably by machinery of which no record remains. We picture to ourselves the swarming workers toiling at those vast erections, lifting the inert stones, and, guided by the volition, the skill, and possibly at times by the whip of the architect, placing the stones in their proper positions. The blocks in this case were moved by a power external to themselves, and the final form of the pyramid expressed the thought of its human builder. Let us pass from this illustration of building power to another of a different kind. When a solution of common salt is slowly evaporated, the water which holds the salt in solution disappears, but the salt itself remains behind. At a certain stage of concentration the salt can no longer retain the liquid form ; its particles, or molecules, as they are called, begin to deposit themselves as minute solids, so minute, indeed, as to defy all microscopic power. As evaporation continues solidification goes on, and we finally obtain, through the clustering together of innumerable molecules, a finite mass of salt of a definite form. What is this form ? It sometimes seems a mimicry of the architecture of Egypt. We have little pyramids built by the salt, terrace above terrace from base to apex, forming thus a series of steps resembling those up which the Egyptian traveller is dragged by his guides. The human mind is as little disposed to look at these pyramidal salt-crystals without further question, as to look at the pyramids of Egypt without inquiring whence they came. How, then, are those salt-pyramids built up? Guided by analogy you may suppose that, swarming among the constituent molecules of the salt, there is an invisible population, guided and coerced by some invisible master, and placing the atomic blocks in their positions. This, however, is not the scientific idea, nor do I think your good sense will accept it as a likely one. The scientific idea is that the molecules act upon each other without the intervention of slave labour; that they attract each other and repel each other at certain definite points, and in certain definite directions; and that the pyramidal form is the result of this play of attraction and repulsion. While, then, the blocks of Egypt were laid down by a power external to themselves, these molecular blocks of salt are self-posited, being fixed in their places by the forces with which they act upon each other. But passing from what we are accustomed to regard as a dead mineral to a living grain of corn. When it is examined by polarised light chromatic phenomena similar to those noticed in crystals are observed. And why? Because the architecture of the grain resembles in some degree the architecture of the crystal. In the corn the molecules are also set in definite positions, from which they act upon the light. But what has built together the molecules of the corn? I have already said regarding crystalline architecture that you may, if you please, consider the atoms and molecules to be placed in position by a power external to themselves. The same hypothesis is open to you now. But if in the case of crystals you have rejected this notion of an external architect, I think you are bound to reject it now, and to conclude that the molecules of the corn are self-posited by the forces with which they act upon each other. It would be poor philosophy to invoke an external agent in the one case and to reject it in the other. Instead of cutting our grain of corn into thin slices and subjecting it to the action of polarised light, let us place it in the earth and subject it to a certain degree of warmth. In other words, let the molecules, both of the corn and of the surrounding earth, be kept in a state of agitation; for warmth, as most of you know, is, in the eye of science, tremulous molecular motion. Under these circumstances, the grain and the substances which surround it interact, and a molecular architecture is the result of this interaction. A bud is formed; this bud reaches the surface, where it is exposed to the sun's rays, which are also to be regarded as a kind of vibratory motion. And as the common motion of heat with which the grain and the substances surrounding it were first endowed enabled the grain and these substances to coalesce, so the specific motion of the sun's rays now enables the green bud to feed upon the carbonic acid and the aqueous vapour of the air, appropriating those constituents of both for which the blade has an elective attraction, and permitting the other constituent to resume its place in the air. Thus forces are active at the root, forces are active in the blade, the matter of the earth and the matter of the atmosphere are drawn towards the plant, and the plant augments in size. We have in succession the bud, the stalk, the ear, the full corn in the ear. For the forces here at play act in a cycle which is completed by the production of grains similar to that with which the process began. Now, there is nothing in this process which necessarily eludes the power of mind as we know it. An intellect the same in kind as our own would, if only sufficiently expanded, be able to follow the whole process from beginning to end. No entirely new intellectual faculty would be needed for this purpose. The duly expanded mind would see in the process and its consummation an instance of the play of molecular force. It would see every molecule placed in its position by the specific attractions and repulsions exerted between it and other molecules. Nay, given the grain and its environment, an intellect the same in kind as our own, but sufficiently expanded, might trace out *a priori* every step of the process, and by the application of mechanical principles would be able to demonstrate that the cycle of action must end, as it is seen to end, in the reproduction of forms like that with which the operation began. A similar necessity rules here to that which rules the planets in their circuits round the sun. You will notice that I am stating my truth strongly, as at the beginning we agreed it should be stated. But I must go still further, and affirm that in the eye of science *the animal body* is just as much the product of molecular force as the stalk and ear of corn, or as the crystal or salt of sugar. Many of its parts are obviously mechanical. Take the human heart for example, with its exquisite system of valves, or take the eye, or the hand. Animal heat, moreover, is the same in kind as the heat of a fire, being produced by the same chemical process. Animal motion, too, is as directly derived from the food of the animal, as the motion of Trevethyck's walking-engine from the fuel in its furnace. As regards matter the animal body creates nothing; as regards force it creates nothing. Which of you by taking thought can add one cubit to his stature? All that has been said regarding the plant may be re-stated with regard to the animal. Every particle that enters into the composition of a muscle, a nerve, or a bone, has been placed in its position by molecular force. And unless the existence of law in these matters be denied, and the element of caprice introduced, we must conclude that, given the relation of any molecule of the body to its environment, its position in the body might be predicted. Our difficulty is not with the quality of the problem, but with its complexity; and this difficulty might be met by the simple expansion of the faculties which man now possesses. Given this expansion, and given the necessary molecular data, and the chick might be deduced as rigorously and as logically from the egg as the existence of Neptune was deduced from the disturbances of Uranus, or as conical refraction was deduced from the undulatory theory of light. You see I am not mincing matters, but avowing nakedly what many scientific thinkers more or less distinctly believe. The formation of a crystal, a plant, or an animal, is in their eyes a purely mechanical problem, which differs from the problems of ordinary mechanics in the smallness of the masses and the complexity of the processes involved. Here you have one-half of our dual truth; let us now glance at the other half. Associated with this wonderful mechanism of the animal body we have phenomena no less certain than those of physics, but between which and the mechanism we discern no necessary connection. A man, for example, can say, I feel, I think, I love; but how does consciousness infuse itself into the problem? The human brain is said to be the organ of thought and feeling; when we are hurt the brain feels it, when we ponder it is the brain that thinks, when our passions or affections are excited it is through the instrumentality of the brain. Let us endeavour to be a little more precise here. I hardly imagine that any profound scientific thinker who has reflected upon the subject exists who would not admit the extreme probability of the hypothesis, that for every fact of consciousness, whether in the domain of sense, of thought, or of emotion, a certain definite molecular condition is set up in the brain; that this relation of physics to consciousness is invariable, so that, given the state of the brain, the corresponding thought or feeling might be inferred; or, given the thought or feeling, the corresponding state of the brain might be inferred. But how inferred? It is at bottom not a case of logical inference at all, but of empirical association. You may reply that many of the inferences of science are of this character; the inference, for example, that an electric current of a given direction will deflect a magnetic needle in a definite way; but the cases differ in this, that the passage from the current to the needle, if not demonstrable, is thinkable, and that we entertain no doubt as to the final mechanical solution of the problem; but the passage from the physics of the brain to the corresponding facts of consciousness is unthinkable. Granted that a definite thought and a definite molecular action in the brain occur simultaneously; we do not possess the intellectual organ, nor apparently any rudiment of the organ, which would enable us to pass by a process of reasoning from the one phenomenon to the other? They appear together, but we do not know why. Were our minds and senses so expanded, strengthened, and illuminated as to enable us to see and feel the very molecules of the brain; were we capable of following all their motions, all their groupings, all their electric discharges, if such there be; and were we intimately acquainted with the corresponding states of thought and feeling, we should be as far as ever from the solution of the problem, "How are these physical processes connected with the facts of consciousness?" The chasm between the two classes of phenomena would still remain intellectually impassable. Let the consciousness of love, for example, be associated with a right-handed spiral motion of the molecules of the brain, and the consciousness of hate with a left-handed spiral motion. We should then know when we love that the motion is in one direction, and when we hate that the motion is in the other; but the "why?" would still remain unanswered. In affirming that the growth of the body is mechanical, and that thought, as exercised by us, has its correlative in the physics of the brain, I think the position of the "materialist" is stated as far as that position is a tenable one. I think the materialist will be able finally to maintain this position against all attacks; but I do not think, as the human mind is at present constituted, that he can pass beyond it. I do not think he is entitled to say that his molecular groupings and his molecular motions explain everything. In reality they explain nothing. The utmost he can affirm is the association of two classes of phenomena, of whose real bond of union he is in absolute ignorance. The problem of the connection of body and soul is as insoluble in its modern form as it was in the prescientific ages. Phosphorus is known to enter into the composition of the human brain, and a courageous writer has exclaimed, in his trenchant German, "Ohne phosphor kein Gedanke." That may or may not be the case; but even if we knew it to be the case, the knowledge would not lighten our darkness. On both sides of the zone here assigned to the materialist he is equally helpless. If you ask him whence is this "matter" of which we have been discoursing, who or what divided it into molecules, who or what impressed upon them this necessity of running into organic forms, he has no answer. Science also is mute in reply to these questions. But if the materialist is confounded and science rendered dumb, who else is entitled to answer? To whom has the secret been revealed? Let us lower our heads and acknowledge our ignorance one and all. Perhaps the mystery may resolve itself into knowledge at some future day. The process of things upon this earth has been one of amelioration. It is a long way from the Iguanodon and his contemporaries to the president and members of the British Association. And whether we regard the improvement from the scientific or from the theological point of view, as the result of progressive development, or as the result of successive exhibitions of creative energy, neither view entitles us to assume that man's present faculties end the series—that the process of amelioration stops at him. A time may, therefore, come when this ultra-scientific region by which we are now enfolded may offer itself to terrestrial, if not to human investigation. Two-thirds of the rays emitted by the sun fail to arouse in the eye the sense of vision. The rays exist, but the visual organ requisite for their translation into light does not exist. And so from this region of darkness and mystery which surrounds us, rays may now be darting which require but the development of the proper intellectual organs to translate them into knowledge as far surpassing ours as ours does that of the wallowing reptiles which once held possession of this planet. Meanwhile the mystery is not without its uses. It certainly may be made a power in the human soul; but it is a power which has feeling, not knowledge, for its base. It may be and will be, and we hope is, turned to account, both in steadying and strengthening the intellect, and in rescuing man from that littleness to which, in the struggle for existence, or for precedence in the world, he is continually prone.

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[1] Since this article was written I met with a case communicated by Dr. Arndt, of Halle, in *Allgem. Zeitschrift für Psychiatrie unter der Redaction van Heinrich Laehr.* Bd. xxiv. Hft 6.

[1] *Zur Casuistik der Hirntumoren von* Prof. Fr. Mosler in Greifswald, in Virchow's Archiv, Bd. xliii. Hft 2.

MR. BROWN'S ADDRESS.

The section of Economic Science and Statistics was presided over by S. Brown, Esq., President of the Institute of Actuaries. In his address he referred to the subject of technical education, to which he considered a strong impulse had been given by the comparisons of the world's industry occasioned by the various exhibitions held of late years. It was clearly necessary that a higher standard of general education should be established among our people, and a conference called together by the Society of Arts had brought together a large number of statesmen and men of science on the subject. It appeared to be desirable that scientific instruction should be followed by technical education in workshops; and a great advance would be made if employers required more proofs of practical knowledge. It was proposed that children should attend longer at school. The question arose whether this would affect the labour market, or whether a compensation would be found in the increased skill attained. The recent munificent gift of Mr. Whitworth deserved the hearty thanks of the nation, and might be expected to give a great impulse to the movement generally. That there was already a large number of skilled workmen in this country might be seen in the interesting volume recently published by the men sent to the Paris Exhibition by the Society of Arts. Upon the whole, it would seem as if the action of the government would be best exerted by extending grants in aid of local subscriptions, by appointing lecturers, or by aiding new school buildings, while a system of endowments would probably produce satisfactory results. Upon the question of labour and capital, it really appeared as if some progress had been made during the last year in the solution of this difficult question. It would seem that a better knowledge of the principles of political economy and the laws which regulated the production and distribution of wealth would be beneficial to all parties. It was earnestly to be hoped that strikes, which occasioned so much ill-feeling and loss of wages, would be more and more avoided. The system of *conseils des prudhommes* and courts of conciliation had been attended with beneficial results. Some system of industrial partnerships appeared likely to unite both workmen and employers, and would enable the former to inquire into the state of markets and foreign competition. The president traced with satisfaction the progress of insurance—life, fire, and marine. With regard to life insurance, vital statistics had now assumed a form which enabled the most complicated problems of human life to be dealt with; but life insurance business appeared to be making greater progress in the United States than in Great Britain. The progress of the Post-Office in this country might be regarded as a proof of the growth of education; and the enlightened readiness with which every improvement was adopted by the Post-Office gave us reason to hope that what many regarded as an unwarrantable interference with private enterprise—viz., the purchase by the State of telegraph property, would prove a public benefit. It seemed probable that a uniform charge of 6d. per message would be established, and the consequence would be advantageously felt in the internal trade of the country and in the promotion of private convenience. As it might be assumed that telegraphic business expanded at the rate of 10 per cent. per annum, he believed that the interest of the capital to be paid for the purchase of the telegraphs would gradually be more than covered. The president next touched on the desirability of establishing a uniform system of weights and measures, and on the equally difficult question of monetary unity. As regards the latter subject he remarked that Austria and the Papal government had expressed a readiness to take up the subject, and it seemed strange that when the Papal government was ready to act in the matter the English government did nothing. Finally, the president alluded to the international statistical conference, and he remarked that the effect of this congress was seen in the great importance now attached to the collection of government statistics of all kinds which would throw light on the many unsolved problems of the age.

MR. BIDDER'S ADDRESS.

In the Mechanical Science section, Mr. G. P. Bidder, C.E., occupied the chair. In opening the section, he said they had to consider the operations of the laws of mechanics with a view to benefit the world in general, and this country in particular. The laws they applied were certain and sure, and there was no doubt that in their application they would conduce to the happiness of mankind in general. He referred to some of the principal topics engrossing public attention in the present day, and, noticing first the great water question, he congratulated the committee on having present some of the greatest and most eminent authorities upon that subject, who would, doubtless, give information that the association would diffuse for the benefit of the public in general with reference to the supply and utilisation of water in various ways, and preserving rivers from pollution by sewage and the refuse from manufactories. A more beautiful and interesting subject than the habits of rivers could not engage the attention of engineers; and whether they looked at the circumstances of the constitution of the great rivers of India and America, or came down to those in their own neighbourhood, they would find that the same general laws pervaded all. It was well-known that the greatest rain-fall took place at the highest levels. At the top of the Himalayas the rain-fall was not less than 400 inches per annum, while on some of the mountains of Cumberland it was 200 inches, but in Norfolk only about 20 inches. He suggested that the quantity of water that fell on the whole course of a river should be gauged, and that observations should be taken to show the meteorological conditions of the atmosphere under which it fell. If that course were pursued, a body of facts would be brought together which he thought might be applied for the benefit of the country to a very great extent. He next referred to the peculiar characteristics of the rivers in the neighbourhood—viz., the Wensum, the Yare, the Waveney, and the Bure, and spoke of the influence these were supposed to have in maintaining the bar at Yarmouth. He regretted that tidal observations which could easily have been obtained from Yarmouth and Lowestoft, had not been laid before the Association; and expressed his belief that a thorough investigation and careful collection of facts would show that the land-water gave little, if, indeed, any advantage to the port of Yarmouth, and that a large extent of land now rendered almost unproductive by flood waters might be utilised without damage to that port.

Speaking of the Suez Canal, which was now approaching completion, he referred to the fact that it would be necessary to fill certain lakes in the vicinity of the canal (which were now dry) from the Red Sea, which was distant eighteen miles; and as these lakes covered an area estimated by some at 300 square miles, and evaporation went on in Egypt at the rate of one inch per diem, the evaporation from the lakes would be equal to 3,600,000,000 cubic feet per diem, or 250,000 cubic feet per minute. As soon as this canal was opened he thought the association should be put in possession of all the phenomena attendant upon its opening, for he could not help thinking that it must exercise some influence upon the atmosphere of the adjoining district, which would be worthy the attention of the association. He next approached a question which, he said, had excited a great deal of public attention—viz., the state of the British navy; and he might begin by saying that however satisfactory that state might be to some departments it was not satisfactory to the country in general. He would endeavour to point out in what way public opinion might be brought beneficially to bear upon this important subject. They would, no doubt, all agree with him that they had all but one desire—viz., that this country—whatever might be the cost—should have the best ships that the ocean could carry and that machinery could propel. With regard to the ships, he thought the great source of the present unsatisfactory state of things was the total absence of any system upon which their construction was conducted. Before building their ironclad navy it should have been considered what they were to be filled with, according to the plan adopted in the merchant service. They should also determine before a vessel was built what its speed would be, and no ship should be considered a success that did not accomplish a sea-going speed; while all should be as nearly as possible of the same speed, in order to enable them to act efficiently. He did not purpose entering into the relative merits of broadside guns and turret guns, but he would say that whatever difficulty there might be in getting fine lines with broadside guns that difficulty did not exist in the case of turret ships. Another point was that at present they did not know until they sent a ship to sea to what extent she was going to roll; but the mechanical principles upon which this depended under ordinary circumstances were so well known, that the extent to which a ship would roll should be known before a quarter of a million of money was spent upon her. The trials, of ships in Stokes Bay he characterised as a sheer delusion and said that trials to be of any value, should be conducted at sea, by men independent of any department, or of any other influence whatever; and until that was done they would not be able to bring to bear such a check upon the Admiralty department as the country had a right to demand. With regard to the armour of ships, he contended that this was a subject that should be subordinate to the considerations he had mentioned, for it was of no use to have a ship so overweighted that she became useless as a movable fort. He concluded his address by some remarks on technical education (contending that it should comprise a sound knowledge of the elemental laws of mechanics, and be specially directed to the position the student was to fill in life), and on the application of machinery to the economical working and ventilation of mines.

CAPTAIN RICHARDS'S ADDRESS.

The chair was taken in the Geographical Section by Captain Richards, R.N., who in the course of his interesting address said:—It cannot be long before a cable is laid through the centre of the Mediterranean Sea, connecting Gibraltar with Malta, Malta with Alexandria, and Alexandria by the Red Sea with India. Then, again, I think the time is not far distant when the connection between India and China, and between India and Australia will be completed. These great undertakings require accurate knowledge and an amount of skill, patience, and perseverance on the part of both the engineer and the seaman which those who are not thoroughly acquainted with the subject but little understand. Our energies and efforts, therefore, have been directed lately to this subject; and by the aid of science and the modern mechanical appliances which science has produced, instead of the vague and imperfect knowledge which we possessed up to a comparatively recent period, we are now intimately acquainted with the depths of almost all the oceans on the globe. For myself, I consider that these great results are second to none which have been obtained in geographical research during the past few years; perhaps I may say that they are of greater practical importance. To follow up the progress of geographical discovery from the earliest times, over the whole of Europe and the greater part of North and South America, geography has comparatively little left to learn. In Asia, too, over the great empires of China and Japan, there is no reason to doubt that geography has been well understood and cultivated, although from the peculiar institutions and customs of those countries, and from the jealousy of rulers and other causes they have been shut out to a great extent from the observation and enterprise of Europeans. Then on that great neutral ground in Central Asia, between the northern boundaries of India, and the southern parts of Russia, and in Western China and Tartary, which has been attracting a great deal of attention lately, we have yet a great deal to learn. At the same time, owing to the zeal and enterprize of our Indian officers, on the one side, and of the Russian armies of exploration—some call them encroachments—on the other, we are learning something every year. It is only a few weeks since that a traveller left these shores under the auspices of the Geographical Society in search of further discovery in these regions. Again, with the geography of those great groups of islands which are spread over the Pacific and the Indian Oceans, we are tolerably well acquainted, owing to maritime discovery, aided by the labours of the Church missions, which have invariably taken a very important part in all such matters. But now we must turn to another side of the subject, and it must be confessed that it is the darker side. If we turn to Africa, to Australia, New Guinea, Borneo, or to the Arctic regions, there the mind almost fails to comprehend the great problems that geography has yet to solve; and it is almost sickening to reflect how comparatively little we have learnt from all the great efforts and sacrifices that have been made by individual explorers both in our own time and in past times. Let us look at Australia. Here a great English nation has grown up within the present century, and yet there is scarcely more than a corner of that continent which can be said to be fairly occupied. With its sea coasts alone, and not even with all those are we thoroughly acquainted. Of the greater portion of its vast interior, it is scarcely an exaggeration to say that we know little more than we did when Cook first visited its shores a hundred years ago. The question seems to arise, to what cause are we to attribute the small success which has hitherto attended the labours of the explorers in that region, many of whom have given up their lives to the cause? Certainly, there has been no want of zeal, or enterprize, or devotedness on their part. It may be that their undertakings are too great for individual enterprise, or, indeed, for any enterprise not under the direct auspices of Government; perhaps means and resources may have been wanting, or organisation, or combination; but, be the cause what it may, it is certain that no efforts have yet been made at all commensurate with the importance of the undertaking, or the importance of the results which are to be expected from them. It does seem to me that the time has come when some combined effort should be made to wipe away what almost appears a reproach to geography. Indeed, lately a proposal has been made for an organised exploration of the interior of Australia, which probably is known to many here. This proposal emanated from Dr. Neumeyer, who has become an Australian, and who is well-known in the scientific world. It has received the support and approbation and countenance of the Geographical Society. But I am afraid the Geographical Society has not much more than its sympathy to give. It is to be hoped that if the attempt is ever undertaken, it will be done under Government auspices; with such an organization as to leave failure almost out of the question. There is another *terra incognita*, New Guinea, which is almost within sight of the northern shores of Australia. The coasts of that great island have scarcely been correctly laid down on our maps. Navigators of various countries have landed upon them, but I am afraid the time is still distant when this very interesting country has any chance of being opened up and civilized. Its very extent, and the hostility of native tribes and various other causes, place it entirely without the limit of any individual enterprise, and no country seems yet disposed to put its mark upon it. I should not like to leave these southern regions without saying a few words on one of the latest and most flourishing acquisitions of the British Crown—I mean New Zealand. As an instance of rapid geographical discovery and of colonization almost coincident with it, this is, perhaps, the most remarkable instance in the history of the whole world. Scarcely thirty years ago almost the sole occupants of New Zealand were a few English missionaries, who have generally been the pioneers of civilization in those distant countries. Some ten years later, Lord Auckland, then at the head of the navy, foresaw that the easiest and shortest mode of success in New Zealand was a complete exploration of all its shores. This was undertaken under his auspices, and completed within seven years. During this period colonization advanced very rapidly; and at the present time, in spite of many difficulties from native wars, the islands of New Zealand are inhabited throughout their length and breadth by Englishmen and Englishwomen, in possession of all the comforts and prosperity of an old and long settled country. There is one incident connected with New Zealand which is, perhaps, not generally known. It is this—that but for the accidental presence of a little brig of war there in 1839 or 1840, commanded by the late Captain Owen Stanley, the greater part of New Zealand, certainly the fairest part of it, would now have been under the flag of another country, and we should have had the spectacle, probably, of a second British Channel at the antipodes, with our neighbours looking at us across Cook's Straits. I will now turn very briefly to Africa, fruitful certainly, if in nothing else hitherto, in geographical adventure and daring. It is a mighty subject, too vast almost to be discussed on this occasion, and the few words that I shall have to say about Africa will be confined to an object of great interest to all Englishmen—that is, the fate of Livingstone, whose life has been so intimately associated with Africa, and who for the last two years and a-half has been wandering almost single-handed through that great continent in pursuit of the object to which his life has been mainly devoted. With regard to having work to do, Livingstone's absence may be most satisfactorily accounted for. But the least hopeful part of the question to me is that we have heard nothing from him at Tanganyika. This may be accounted for by the non-arrival of caravans; still his silence is matter of great anxiety. If he should be spared to return to this country, I believe he will return by the way he went. At any rate, I do not see that anything can be done in the way of searching for him until something more is heard from him. The only thing, indeed, that can be done would be to ascertain beyond a doubt whether he has ever reached the eastern side of Tanganyika lake; this might probably be done from Zanzibar, and I think it ought to be done. In the course of a few further observations, Captain Richards called attention to the proposed exploration of the peninsula of Sinai, and then urged the importance of carrying out an overland communication between Canada and British Columbia, in view of the great exertions being made by the United States to cross the entire continent from the Atlantic to the Pacific by railway.

THE SOIREE.

The grand *soiree* was held in St. Andrew's Hall, a very spacious building, having the appearance of a church; it has within the last few years been restored and decorated at considerable expense, and around it are hung a fine collection of portraits of Norfolk and Norwich worthies, besides a few paintings of historical interest. Near the orchestra, all the costly and beautiful corporate regalia of the city of Norwich, formed a gorgeous display; on another table near, Dr. Graham, Master of the Mint, exhibited a voltameter, the negative electrode of which is formed by a bar of palladium. When contact is made with a battery oxygen gas is freely evolved from the positive pole, but some seconds elapse before hydrogen rises from the palladium or negative electrode. This non-evolution of gas proves that it is absorbed by the metal, and the absorption is made evident by the expansion of the rod to the same extent as if it had been heated to redness, and the elongation of the bar, acting on a lever, causes an electric bell to ring. On reversing the poles of the battery oxygen was evolved from the palladium bar, removing the hydrogen previously absorbed by the metal, which then returned to its former dimensions. Dr. Graham's previous experiments have proved that palladium absorbs nearly 900 times its volume of hydrogen, which may be extracted by heating *in vacuo*. In the centre of the hall was placed a very interesting collection of war *matérial*, shown by Her Majesty's War Department. It comprised many of the novelties recently brought into operation in Abyssinia, including a specimen of a 7-pounder mountain-gun; also a model of an Armstrong gun, and of Captain Moncrieff's projecting barbette carriage; specimens of the Palliser and other shells, Boxer's parachute shell-rocket, rocket tubes, sectional models of guns, &c. In one of the ante-rooms in the same department was exhibited a fine collection of photographs connected with gunnery, the most interesting being those showing the effect of shots upon armour-plating. Mr. W. Ladd, of London, exhibited a new magnetic machine of great power, and some magnificent specimens of Iceland spar. On a table near the orchestra were cases containing extensive and beautiful geological specimens, British land and freshwater shells, fossils from the chalk and gravel beds in the vicinity of Norwich, a volume of beautifully coloured sketches of African scenery, and a model of the Victoria falls on the Zambesi river, South Africa, which in extent completely eclipse the celebrated Niagara, being 1900 yards wide, and 400 feet deep, the width of the Niagara being only 1000 yards and their depth 150 feet. Mr. Frank Buckland, the eminent naturalist, exhibited a number of piscatorial specimens, including a plaster-cast of a monster pike, weighing 28 lb., which was caught in the Thames a short time since. At intervals around the hall ten members of the Norwich Microscopical Society gave to the public an opportunity of examining the wonders revealed by the microscope. The objects exhibited included anatomical preparations (sections of tongue, skin, lungs, and brain), the cell circulation of plants, the water flea, specimens of insect anatomy, wings and wing cases, diatomacia, foraminifera, vegetable alkalides, &c. Mr. J. Huggins, of Norwich, showed a polarising kaleidoscope, invented by himself, giving colours so gorgeous as to be quite unapproachable by any known process of artificial colouring. There was likewise a very interesting collection of drawings of fossil crustacea, and a series of beautiful photographs of buildings and other objects of interest in Norwich and the neighbourhood, shown by Mr. Sawyer, of that city.

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Correspondence.

"THE FELLOWSHIP OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your "Notes on Current Topics" in No. 8 of your Journal are before me. The second of these, headed "The Fellowship of the Royal College of Physicians," suggests to the reformer the propriety of "giving the body of Fellows at large the opportunity of proposing names" (of Members) "for promotion." Without doubt this would be a very important and material advance on the present plan, which, as you are well aware, permits the "Council" to "*be all-powerful in promoting its friends.*" If, however, it be true that the time has now "*come for a change in the mode of selection*" of Members of the College in Pall Mall to the Fellowship, it is essential that the kind or character of such change should not be determined prematurely. Furthermore, if the acceptance by the Profession of large and liberal views—and the very evident necessity of a sure and abiding adaptation of such views to the governments of our several Colleges of Physicians and Surgeons, &c., are no idle chimeras—then is there good reason why some of us "*outsiders*" should be allowed the utterance of a few words in regard to the question herein raised.

Now, there appear to my mind three modes of action open to the reformer, or, if you please, to the law-givers of the London College of Physicians. These are—

1st. The adoption of a bye-law, whereby any individual Fellow may be permitted, in some defined and approved way, to name to the Council, through the Registrar, any Member whom he may consider eligible for the Fellowship; such Member, so named, taking his chance of election (to the Fellowship) by the *Fellows in Comitia* in the same way as, and in common with, those other Members duly nominated by the Council at "*those secret meetings*" concerning which "*there are such ugly rumours afloat.*" But the above "*mode*" is directly seen to be a mere apology for "*reform*"; a poor piece of expediency held up (as it is) for the acceptance and admiration of the readers of the *Journal of the British Medical Association*, the writer of which does not seem so free from the *nervous debility* and *hysteric tendencies* named by him, as to throw off those very much too active conservative tendencies, chaining him, as these evidently do, to the rude and misshapen past.[1]

This first mode of action, then, being untenable and out of harmony with the *day* and its requirements, we must pass it by.

2nd. The "*movement*" alluded to in your "Notes." This has much higher claims on our attention than the last specified

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[1] See *British Medical Journal* for June 13, 1868.

It partakes of a far less exclusive principle, and hence does it recommend itself more or less favourably to the attention of all who would diminish by slow, yet certain, means the many and present signs of a medical oligarchy among us. The proposal "*for giving to the body of Fellows at large the opportunity*" of naming Members for promotion, shifts a good measure of power from the hands of the Council to the mass of the Fellows. *So far good.* But even then, and under such circumstances, should we not fail to hit the high mark—to be discerned in the future—and that future not so far distant? I think so.

3rd. The last mode of action—to which I would invite your attention—is that one which takes an especial cognizance of the MEMBERS themselves.

Now, in the *Lancet* for July 14, 1866, is a letter of my own, in which are these words, viz.:—"The best and only 'reform' competent to place the election of Fellows on a reasonable and just basis appears to me to be that one which involves a large addition to the present number of electors. When the College franchise is extended to its legitimate bounds, and embraces not only the Council and the Fellows outside it, but the less aristocratic MEMBERS themselves—then, not unlikely, will be brought within the narrowest limits possible all kinds of discontent and dissatisfaction. Moreover, if each Member of the College of Physicians had the privilege of recording a vote in the election of a FELLOW, would not the Fellowship be then more highly prized than it is?" It is added—"Probably the very few and faint reformers in the Pall-Mall camp may consider the admission of the *Members* within the pale of the College-constitution a dangerous and revolutionary innovation; others, again, in their admiration of a manhood suffrage, may be disposed to look with no small complaisance on such an extension of the representative principle as that indicated."

I would venture to say that, in so far as one can well judge, neither the many of the Fellows, nor the members, can hope for any really beneficial changes in the College of Physicians of London, if they fail to ask for and demand the same. To myself it is surprising to witness the apathy or indifference which has to this time marked the bulk of the members of the Royal College of Physicians (London). For instance, the publication of that famous, or rather infamous, bye-law in 1859, which declared that the "Registrar should not address *any* of its members with the title of DOCTOR, who did not possess a degree in medicine from some recognised university," was accepted with scarcely a sound word of either complaint or reproof. An effort made in 1862, by the insertion of an advertisement on the cover of the *Lancet*, to start some life into the insulted members of the College, met with no kind of response. It was not until a most one-sided and unjust comparison appeared in the columns of the *British Medical Journal* for May 7, 1864—as between the King and Queen's College of Physicians in Dublin, and the London College of Physicians—that the ways and the means were opened up, by myself, to be rid of "*the act of injustice*" inflicted on a large and important body of medical men. The result effected, though by single-handed endeavours, proved that my "*complete misapprehension of the facts of the case,*" and not less my "*unreasonableness*"[1] and ignorance existed but in the fancy of my very Conservative opponent. The recall of the said "act of injustice," and the full acknowledgment of the "*error,*"[2] prove as well the righteousness of my cause, as the defendence of everything like progress, in regard to the College of Physicians of London, on the many (Fellows and Members) to this time excluded from their rights and privileges.

One word more. It is much to be regretted that the very recently made batch of "Fellows" did not, "*estimating the Fellowship at its proper value*" (I mean, of course, its present, *not* its future value), respectfully decline the favours when offered to them, and prefer to remain simply *Members of the College.* Had such occurred, the effect would have been both marvellous and salutary, whilst each gentleman of the said "*batch*" would have gone far towards immortalizing himself, or something not unlike it.—Your faithful servant,

JAMES GEO. DAVEY, M.D.,
Member of the Royal College of Physicians of London, &c., President (provisional) of the Medico-Political Association of Great Britain and Ireland.

Northwoods, near Bristol, August, 1868.

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[1] See Notices to Correspondents in *British Medical Journal* for May 28, 1864.

[2] See *British Medical Journal* for July 23, 1864.

Medical News.

OXFORD UNIVERSITY.—The *Times* says every possible publicity ought to be given to the fact that all the opportunities and privileges of the University of Oxford are now open upon payment of the entrance fee of £5, and the yearly payment of £3, 10s. Every town in the kingdom, it says, ought to have dozens of young men qualified to avail themselves of this most liberal offer.

THE Military Secretary, India Office, presents his compliments to the editor of THE MEDICAL PRESS AND CIRCULAR, and begs to enclose a list of the candidates for her Majesty's Indian medical service, who were successful at the competitive examination at Chelsea, in February, 1868, and who have undergone a course of instruction at the Army Medical School, together with the total number of marks obtained at the examinations at Chelsea and at Netley.—India Office, 28th August, 1868:—

	Name.	Studied at	Total No. of Marks.	
1	Cunningham, D. D.	Edinburgh,	5945	obtained the Herbert Prize.
2	Whitwell, H.	Edinburgh,	5550	
3	Cameron, A.	Glasgow,	4790	
4	Evers, B.	Edinburgh,	4245	
5	Carmichael, J. C. G.	Aberdeen,	4240	
6	Harvey, W.	London,	3975	
7	Grant, A. G.	Aberdeen,	3925	
8	Hay, G. W. R.	Edinburgh,	3925	
9	Jackson, W.	Edinburgh,	3915	
10	MacLaren, G. G.	Edinburgh,	3890	
11	Monteath, J. J.	Edinburgh & Ireland,	3698	
12	Roche, A.	Ireland,	3676	
13	Stevens, R. H.	Edinburgh & London,	3667	
14	Martin, P. R.	Ireland,	3430	
15	MacDermott, P. J.	Ireland,	3425	
16	Dalgairns, A. E.	Edinburgh,	3367	
17	Mookerjee, P. N.	Edinburgh,	3355	
18	McArthur, A.	Aberdeen,	3230	
19	Fitzpatrick, J. F.	Ireland,	3174	
20	Archdall, H. M. D.	Edinburgh & Ireland,	3125	

Maximum,..............................6900.

MEDICAL OFFICERS OF HEALTH.—In addition to the towns mentioned in our last number as having appointed health officers, we may mention Sligo, for the Corporation of that town have secured the services of so earnest a sanitary reformer as Dr. Tucker.

THE ABYSSINIAN REWARDS.—Now, when the Abyssinian rewards have been distributed there seems to be some little chance of the achievements of the invading army being appraised at their proper value. The *Times* very properly calls attention to the omission of Colonel Merewether's name from the lucky catalogue, and also wonders how General Russell could have been left out in the cold. How is it that our influential contemporary has not also a good word to say for the medical officers, all mention of whose services was unaccountably left out in the first instance, although the whole expedition had been pronounced by competent authorities to be purely an engineers' and doctors' victory. Not until the strongest remonstrance had been published in the press was any attempt made to do justice to a body of officers to whose skill and attention is mainly due the gratifying fact that, in so far as sickness was concerned, the Abyssinian despatches included a clear bill of health. As to the men who first entered Magdala "methinks there be six Richmonds in the field," so many officers are successively putting in their claims to that distinction. We were led to believe that the two first men to enter Magdala were a bugler and a drummer of the 33rd Regiment, whose claims we never ceased putting forward, until at last they were rewarded with the Victoria Cross. However this may have been, the fact seems to be that Sir Stafford Northcote was, in the first instance, a little too exuberant in his gratitude, and that the officers who got home first reaped the field of reward bare. The Commander-in-Chief has been pretty well taken care of, as well as such officers as were fortunate enough to be honoured with his friendship. If it be true, as the *Times* says, that a distribution of the Star of India was intended, and that such distribution has been prevented by a rule of the order restricting it to services performed in India, it cannot be possible that deserving officers are to be put off with such a mere quibble. If there has been a mistake in this matter, it has been the mistake of her Majesty's Government, and her Majesty's officers must not suffer for it. The whole affair has its moral, which we long since sought to "point," at a time when we stood almost alone amongst the journals. Not very long since we had the Abyssinian Expedition lauded as one of the greatest of our military achievements, and now we find it sneered at by a great "public instructor" as a campaign in which the only "killed in action" were "two non-combatant mules."—*United Service Gazette.*

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NOTICES TO CORRESPONDENTS.

Mr. G. T. DOMVISTHORPE, Exeter, is thanked for his note and enclosure.

Mr. L. A.—Your application for reprints arrived after the type was distributed. When copies of any particular article or communication are required, it is absolutely necessary that the request should reach us not later than the Tuesday preceding each publication.

H. W. O.—The colour is somewhat against the general adoption of the article you mention in the preparation of milk foods for invalids; but from samples of the flour tested by us, we can add our testimony to the genuineness of the production.

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BOOKS, PAMPHLETS, &c., RECEIVED.

On the Treatment of Aneurism by Iodide of Potassium. By G. W. Balfour, M.D. Edinburgh: Oliver and Boyd.

Asthma: its Pathology and Treatment. 2nd Edition. By Hyde Salter, M.D., F.R.S. London: John Churchill and Sons.

The Pharmacopœia of India. London: Allen and Co.

The New York Medical Journal. Nos. 39 and 40. Hardwicke's Science Gossip. Bible Animals: Part IX. The Boston Medical Journal.

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APPOINTMENTS.

Dr. FREDERICK ROYSTON FAIRBANK, M.D., Heidelb., L.R.C.P., Lond., has been appointed medical officer and public vaccinator for the Lynton District of the Barnstaple Union, vice Mr. Thomas Andrew Roberts, M.R.C.S. Eng., resigned.

Mr. FREDERICK MORGAN, M.R.C.S. Eng., has been appointed medical officer and public vaccinator for District No. 3 of the Wellington Union, Somersetshire, vice Mr. Francis D. W. Wheaton, M.R.C.S. Eng., deceased.

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BIRTH.

GELSTON.—August 25th, at 62, George-street, Limerick, the wife of Dr. Gelston of a son.

Advertisements.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 9, 1868.

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MORBID CONDITIONS OF THE THROAT IN THEIR RELATION TO PULMONARY CONSUMPTION: THEIR DIAGNOSIS AND TREATMENT.

BY S. SCOTT ALISON, M.D. EDIN.,

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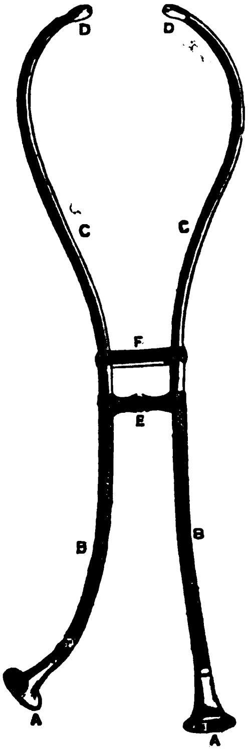
No. VI.

FOR stethoscopic purposes, the neck may be divided into regions after the following simple manner—viz., an anterior region and a posterior region. One line for the anterior region is drawn from the middle of the hyoid bone to the middle of the upper edge of the sternum. A line drawn from the mastoid process of the temporal bone passing down the neck to the acromion process forms the posterior boundary, and separates the anterior from the posterior region. The posterior region is bounded behind by the spines of the cervical vertebræ. These two great divisions of the neck may be again subdivided into superior and inferior by a line drawn round the neck from the cricoid cartilage of the larynx to the spinous process of the fourth cervical vertebra.

The superior anterior cervical region would include the glottis and the larynx, and might be called the laryngeal region, while the inferior cervical region would include the trachea and the narrows immediately above the bifurcation. The superior posterior cervical region extending from the occiput to the spine of the fourth cervical vertebra would include the pharynx, the posterior nares and the posterior aspect of the tonsils.

The auscultation of the throat may be effected with the ordinary wooden stethoscope, but the flexible stethoscope of Caman, or the differential stethoscope of the writer, is greatly preferable. The air sounds of the throat are well made out with Caman's instrument; the sounds are well collected by the cup without undue pressure upon the comparatively tender and yielding neck, and they are distinctly perceived by the two ears being employed upon them. The same advantages are procured by the differential stethoscope, but the additional advantage of very ready location of the seat of disease appertains to the latter by its possessing two sound-collecting cups, placed at different spots of the neck, and connected with the two ears respectively.

The absence of pressure on the neck, which the flexible stethoscopes afford, gives them a very great superiority over the ordinary wooden stethoscope; and if we regard this fact, and also bear in mind, in the case of children, the advantage we enjoy with these instruments, of sitting in front of the patients and almost of amusing them, we shall come to the conclusion that any examination of the throat must be imperfect and incomplete without one or other of them.



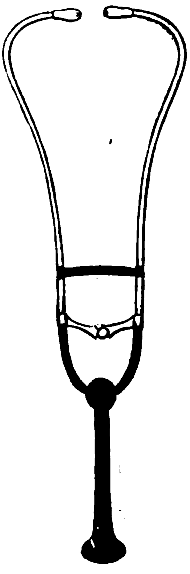
Scott Alison's Differential Stethoscope.

The differential stethoscope has two tubes—one for each ear—and instead of communicating with one collecting cup only, as in the case of the double (Caman's) stethoscope, they have each a separate cup A A. It presents a separate stethoscope for each ear. These are mechanically combined for facility of management, but they are in an acoustic sense totally separate. The tubes are partly made of metal, C C, and partly of elastic tube, B B, to admit of some degree of motion. The two tubes are connected together, as in Caman's stethoscope, by a jointed metal bar, E, and an india-rubber band, F. There are two ear knobs, D D, of ivory for insertion into the two ears respectively.

The principle of Caman's instrument, and indeed of any other double stethoscope, is very different from that of the differential stethoscope. The double stethoscope enables us to hear the sound of the same part with both ears,—virtually to place both ears upon one part of the chest, and thus receive a simply heightened sensation. The differential stethoscope enables us to do more than this; we hear, or deal with the sounds of two parts at the same moment, and virtually place our two ears upon two different parts of the chest at the same instant. While the double stethoscope of Caman, having only one sound collector, cannot be converted into a differential stethoscope, by collecting sounds from two parts of the chest at once, the differential stethoscope may be made simply a double stethoscope by placing its two sound-collecting cups upon the same part of the chest. The property which my differential stethoscope possesses of eclipsing a minor auditory impression in one ear, upon conveying a major amount of the same sound into the other ear, is of very great value in practice. When the respiration or vocal sound in one part of the throat or chest is weaker than in another part, this is signified in an unmistakable manner by the sound being heard in that ear, and in that ear only, connected with that part of the body emitting the larger amount of sound. One ear monopolises the sensation, as it were, and the other is deprived of all sensation, as it were; for we seem to hear only through one ear—viz., the more favoured one.

It was from observing the utility of Caman's stethoscope, as used by Dr. J. Edward Pollock, in 1856, at the Brompton Hospital, that I was led to think of the differential one. As was before mentioned the mechanism is much the same, but in point of acoustic results the two instruments are very different, as I have more fully explained in my work on the "Physical Examination of the Chest in Pulmonary Consumption," published in 1861.

It may be useful to say, and it is done from no feeling of vanity or undue partiality that, the differential stethoscope is used in many distant parts of the globe, and that, some of the first stethoscopists in the world have been the most earnest in its recommendation. Gairdner, of Glasgow; Hughes Bennet, of Edinburgh; Bree, of Colchester; M'Kinnon, of Netley Hospital; and Frank, of Mentone, were among the first to appreciate the value of the differential stethoscope.



Caman's Double Stethoscope.

These flexible instruments are so specially suited for the auscultation of the neck, and to such an extent, as to seem to me to justify this short account of them in this communication.

The laryngoscope hitherto has purposely been left unnoticed in this paper, for it has been a primary consideration with me to enforce the propriety of auscultating the neck, and indeed of regarding that region as only second to the chest in its call for the employment of the stethoscope. In all cases of simulated consumption, combined with throat symptoms, it is incumbent upon the practitioner to employ the laryngoscope and obtain for his guidance in the relief of the patient the benefit of ocular inspection. On the mode of employing this instrument, or series of instruments, it is not my intention here to dilate. So much has been written on the subject, both abroad and in this country, that the reader can be at no loss for information.

The writings of Gibb, Morell MacKenzie, George Johnson, and Prosser James, are, perhaps, the most worthy of the attention of the English practitioner.

CANNABIS INDICUS IN CATARRHUS SENILIS—VERATRUM VIRIDE IN PERICARDITIS—BELLADONNA IN INFANTILE ICTERUS.

By J. WARING-CURRAN, L.K.Q.C.P.I., &c.

In the July number of the *Practitioner* I briefly directed attention to the invaluable and important nature of cannabis indicus in catarrhus senilis as a therapeutic agent. Since the publication of that journal I have had additional opportunities afforded me of still further testing the efficacy of the drug in this distressing complaint, and of verifying the statements I then made. I refer to those cases of senile catarrh where the mucus accumulates in the bronchiæ, which the patient is unable to expel, where the constant, dry, hacking cough affords no relief to the pent-up mucus; while it harrasses the patient, and increases the prostration where there is orthopnea; and unless the distressing symptoms are quickly relieved by remedies which will cause or promote a free and copious expectoration, blue blood will quickly circulate through the brain, the lungs become congested, and a fatal termination occur to the patient sooner than was anticipated or expected by either the attendant or relatives. Cases, owing to their repeated occurrence, over which the usual antispasmodic mixtures, expectorant pills, opiates, and counter-irritants seem to have lost their influence and power, yet in which cannabis appears to act speedily and satisfactorily—speedily by its specific action in overcoming the spasm of the muscular fibre in the bronchial tubes, and thus allowing a free and copious expectoration; satisfactorily in its consequences, as it possesses none of the disadvantages of opium and medicines of its class, in blocking up the secretions, increasing the fever attendant upon the complaint, producing headache and impairing the appetite; in fine, when administered in such affections, its effects are to be witnessed rather than described.

Case 1.—R. S., aged 57 years, of delicate appearance, with narrow shoulders and contracted chest, has suffered from repeated attacks of chronic bronchitis, of which she states the present is the worst attack of all. Has been ill four days. The usual domestic nostrum, paregoric, linseed tea, and Spanish juice, *et hoc genus omne*, have lost their virtue, and failed to afford relief.

The skin over the anterior part of the chest is well blistered, owing to the repeated applications of mustard poultices. The secretions are normal, and the bowels have received attention. The patient has been unable to lie on the back since the commencement of her illness, depending on the constant and distressing nature of the dyspnœa.

On stethoscopic examination all sorts of sounds are audible, on both inspiration and expiration; sibilant rales are most distinct at the base and rhonchi at the superior part of thorax. There is a constant, dry, protracted cough, which "cannot get round," to use her own words, "the obstruction."

The pulse is 120; the skin moist; the lips livid, and the face blanched and indicative of suffering.

℞ Tr. Cannabis indicis ʒii.
Pulv. Tragacanth co. ʒi.
Ether chloric ʒiss.
Aquæ anisi ad ℥vj.
Fiat mist., et capiat ʒi. 2ndis horis.

The following day, I learned before three doses of the mixture was taken, the cough became "loose, and the expectoration easy and most profuse." She expectorated freely for several days, and rapidly recruited on a liberal regimen, and bark and ammonia mixture.

Case 2.—A. B., aged 69, subject to frequent bronchitic attacks, has been ill for a week, expectorates but little, and with considerable difficulty; is very feeble, and has been taking ammonia and senega with little alleviation, ordered the Tr. cannabis in mixture, which produced the desirable effect of liberating the mucus and affording relief to the cough. Speedy recovery.

Case 3.—R. P., 70 years of age, has been previously under treatment for catarrh, now presents all the unequivocal symptoms of chronic catarrh. Has recovered sooner under the effects of cannabis than from any of her previous attacks; has grown fond of her medicine, which produces free expectoration after the administration of each dose.

Case 4.—J. P., aged 60, speedily and satisfactorily recovered from a severe and protracted attack of catarrhus senilis after the exhibition of cannabis indicis.

VERATRUM VIRIDE IN PERICARDITIS.

The August number of the *Practitioner* contains a condensed paper of mine on the important therapeutic effect which I have obtained from the administration of veratrum viride in pericarditis. I believe it to be preferable to opium, which hitherto has been our sheet-anchor in this disease, when combined with calomel, because of its magical influence in overcoming that irritable condition of heart, so pathognomonic of the malady; by its certain power, if carefully watched in its administration, of reducing the frequency of the pulse, thereby affording relief to the violent palpitation and tumultuous action of the heart, giving steadiness to the hitherto irregular pulse, quieting the respiration, alleviating the darting pains so characteristic of the complaint, and enabling the patient to swallow with less difficulty, and change his position in bed as it becomes painful, while it increases to a marked degree the renal and hepatic secretions, of no little moment in such a disease as pericarditis.

I invariably employ the extract—considering it the safest and surest preparation—made by inspissating the juice of the root, and prescribe it in two grain doses, with one grain of calomel in the form of pill, every two hours until its effects are readily discernible. The distressing symptoms are then kept at bay until the calomel does its duty, and the disease mastered. Advocates for local or, perhaps, general depletion, have only to observe its therapeutic influence once, to feel convinced that we *do* possess a remedy which will afford all the benefits to be obtained from either bleeding, leeching, or cupping, without impoverizing the blood and increasing the tendency to serous effusion, constituting *hydrops pericardii*, which has been unfortunately not an unfrequent consequence of this disease, particularly in hospital practice.

The history of the three following cases will impart all that I would fain convey on the subject:—

Case A.—R. R., aged 27 years, the subject of rheumatic fever, for which he has been under treatment six days; on the seventh day of his illness he presented all the well-marked symptoms of pericarditis. On going into the room I noticed that peculiar distressed, broken-hearted appearance of face so indicative of cardiac mischief; there was visible pulsation of carotids, hurried respiration, tumultuous action of heart, and *decubitus* on right side. He complained of severe lancinating pain extending up between the shoulderblades to the left side of neck, thence extending down the arm of same side; pulse 130; respirations 40; skin dry; tongue parched; secretion arrested; high fever. On practising auscultation, a well-marked *to-and-fro* sound is audible, all the unequivocal symptoms of acute pericarditis being present. I immediately put him on two grains of the extract of veratrum viride, and one grain of calomel, to be given in pill every two hours, with a potass mixture, and a mustard blister to be applied over the cardiac region.

Evening Visit.—Pulse 60; respiration 20; bowels have been operated on twice, bilious, feculent stools; passed a large quantity of acid urine; more free from pain, and expresses himself easier.

Owing to vomiting, which set in later in the night, I discontinued the veratrum, and prescribed an effervescing mixture containing dilute hydrocyanic acid.

The following day there was an aggravation of the symptoms—the veratrum was renewed, and steadily employed, discontinuing it when the symptoms required me, until a complete and satisfactory cure was effected. The patient recovered without a bad symptom, and is now attending to his usual avocation.

Case B.—This was also a well-marked case of rheumatic pericarditis, presenting all the symptoms of the complication to a marked degree. The veratrum brought down the pulse from 120 to 70 in the course of twenty-four hours, increased the secretions, and produced a most desirable termination.

Case C.—Pericarditis with severe dyspnœa and violent nter-scapular pain; irregular pulsation and congestive tendency. The veratrum produced its usual effects, and, combined with the calomel, in a few hours alleviated the suffering of the patient, increased the secretions, and relieved the pulmonic circulation. The patient is now as well as ever he was.

In three cases of acute rheumatism, in which pericardial symptoms threatened, although did not positively manifest themselves, I feel assured that the mischief was baffled by the early and careful exhibition of ten-drop doses of the tincture of veratrum viride in the athritic mixture.

BELLADONNA IN INFANTILE ICTERUS.

Sir Thomas Watson, in his elaborate work on the "Practice of Medicine," states that he believes *icterus neonatorum* is not icterus at all, and has no relation to the biliary organs, but that the child at the time of its birth being in a hyperæmic or congested condition, presenting an universally bruised appearance, which gradually fading gives, as the redness disappears, shades of yellow, which in a day or two pass, or are converted into the genuine flesh colour. This is all very nice in theory, but in practice, when one meets with an infant jaundiced over the surface of the body universally, the conjunctiva tinged, abdominal disturbance indicated by constant symptoms of pain, incessant crying, pressing the legs spasmodically against the abdomen, general muscular twitchings, vomiting, and discoloured and fœtid evacuations, one does not feel inclined to wait for the yellow tinge to pass into the normal flesh colour.

Having paid considerable attention myself to the subject, I have found that infantile icterus is of very frequent occurrence, and in many cases requires prompt remedying. In several instances which lately came under my notice the symptoms were very severe, painful to witness, and disturbing to the entire household.

I am of opinion that the bile in these cases is not *suppressed* in its secretion, but that it is *retained*, that the liver and gall bladder become surcharged and distended, that little, if any, bile passes through the *ductus communis choledochus*, and have reason to think that the mischief lies either in the duodenum or common bile-duct, that a spasmodic condition of these parts, from the irritation or passage of the bile through the delicate structures, is the cause of the mischief. The duct becomes spasmodically closed, the bile, instead of being eliminated as it is secreted, is blocked up in the liver, and we have re-absorption of it taking place into the blood.

A few months ago I had the opportunity of making a post-mortem examination of a child aged seven days, who died from an injury to the head produced by falling from the nurse's arms. It had been previously out of health, and from the generally tinged condition of the skin, I was induced to examine the liver. I found it preternaturally enlarged, distended with bile, and in carefully examining the duodenum and common bile-duct, I found the duct narrowed, and the characteristic tinge made by fresh bile entirely absent. I came then and there to the conclusion, that the duct had been spasmodically closed during life, and thus the egress of the bile prevented.

That I have been correct in my opinion is best exemplified by the immediate relief afforded in the treatment of similar cases by tincture of belladonna in two-drop doses. After its administration, there is an end to the incessant crying, the child falls asleep, passes bile freely by the bowels, and rapidly recovers its natural state and condition. The administration of calomel I consider unnecessary and cruel. The act of secretion has gone on naturally enough. The elimination of the bile is what is required, and for this purpose tincture of belladonna will be found expeditious and curative, by overcoming the spasmodic condition of that portion of biliary apparatus so frequently affected in children a few days after birth.

AMPUTATION OF THE PENIS FOR CANCER: RECOVERY.

By HENRY GRAY CROLY, F.R.C.S.I.,

SURGEON TO THE CITY OF DUBLIN HOSPITAL, ETC.

Mr. ———, aged 65 years, was brought to me by his medical attendant to have the penis amputated for cancer.

History.—Had congenital phymosis. Six months before consulting me he felt a hard and tender spot on the inside of the prepuce at the left side: he thought it was produced by the saddle, as he was in the habit of riding long distances on horseback. He never suffered from venereal disease in any form. The hardness in the prepuce extended to the glans penis, which soon became entirely involved in the disease. The patient suffered intense pain of a burning, lancinating character, and was obliged to take large opiates to produce temporary relief. His prepuce was slit up by his medical attendant a few days before I saw him.

Appearance of patient and diseased part before operation.—General health excellent. Arcus senilis well-marked. Heart's sounds strong and natural. Penis enlarged. Fœtid discharge of sanious fluid from beneath the prepuce. On examining the glans it feels as hard as a stone. The hardness extends to within one inch and a half of the pubes. No glands enlarged in the groin or on the dorsum of the penis.

The patient was most anxious for immediate operation, which I accordingly performed at his residence, assisted by his surgeon. Chloroform having been administered, I grasped the penis and drew it gently forwards. With one sweep of the catlin the organ was severed behind the diseased part. The dorsal arteries and those of the corpora cavernosa were ligatured, and a small branch close to the urethra. When all hæmorrhage was controlled I passed a scissors into the urethra, and divided it fully half-an-inch. The angles of the divided mucous membrane were then stitched to the integument at each side. A No. 8 gum-elastic catheter was introduced into the bladder, and retained. The ligatures came away within a week, the wound healed, and the patient made an excellent recovery.

Microscopic examination showed the disease to have been epithelial cancer.

I devised a silver funnel to fit over the pubes, which enables the gentleman to pass water without wetting his clothes, thereby contributing much to his personal comfort. The appliance was manufactured by Weiss, of London, by direction of Fannin and Co., Grafton-street, Dublin.

Remarks.—Diagnosis of cancer of the penis must be carefully made, especially if the disease occurs at or before the middle period of life, when syphilis is more likely to exist than in advanced life. Congenital phymosis is a cause of cancer (according to Hey), the preputial discharge being retained producing irritation. In operating, the penis should not be drawn too much forwards, as retraction of the skin is liable to occur, thereby leaving the stump exposed. All bleeding vessels must be secured by ligature or acupressure; torsion is not suitable for vessels of the corpora cavernosa—secondary hæmorrhage is to be apprehended, and pyæmia has followed the operation. Removal of the penis by the ecraseur, if effected slowly, to prevent hæmorrhage, prolongs the operation unnecessarily. Free division of the urethra is of much importance, to avoid stricture at the orifice; and retaining a catheter in the bladder, for the first forty-eight hours, prevents irritation from the urine on the freshly-cut surface.

A CASE OF ILEUS SUCCESSFULLY TREATED BY ELECTRICITY.

UNDER THE CARE OF T. A. VESEY, A.B., M.B. T.C.D.

On July 14, 1868, I was called to see John Hughes, aged 59, a pensioner. Always healthy. Three months since was treated for enteralgia; subject to constipation. On the 12th, his bowels not being moved for two days, he took a dose of castor oil, followed by senna and salts, without effect.

Present Symptoms.—Spasmodic pain, starting from a hard moveable mass to the right of the umbilical region; pressure here caused increased pain; belly tympanitic; lineæ transversæ deeply marked; face pale, anxious; eyes sunken, dull; skin cool, clammy; feet and hands cold; tongue coated; vomiting (not stercoraceous) set in same morning; constant loud gurgling in bowels; pulse 94, fair volume.

Treatment.—A sinapism, followed by turpentine stupes, an emollient enema (3 pints) was given by a long tube, and retained one hour; came away unchanged; turpentine enema twice administered without carrying away any fæcal matter. Subsequently a 3 pint enema of warm oil (Dr. Head, Carlisle) brought away a trace of fæces.

No purgatives by the mouth; belladonna and opium in full doses with relief to pain, spasms, and vomiting.

15th.—Passed a tolerable night; had some sleep; pain less; abdomen becoming tender; pulse 104; vomiting very troublesome since 4 A.M.

Finding that the measures adopted for his relief did not produce any good effect, I determined to use electricity, applied as follows:—

Patient being placed on the left side, a "Radford's Uterine Director" was introduced into the rectum, and the negative wire of the electric machine attached to it. The sponge attached to the positive pole was rapidly passed over the whole abdomen from cœcum to left iliac region. This caused intolerable agony, as all the abdominal muscles were thrown into violent action. The electricity was applied (at intervals) with gradually increased power for half-an-hour, when such exhaustion was produced that it was discontinued.

As he complained much of pain in the back, a vulcanite hot-water bag was applied to it with relief.

In two hours after the use of the electricity, he had several copious, dark-coloured, offensive stools. During the rest of the day and night following, his bowels were moved twelve times. The pain disappeared, the hard mass was so much reduced as to be made out with difficulty. He made a rapid convalescence.

The failure of the ordinary measures in this case induced me to try the effect of electricity, and the successful issue furnishes additional evidence of the great therapeutical value of electricity in the treatment of ileus.

In the ninety-sixth number of the *Dublin Quarterly Journal of Medical Science*, will be found a case reported by Dr. Finney, in which electricity was used on Dr. Stokes' recommendation. It was the recollection of that case, and the favourable result, that gave me confidence in the trial of a similar remedy, and happily with similar good fortune. The battery used was a Davis and Kidder's electro-magnetic machine.

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Hospital Reports.

RICHMOND SURGICAL HOSPITAL.

CASES UNDER THE CARE OF MR. WILLIAM STOKES.

(Reported by Mr. J. A. Ross, L.R.C.S.I.)

URETHRAL STRICTURE.

The results of the treatment by internal urothrotomy of the following cases of urethral stricture, tend considerably to confirm Mr. Stokes in the high opinion he has formed of the operation for the cure of this affection.

Case 1.—STRICTURE OF THE URETHRA OF THIRTEEN YEARS' DURATION, PREVIOUSLY TREATED TWICE BY THE "IMMEDIATE DILATATION" METHOD: INTERNAL UROTHROTOMY.

Michael B., æt. 43, was admitted into the Richmond Hospital, under Mr. Stokes' care, on the 22nd of last May, suffering from a very tight stricture of the urethra, situated in the region of the bulb, and which, with great difficulty, would admit No. 1 catheter.

The patient stated that in 1865 he had been treated by the "immediate method," and that the stricture having returned, the operation was performed a second time, by another surgeon, in July, 1867. The stricture had a second time recurred, and the difficulty in passing water was considerably greater than it had ever been.

On May the 23rd the operation of internal urothrotomy was performed by Mr. Stokes, and immediately after a No. 10 gum-elastic catheter was introduced.

No rigor or other evidence of any constitutional disturbance occurred during the patient's convalescence.

On the 27th the patient left hospital.

On September 3rd No. 9 catheter was introduced without the slightest difficulty.

The patient has been perfectly well ever since the operation.

Case 2.—STRICTURE OF THE URETHRA OF TEN YEARS' DURATION: INTERNAL UROTHROTOMY: RECOVERY.

Cornelius M., æt. 32, was admitted into the Richmond Hospital on the 10th of last March. The case presented all the symptoms of urethral stricture, which the patient attributed to gonorrhœa, and which the patient stated he contracted about eleven years previously. The stricture, situated in the membranous portion of the urethra, was so close a one, that it was not until after repeated trials that a No. 2 catheter could be passed. When this was done, Mr. Stokes then passed in the filiform bougie of the urethrotome, and completed the operation then, in the ordinary manner. A large gum-elastic instrument was immediately introduced after the operation.

Nothing untoward occurred during the convalescence of the patient, and more than four months after the operation No. 9 catheter could be introduced with the greatest facility.

Case 3.—STRICTURE OF THE URETHRA OF TWO YEARS' DURATION: INTERNAL UROTHROTOMY: RECOVERY.

Peter S., æt. 22, was admitted into the Richmond Hospital under Mr. Stokes' care, on the 20th of last March, suffering from stricture of the urethra, which he had, he stated, for the last two years. He attributed it to an attack of gonorrhœa, which had been treated by injections, and which he did not believe had ever been quite cured.

Mr. Stokes treated the case for some days by partially dilating the stricture by wax bougies, as the ordinary small sized gum-elastic catheter could not be introduced. As soon as the filiform bougie of the urethrotome could be passed, the remaining steps of the operation were completed in the ordinary manner. After the operation No. 10 gum-elastic catheter was introduced.

Four hours after the operation the patient had a rigor, but no other evidence of any constitutional disturbance supervened during the convalescence of the patient. A week after the operation, he left hospital able to pass water in a full and uninterrupted stream.

Case 4.—STRICTURE OF THE URETHRA OF FOUR YEARS' DURATION: INTERNAL UROTHROTOMY: RECOVERY.

Peter G., æt. 45, was admitted into the Richmond Hospital under Mr. Stokes' care on the 6th of last April. The stricture, situated in the membranous portion of the urethra was of four years' standing. The patient stated he never had any gonorrhœa, nor had he ever received any injury to the perineum. There was some obscurity therefore as to the cause of the stricture. The gradual dilatation method had been tried only, however, for the stricture to return afterwards in a still more contracted state. The stricture was situated in the membranous portion of the urethra. At the time of the operation No. 2 gum-elastic catheter could alone be introduced, and that with much difficulty, and requiring very delicate manipulation. The operation was performed in a similar manner as in the preceding cases, and immediately after No. 9 gum-elastic catheter was introduced. There were no rigors after the operation. Twenty-four hours after the operation, the instrument was withdrawn, and no instrument re-introduced for four days. No. 10 catheter was then passed without any difficulty. The patient then left hospital.

The first of these cases, operated on on the 23rd May, Mr. Stokes had an opportunity recently of examining. No. 9 catheter was introduced without any difficulty.

Cases 2 and 4 have also been recently seen and examined, and the condition of these two patients was found most satisfactory. Case 3 has not been seen since the operation, the patient having neglected to return to hospital for examination as he was directed.

The following points are of some practical importance:—

1. The operation should not be performed unless the grooved metallic director can be introduced *with facility*. Any forcing of this portion of the instrument into the bladder will, in the great majority of cases, be followed by rigors and other symptoms of constitutional disturbance.
2. The patient's bowels should be cleared by an enema on the morning of the operation.
3. Immediately after the operation a full opiate with quinine should be given.
4. The catheter introduced after the operation should not be allowed to remain longer than twenty-four hours. If it is, it will probably give rise to irritation, and the formation of an abscess where the stricture is divided.
5. No instrument should be re-introduced for at least three days.
6. The patient should be kept on milk diet for forty-eight hours after the operation, and no stimulants given.

DR. STEEVENS' HOSPITAL.

CLINICAL REPORTS

BY EDWARD HAMILTON, F.R.C.S.I.

FRACTURE OF THE CLAVICLE CAUSED BY MUSCULAR ACTION.

THIS bone, so frequently fractured by indirect violence, is rarely broken by muscular action, and yet cases now and then present themselves, which place the possibility of the occurrence beyond doubt. Various muscular acts have been recorded as resulting in fracture of the clavicle—*e.g.*, securing a carriage trace, mounting a horse, whipping a dog, shaking a wet coat. The following case illustrates this accident:—

J. H., a cabinet-maker, aged 48, a healthy man, fairly developed, presented himself at the hospital with all the symptoms and evidences of a fracture of the clavicle of the *right side*, a little external to the centre. He stated that a week previously he was pulling the lath from the hem of a linen blind, which, after considerable resistance, suddenly gave way; he felt something crack in his shoulder, with great pain and loss of motion in the limb; he did not mind it subsequently, but finding that the limb was still weak, he applied for relief. The fracture appeared to be quite transverse, and there was no difficulty in procuring perfect union. There was no history of syphilis, or other constitutional disease, to cause structural change in the osseous tissues.

POLYPUS OF THE RECTUM.

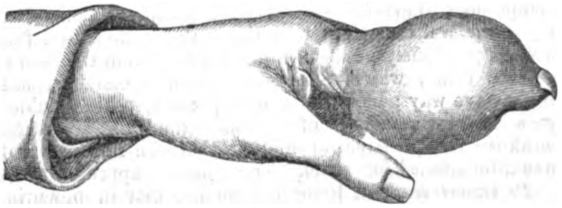
E. D., 12 years of age, presented himself as an outpatient; he had suffered for the last four or five years from tenesmus and constant hæmorrhage from the rectum; his aspect was pale and delicate, which his mother attributed to loss of blood: these symptoms at this early age suggested the idea of polypus—he was accordingly placed on his hands and knees, and directed to force down, when a polypus was protruded about the size of a filbert, very red and vascular; a wine ecraseur was applied to the neck of the tumour, and while it was being tightened the growth was drawn down, exhibiting a neck of fully an inch in length, attached to the posterior wall of the gut; steady traction was made on it, while a silk ligature was slipped round the pedicle, below which it was divided with a scissors. The age of the patient and the long narrow penduncle at once served to distinguish it from a pile, although the colour, the appearance of the surface, and the bleeding, might easily lead the superficial observer to an erroneous idea of its pathology.

TRAUMATIC ENCHONDROMA OF THE FINGER.

A. B., aged sixty, ten years ago received a severe blow on the index-finger of the left hand by the falling of a plank. The pain at the time was not very severe, but the finger remained sore and swollen, and gradually increased in size until about three years since, when it began to increase more rapidly, and was also more painful. On examination, the finger was considerably enlarged—about the size of a hen's egg,—had a peculiar elastic feel, amounting in parts to a sense of fluctuation; it felt hot and throbbing, and was very painful, but the pain was removed by gradual and steady pressure. The disease was limited to the finger; the metacarpo-phalangeal joint was perfect; there was no trace of glandular contamination; no evidence of cachexia. In every respect the case was favourable for operation, which was suggested to the patient twelve months before, but he was afraid to encounter it. The amputation was performed in the ordinary way. The end of the metacarpal bone was removed, as his occupation did not require the breadth of surface in the palm of the hand. Two vessels spouted during the operation, but ceased to bleed almost immediately, so that they did not require hæmostatic treatment. The wound was closed by means of sticking-plaster, one stitch only being inserted into the lower part of the wound. Silk steeped in carbolic oil was used for the purpose. The parts were covered with the antiseptic putty and tinfoil, and the bandages well soaked in the oil. The dressings were not disturbed until the fifth day, but were each day saturated with the oil, a little matter appeared under the edge of the bandages, but the entire suppuration did not amount to half an ounce.

On making a section of the tumour it presented all the characters of enchondroma, which were corroborated by the microscope. It had grown from the second phalanx, which was completely merged in the tumour, and from thence extended up on each side of, but did not implicate, the first phalanx. The digital nerves on each side were much enlarged and flattened, which may explain the increase of pain.

Altogether, the disease was a fine specimen of traumatic enchondroma :—



ANEURISM OF AORTA.

W. M., a plasterer, æt. 29, was brought under my notice through the kindness of Dr. Shortt. He presented a well-marked tumour of right lumbar region, projecting between the last rib and the crest of the ilium. Also, somewhat in front, it exhibited distinct diastolic impulse, and bruit de soufflet audible in front, but not behind. His general appearance was anæmic and unhealthy, and he suffered severe pains of a neuralgic character in the *back*, groin, and knee; he stated that he was in perfect health, and worked hard at his trade until six months ago, when he became affected with pains, which he attributed to rheumatism. He did not observe any enlargement of the side until three weeks before. He was admitted to hospital, and underwent a careful physical examination, from which was deduced the diagnosis of an aneurism of the aorta behind the cœleac axis, becoming diffused toward the right side. The tumour rapidly enlarged, attended with the most agonising pain and loss of sleep, which was with difficulty procured by the strongest anodynes. The tumour became somewhat dark on its posterior surface, and after a few days the extremities became cold, and he gradually became weaker and weaker. The post-mortem examination revealed an enormous mass of blood occupying the right side of the abdomen, behind the peritonæum, extending up behind the liver to the diaphragm, and down in the substance of the psoas muscle, which encapsuled it to Poupart's ligament. Immediately behind the mouth of the cœleac axis and superior mesenteric artery a large aneurism existed, eroding the vertebra. It became diffused behind the liver and kidney, both of which organs were projected forward.

KING'S COLLEGE HOSPITAL.

CASES UNDER THE CARE OF DR. BEALE, F.R.S.

(From brief notes by Dr. TONGE.)

DYSPEPSIA.—G. A., æt. 36, gardener. Admitted March 8; discharged March 26. In hospital 18 days. *Recovery.* Five weeks ago while straining at work sudden pain in loins, epigastrium, and right hypochondrium, continuing up to present time. Loss of flesh and strength, disturbed sleep, sour risings, occasional retching, pain aggravated by food.

Mist. rhei. co. iodide of potassium, bicarbonate of potass. and chloric ether; castor oil and opium; linseed and laudanum poultice.

DYSPEPSIA.—Mary A. C., æt. 19, servant. Admitted December 18; discharged February 13. In hospital 57 days. *Recovery.* Slight hæmoptysis six months ago; loss of flesh six months; epigastric and dorsal pain after food; sour risings.

Mist. rhei. co.; bismuth, magnesia, soda, calumba, and hydrocyanic acid; pepsine and hydrochloric acid; quinine, sulphate of iron, and sulphate of magnesia.

DYSPEPSIA.—Cornelius K., æt. 38, street fruit seller. Admitted December 1; discharged December 20. In hospital 19 days. *Relieved.* Abdominal pain and vomiting 14 days; bowels confined for one week before; much tenderness at a spot two inches above umbilicus; tongue furred.

Hydrocyanic acid and carbonate of soda; pepsine and hydrochloric acid; grey powder, rhubarb and henbane.

DYSPEPSIA.—Mary A. P., æt. 40, married. Admitted February 2; discharged February 20. In hospital 18 days. *Relieved.* Catamenia ceased two years ago; pain in right side 18 months, constant last three months; tremor of right leg and arm 18 months; hæmatemesis 10 weeks ago; loss of flesh and colour of late. On admission pain in right side; small deep-seated moveable tumour in epigastrium; occasional vomiting; appetite bad; tongue furred; bowels confined; right leg dragged slightly in walking.

Pepsine and hydrochloric acid; effervescing mixture; quinine and sulphuric acid; purgatives; hydrochloric acid lotion.

HYDATID (?) TUMOUR OF LIVER.—Mary A. M., æt. 22, widow. Admitted July 1; discharged August 3. In hospital 33 days. *Relieved.* Occupation sedentary; had acute rheumatism six years ago; since then a tumour to right of epigastrium only occasionally painful up to one month ago, since then constantly so; never jaundiced; no loss of flesh. On admission tumour 3½ inches transversely, nodulated (?), extending two inches below costal margin to edge of liver, felt in same situation and descending with liver on inspiration; appetite good; tongue clean; pain and tenderness became much less while she was in hospital.

Liq. ammon. acetatis and aromatic spts. of ammonia; belladonna plaster.

Re-admitted October 1; discharged November 9. In hospital 39 days. *Unrelieved.* Since discharge the tumour has become larger and more tender, but there has been no loss of flesh. The tumour got slightly larger and more painful while she was in hospital.

Quinine and dilute sulphuric acid.

Colic.—W. P., æt. 23, a blacksmith. Admitted May 26; discharged May 30. In hospital 4 days. *Recovery.* Slight epigastric pain and purging 6 days; much vomiting and intense abdominal pain on day before admission; scybala brought away by injection. Then slight jaundice.

Castor oil and warm water enema. Aromatic spts. of ammonia and sulphate of magnesia.

Colic.—R. B., æt. 50, smith. Admitted July 14; discharged July 16. In hospital 2 days. *Recovery.* On morning of admission ate some tainted meat, and, a few minutes afterwards, was seized with severe abdominal pain, vomiting, and purging, followed by faintness.

Warm bath. Aromatic spts. of ammonia and chloric ether.

Abscess of Liver.—W. R., æt. 22, sailor. Admitted December 2, 1863; discharged March 23, 1864. In hospital 112 days. *Unrelieved.* Left West Indies two years ago; soon afterwards jaundice 7 weeks, followed by loss of strength; pain and enlargement of liver 6 months; diarrhœa for 1 month, 4 months ago. On admission, skin dark, slightly jaundiced; pain and tenderness on pressure in right hypochondrium and epigastrium; pain sometimes in right shoulder; liver from sixth rib to below umbilicus; slight dulness and faint tubular bruit over base of right lung; motions dark; frequent paroxysms of severe pain in liver; diarrhœa after 30th day from admission. Forty days later, expectoration of pus streaked with blood; dulness and crepitation at left apex. Slight hæmatemesis 35 days later.

Chloric ether and iron (first sesquichloride, then citrate). Nightly opiates. Hydrochloric acid lotion over liver.

Re-admitted April 5. *Died* on May 20. In hospital 45 days. Pain in liver has increased since discharge; right side now extremely tender. Eighteen days later began to expectorate viscid, brownish-red sputum; two days later, pain worse; much dulness and crepitation at right base; some dulness at left base; nineteen days later, purged five or six times daily; expectoration abundant, fœtid, yellowish-brown; orthopnœa; exhaustion; death.

Post-mortem.—Liver fatty and much enlarged, extending to one inch above umbilicus; the upper two-thirds of right lobe occupied by an abscess, lined by a cyst one-fourth of an inch thick, containing stinking pea-soup coloured pus, its anterior surface adherent to the abdominal wall; base of lower lobe of right lung yellow and disintegrated, and communicating with abscess by an aperture in diaphragm, which was adherent around it to liver and lung. Old dysenteric ulcers in large intestine.

Cod liver oil; quinine; cod liver oil and syrup of iodide of iron; logwood and opium, and opiate enemata for diarrhœa. Locally, opiate poultices, lin. belladonna, and I. P.

Jaundice.—E. G., æt. 37, milliner. Admitted January 21; discharged February 13. In hospital 23 days. *Recovery.* Acute rheumatism 15 years ago; jaundice 3 years ago, and twice subsequently; each attack prolonged. Previously ill one week; shivering; itching of skin; headache; sleeplessness; low of spirits; ocular spectra. On 2nd day after admission, became slightly jaundiced. Gall-bladder distended and painful on pressure.

Aromatic spts. of ammonia; chloric ether and bicarbonate of soda; quinine and dilute muriatic acid; grey powder and rhubarb. Hydrochloric acid lotion over liver.

Jaundice.—Julia N., æt. 68, married. Admitted November 16. *Died* November 17. In hospital one day. Was in King's College Hospital last summer under Dr. Beale, for dyspepsia. Since discharge much pain in epigastrium and frequent vomiting; 12 days ago was seized suddenly with violent pain in hepatic region, recurring 2 and 4 days later. On admission very emaciated; slightly jaundiced; great pain and tenderness in upper part of abdomen; tongue dry; double bruit over base of heart; pulse 100, collapsing. On day after admission was seized with severe pain and vomiting, followed by exhaustion and death.

Post-mortem.—Heart nine and a quarter ounces; left ventricle slightly hypertrophied; mitral and aortic valves somewhat thickened; a bony nodule at base of one aortic valve, and bony plates in aorta; liver clay-coloured and small, its ducts full of bile; gall-bladder distended to size of a large pear; two gall-stones in it; mucous memt. ulcerated; recent lymph on its peritoneal surface; a small gall-stone impacted in lower end of common duct.

Stimulants. Enemata.

Cirrhosis of Liver.—R. S., æt. 45, law-writer. Admitted July 19. *Died* on July 22. In hospital 3 days. Has drunk gin freely. Ascites 3 months; legs œdematous 3 weeks. On admission considerable ascites and œdema of legs; superficial abdominal veins much enlarged; skin dry, slightly sallow; urine scanty and bilious, not albuminous; dulness and large crepitation at bases of lungs; liver dulness as high as fourth rib in front. Pulse 108; appetite bad; tongue furred. On second day after admission 517 ounces of fluid were drawn off by tapping. Sunk, and died next day.

Aromatic spts. of ammonia, chloric ether, sp. junip. co. and liq. ammon. acetatis. Pepsine and hydrochloric acid. Purified ox bile. Paracentesis abdominis.

Cirrhosis.—T. K., æt. 42, miner. Admitted September 30. *Died* on October 24. In hospital 24 days. Has drunk spirits freely. Ten weeks ago, vomiting, diarrhœa, loss of appetite, and debility; dropsy 1 month, commencing in legs; motions loose and frequent, sometimes bloody; slight jaundice; legs œdematous; much ascites (girth at umbilicus, 38½ inches); skin of genitals, abdomen, left chest, left axilla, and inside of left arm, deep purple (began in left axilla 7 days ago); large crepitation and sibilus over chest; tongue brown in centre; red at tip and edges; pulse 96; urine bilious; no albumen. The jaundice ascites and dyspnœa increased, and he died on the 24th.

Post-mortem.—Much turbid serum, the colour of yolk of egg, in peritoneum; liver contracted, fissured and nodulated, bright yellow on section; weight seventy-three and a half ounces; lungs much congested; some patches of pulmonary apoplexy in lower lobes; heart healthy; stomach rather inflamed.

Chloric ether and carbonate of ammonia (19 days). Then hydrocyanic acid and bicarbonate of soda. Turpentine stupes.

Cirrhosis.—Granular Kidneys.—G. G., æt. 65, compositor. Admitted May 25. *Died* June 25. In hospital 31 days. Intemperate. Jaundice 25 years ago; cough and shortness of breath 3 months; œdema of legs and great dyspnœa, 10 days. On admission slight ascites, legs œdematous; dulness and crepitation under right clavicle and over right supra superior fossa; wheezing elsewhere; expectoration frothy, viscid and puriform; pulse 110; respiration 36; urine albuminous; became weaker; passed much clotted blood by rectum on 28th day after admission. Died 3 days later.

Post-mortem.—Much fluid in pleuræ and peritoneum; lungs œdematous and emphysematous; old chalky bodies and cicatrices in their upper lobes; liver 43 ounces; slightly granular; contracted and tough; deep oblique fissure on upper surface of right lobe; kidneys granular and contracted; cysts in cortex.

Chloric ether, carbonate of ammonia and senega. Logwood, sulphate of copper, and opium.

ST. GEORGE'S HOSPITAL.

Dr. OGLE'S CASES OF ABDOMINAL TUMOURS.

Nothing in the whole art of medicine is involved in greater uncertainty than certain tumours in the abdominal regions. Some of the most obscure cases have been very patiently investigated by Dr. J. W. Ogle, who published his conclusions and full details of the cases in the last volume of the St. George's Hospital reports, upon which we have previously drawn so fully. We now purpose to give an epitome of these important cases for the benefit of such of our readers as have not already studied them, and as an encouragement to others to work in the same field. We have only to preface the cases with our thanks to Dr. Ogle for his kind assistance in the matter.

Case I.—LARGE TUMOUR FORMED BY THICKENING AND TUCKING-UP OF THE OMENTUM, WHICH WAS OCCUPIED BY SCROFULOUS DEPOSIT.

F. K., æt. 47, admitted August 17th, 1843, and died December 11th. No history of the case was obtainable, but the preparation may be seen in the museum of St. George's, and the post-mortem found in the books as follows :—

Post-mortem examination.—The whole of the subperitoneal areolar tissue (visceral and parietal) was thickly studded with miliary tubercles. The large omentum was very much thickened by a similar deposit, and being tucked up, *formed a large tumour* situated to the right of the umbilicus, on a level with it. This tumour was united by recently effused fibrin to the anterior wall of the abdomen ; and the various coils of intestine were similarly united. No ulcerations of intestine existed. Here and there was a small quantity of serum between folds of intestine, which had not been united, forming a *species of encysted dropsy.*

The left lung at its apex contained numbers of miliary tubercles and a vomica. Right lung and heart healthy.

Case II.—DISTENSION BY SERUM OF THE SMALLER OMENTAL CAVITY, WHICH WAS CONVERTED INTO A SHUT SAC BY CLOSURE OF THE FORAMEN OF WINSLOW : PECULIAR DEPOSIT BENEATH THE PERITONEUM.

J. I., æt. 39, admitted March 24th, 1841, and died August 26th. As in the former case, no history exists.

Post-mortem examination.—The peritoneum of the whole of the intestine, liver, and other organs, and also that lining the abdominal walls, was covered by a thick layer of fibrin, which could be scraped off ; also beneath the peritoneum of the bowels and parietes a quantity of black material was deposited. The upper cavity of the omentum had been converted into a shut sac by a false membrane which blocked up the foramen of Winslow ; and the cavity of this sac contained a quantity of straw-coloured serum. The liver, spleen, and kidneys were much diseased.

The left ventricle of the heart was much thickened ; and much disease of the mitral valve and œdema of the legs, with fluid in the pleural and pericardial sacs, existed.

Case III.—LARGE MASS OCCUPYING THE CENTRE OF THE ABDOMEN, FORMED BY HYDATID CYSTS CONNECTED WITH THE OMENTA. CAVITY, LINED BY FIBRIN, AND CONTAINING PURULENT FLUID, FORMED BY BREAKING DOWN OF THESE CYSTS. PURULENT DEPOSITS IN THE LIVER ; PUS IN THE PORTAL VEIN.

Josiah S., æt. 38, was admitted Jan. 30, 1850. For many years he had not been quite well, and also had been getting large in the abdomen ; but on the whole enjoyed fair health, until one week before admission, when he experienced severe pain in the region of the liver, epigastrium, and right shoulder. He had several times had rigors. When admitted, the skin was brownish yellow, and the abdomen was very large and hard, with rounded nodulated tumours, to be felt through the parietes, almost over its whole surface. Extensive dulness, continuous with that of the liver, extended very high into the chest, and passed across the umbilicus to the left iliac region, but nowhere could any edge be discovered ; and though there was much softness, no positive fluctuation could be detected. There was some resonance in the left hypochondriac and iliac regions. The urine was very dark and very albuminous. The conjunctiva yellow. Purgatives were freely given, and ether to alleviate a spasmodic kind of pain of which he complained ; the alvine evacuations were very pale. Though in some respects he improved, the abdomen became larger. The albumen and bile diminished in the urine, but œdema of the legs came on, and then diarrhœa. He lost strength and flesh ; and pain in the lower part of the abdomen was great. He finally became delirious before death, which occurred Feb. 2nd.

Post-mortem Examination.—The lungs were somewhat conjested ; the right one being much pushed up by the liver which reached as high as the third intercostal space.

The great omentum was at its lower part adherent to the anterior wall of the abdomen. In the areolar tissue, between the layers of peritoneum, forming the lesser and greater omentum, were numerous cysts containing hydatids which formed an enormous mass, occupying the whole of the central part of the abdominal cavity, and much displacing the viscera ; the small intestines occupying chiefly the left iliac fossa. Behind the umbilicus, in the anterior and lower portion of the mass of cysts, was situated a large irregular cavity of sufficient capacity to contain a child's head. This cavity was apparently formed by the coalescing of several cysts, the interposed partitions having been destroyed. It was lined by a thick layer of false membrane, which gave great consistency to its walls, and it contained a thin yellowish, purulent, and very offensive fluid, in which floated many hydatids, apparently long dead. The remainder of the mass consisted of cysts containing hydatids, some ruptured and collapsed, others in various stages of development. The containing cyst-walls were in places almost of fibro-cartilaginous character. Isolated cysts also existed ; as, for example, in the transverse meso-colon, beneath the peritoneum of the sigmoid flexure of the colon, between the rectum and bladder, between the peritoneum and the fascia transversalis near the umbilicus.

The liver contained several small purulent deposits, slightly tinged with bile, and the *branches of the portal vein* also contained pus. Kidneys congested. Other organs natural.

Case IV.—LARGE SAC, FORMED OF FIBRINOUS MATERIAL AND FILLED WITH FLUID ; SITUATED IN FRONT OF THE INTESTINES.

Jane L., æt. 29, admitted May 8, 1850, with ascites and diseased liver. At first the swelling, as she said, had appeared to begin on the *left* side, where pain existed ; and for some time she thought she had been pregnant. When admitted, the abdomen was enormously distended, and no resonance existed at its upper part, but it could be traced on either side towards the spine. Tapping had to be resorted to several times.

Post-mortem Examination.—The cavity of the peritoneum was found lined by a tolerably thick layer of firmly organised lymph, which passed in front of the intestines and formed a sac, filled with yellow serum. Numerous slender bands of recent lymph were stretched across the sac. All the abdominal organs were matted together, and bound down to the back of the cavity by old adhesions.

Case V.—CYSTS FILLED WITH SERUM, FORMED BY FIBRINOUS LAMINÆ INTERSECTING THE GENERAL PERITONEAL CAVITY, THE RESULTS OF PERITONITIS. LARGE CYST OF THE RIGHT OVARY ; SMALLER ONES OF THE LEFT OVARY.

Mary T., æt. 34, the mother of eight children, was admitted October 19, 1853, with a swelling of the abdomen, which she said had been attended with most pain on the right side. The catamenia had been regular ; she had had no illness. The abdomen was very generally and uniformly distended, and fluctuation was manifest ; the resonance of the bowels always occupying the most prominent parts of the abdomen when she changed her position. There was no evidence of disease of the heart or kidneys. Under the use of diuretics and purgatives the abdomen was reduced almost to the natural size ; and she left the hospital, but continued as an out-patient. On the 19th of October she became again an in-patient, having a very large abdomen, and suffering from pains therein, and from vomiting, with constipation. The resonance of the bowels was only to be heard very high up. Still there was no anasarca, and the urine was free from albumen though scanty. Paracentesis abdominis was performed, and much clear limpid fluid withdrawn. She went on pretty well for some days, until thirst and vomiting came on, and symptoms of some degree of peritonitis. She became low and depressed, and, in spite of certain favourable changes, sank, and died December 2nd.

Post-mortem examination.—There was some œdema of the lungs behind, but the various thoracic organs were natural. The abdomen contained a large quantity of straw-coloured fluid, enclosed in spaces formed by fibrinous laminæ intersecting the peritoneal cavity; so that, in making a puncture into one of these, the fluid escaped from that space alone. The parietal peritoneum was lined by a thick layer of vascular false membrane. The intestines were contracted, and accumulated into a very small space in front of the spine. The kidneys were healthy; the liver small, with an opaque capsule. A large cyst, of the size of a fœtal head, was connected with the right ovary, and occupying the pelvic cavity: this was filled with dark gelatinous fluid and soft vascular solid masses. Several small cysts were also connected with the other ovary.

Case VI.—PERITONITIS. PECULIAR FETID GRUMOUS FLUID, OF UNCERTAIN ORIGIN, IN THE DEEP CAVITY OF THE PERITONEUM.

Mary H., æt. 45, was admittd July 18, 1858, in a dying state, and suffering from great tenderness over the whole of the abdomen and sickness of three days' standing. The bowels had been confined, but had operated three days previously. No hernia could be ascertained to exist. She died in great suffering a few hours after admission.

Post-mortem examination.—The heart was very flabby, and a small quantity of atheroma existed on the anterior flap of the mitral valve. The other thoracic organs were natural.

The various coils of small intestine and the abdominal viscera were adherent to each other by recent adhesions, and the cavity itself (where not obliterated by other adhesions) was filled with a fetid grumous fluid much resembling the contents of the small intestine; and, as the adhesions in various parts of the cavity were broken down, this fluid oozed out from circumscribed cavities in the peritoneum, giving, at first sight, the impression that the intestine was perforated. This was, however, not the case, as the internal surface of the intestine, examined all the way from the stomach to the anus, was nowhere diseased, though the external surface was covered by lymph and inflamed. The subperitoneal areolar tissue was occupied by a peculiar deposit, of a strongly fetid odour, and of a grumous character, the origin and nature of which was uncertain.

The stomach and other abdominal and pelvic organs were quite healthy.

Case VII.—ENORMOUS SOFT ENCEPHALOID TUMOUR, WEIGHING 30 LBS., CONNECTED WITH THE GREAT OMENTUM. A FEW NODULES OF THE SAME CONNECTED WITH THE MESENTERY. OTHER ORGANS NATURAL.

J. B., æt. 42, was admitted November 22, 1865, having had "a swelling of the stomach" six weeks. It appeared that he noticed it first in the region of the ilio-cæcal valve; and that it was attended by vomiting, but was accompanied by some pain; the bowels having been regular. On admission, a large, soft, quaggy, ill-defined, smooth, superficial tumour, free from pain or tenderness, existed at the lower part of the abdomen. The urine was natural; the bowels were opened (the evacuations appearing as if they had been long retained), and the tumour seemed smaller afterwards; but they were sluggish, requiring strong purgatives. The belly became more swelled and tense, but the general health did not suffer. No fluctuation was found, but the whole anterior of the abdomen was dull on percussion (not otherwise, on change of position), the flanks being resonant. The distension became much increased by flatulence. On the 25th of January, vomiting for the first time set in, and continued until death. He now began to lose flesh and to become unhealthy-looking; the bowels only acted by enemata. He sank and died January 28th.

Post-mortem examination.—The thoracic organs were natural. The abdominal walls were adherent to a large mass beneath. After the adhesions had been removed an enormous tumour of soft encephaloid carcinoma was found occupying the whole front of the belly, extending from the diaphragm to the pubes. This was connected with the great omentum, and could be turned out of the cavity so as to display the viscera behind. The mass was divided into lobules, so that it had a very close resemblance (in appearance as well as consistency) to the surface of the brain. It weighed 30 lbs. A few small nodules, varying in size up to that of a walnut, of similar material, were met with in the mesentery, and attached, in some parts by pedicles, to various folds of peritoneum.

The other organs were natural

Case VIII.—QUANTITY OF A PECULIAR MATERIAL, RESEMBLING DEGENERATED FIBRINOUS DEPOSIT, SITUATED BENEATH THE PERITONEUM, LINING A LARGE PORTION OF THE ABDOMEN.

Emma F., æt. 35, an intemperate woman, was admitted January 25, 1866. She had rheumatic fever fourteen months before, and since that she had been low and weak. She had been for two weeks suffering from sickness and dyspepsia, when, during the catamenial period, she was attacked with cold and was seized with pain in the region of the uterus; and, on admission, had much pain in the lower part of the abdomen, and was constantly retching. There was much distension and some tenderness of the abdomen generally. The urine was not albuminous. Her symptoms were at first relieved by calomel and opium, and turpentine fomentations. Later on, she had symptoms resembling those of incipient delirum tremens. At the right side of the navel some kind of substance was felt within the abdomen, which was painful on pressure. Diarrhœa became very great, and her aspect became jaundiced. She constantly had pains above the pubes; the tongue was furred and the pulse weak; the pupils were very small; and she gradually sank and died.

Post-mortem examination.—The lungs were found loaded with frothy fluid. The heart was natural. On examining the abdomen, a large quantity of what resembled decolourised fibrin was found lying behind the peritoneum, extending from the diaphragm to the brim of the pelvis, lying in front of both kidneys and around the duodenum, and also to a certain extent penetrating into the mesentery and being in close relation with every part of the colon. It was abundant about the pancreas and suprarenal capsules, and closely surrounded the large vessels of the liver and spleen. Here and there, in the immediate neighbourhood of this deposit, were small circumscribed pustules below the peritoneum; one, of small size, lay just under the mucous membrane of the large bowel. In some places the above-described material was white, like mortar; in others, of a reddish or brownish colour. *Microscopically* examined, it had all the characters of degenerated fibrin, and contained no pus or blood-corpuscules. No source of this deposit could be discovered; no aneurusm nor disease of the bones of the back or pelvis existed, and no traces of peritonitis. The liver was soft, and of a somewhat orange tinge; the kidneys were natural.

Case IX.—SMALL HARD ENCEPHALOID MASSES SPRINKLED OVER LARGE TRACTS OF THE PERITONEUM ONLY; THE SAME CONNECTED WITH THE PLEURAL SURFACE OF THE DIAPHRAGM.

Rose P., æt. 55, was admitted March 23, 1863. She had observed an enlargement in the lower part of the abdomen for three months, which had gradually spread over the whole body, creating only slight pain, but much uneasiness and occasional vomiting. On admission, the abdomen was distended with flatus, and a large mass—without, however, any distinct edges, and which appeared to belong to the *whole abdominal* cavity—was found. *No fluid* could be detected; and pressure only occasioned pain down the right side. The urine was high-coloured, not albuminous; the evacuations from the bowels were natural. In spite of treatment, she got thinner and more pain came on; vomiting and tenseness of the abdomen followed, and she sank, and died April 12th.

Post-mortem examination.—The peritoneal cavity contained a large amount of clear serous fluid. Scattered upon the peritoneum, in *every part*, were numerous white firm deposits, as large as a pea or mustard-seed, resembling hard encephaloid carcinoma. These small bodies were chiefly abundant in the great omentum, and the folds of peritoneum about the uterus were much thickened by similar, but softer, deposit. The liver was contracted and adherent to the diaphragm by adhesions, and on the upper or pleural surface of the diaphragm were several large deposits of the same kind as that attached to the peritoneum.

A very small growth also was found under the capsule of one kidney; but none of the viscera contained any.

Microscopically examined, the deposits were found to consist of small cells, mostly without nuclei; some with a single one.

CASE X.—PULSATING TUMOUR IN THE EPIGASTRIUM FORMED BY SCIRRHOUS OF THE PYLORUS OF THE STOMACH; SCIRRHOUS ALSO OF OTHER PARTS; SCROFULOUS DEPOSIT AND VOMICÆ IN THE LUNGS; EPILEPTIC ATTACKS.

Elizabeth D., æt. 46, was admitted February 13, 1847, with symptoms of disease of the stomach, having pain there after eating, pyrosis and frequent vomiting, chiefly after food, but at other times also. For two months she had perceived a tumour at the epigastric region, which on her admission was of about the size of a walnut. It was then quite circumscribed, painful on pressure, and situated a little above and to the *right* of the umbilicus. It pulsated as if from transmitted impulse. Shortly after admission the patient had an epileptic attack, followed by raving delirium. Then other convulsive attacks subsequently occurred, during which the *pupils were contracted* to the size of a pin's head, and again became dilated when the fit ceased. She became weaker, and died February 18th.

Post-mortem examination.—The tumour of the abdomen was found to be the pyloric end of the stomach, contracted and surrounded by scirrhous deposit, which internally was ulcerated; the omentum adjoining contained similar deposit. Similar scirrhous tubercles also existed beneath the peritoneum, covering the liver, spleen, and one kidney. In the substance of one kidney was also a small tumour of the same nature. Lungs congested and somewhat emphysematous. One vomica. Brain softened and contained much serum.

EAST LONDON CHILDREN'S HOSPITAL.—This thriving special institution for children at the East end of London began its work with eight beds in January last. Within a few months the number had increased to twenty-six, and the applications for admission have shown how much work there is to be done by the little hospital. We learn from the first annual report that during the last six months 90 in-patients have been received, and 2300 out-patients attended to. The free-hold of the hospital has been generously purchased for £2000 by Mr. and Mrs. Heckford. The institution had our approval at the outset of its career, and we can only repeat that it is fully entitled to the support of the public.

As Mr. Hains, Surgeon, of Totnes, was attending the bedside of a patient at Harberton, the portion of the flooring on which he was standing suddenly gave way, precipitating him into the room beneath. Happily, beyond being shaken and receiving some slight bruises, Mr. Hains was not much the worse. Mr. Hains is a gentleman of unusual weight and rotundity.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 9, 1868.

THE AILMENTS OF THE MEDICAL BODY CORPORATE.

No. I.

THE MATERIEL OF THE PROFESSION.

IN proceeding to ask and answer the categorical enquiry, " Is a doctor a gentleman," as the first stage in our proposed discussion of the ailments of the Medical Body Corporate, we aim rather at putting the issue in a decisive than in a flattering form before the profession; and while we are glad to believe that the inuendo of our query implies an unmerited slur on a great proportion of our brotherhood, we are feign to confess that in the public valuation of the profession, a sufficiently inferior social estimate attaches to doctors, viewed in the abstract, to justify us in meeting the prejudice face to face, and discussing it in a spirit of belief, and with the hope of thoroughly probing the offensive *cloacæ* which mar the social health of the profession.

It can hardly be said that a profession which for ten years has paid for, and with still greater self-sacrifice, even listened to the uninstructive wranglings of the Council of Medical Reform, is unconscious of its corporate rottenness, or lethargic over its unfortunate sanitary condition. That after a ten years' puzzle of the medical brain over the medico-educational enigma, the professional body should not have become thoroughly sick and careless of the subject, proves that the condition which has called forth the debate is thoroughly well recognized, and the attainment of a remedy foremost in the aspiration of our brethren.

Are we certain that we have not been all along looking too remotely for the disease and its treatment while its final cause is right before us? In discussing the palpable causes which make a good student into a bad doctor, have we forgotten to inquire whether the *materiel* of the student *is* good, in other words, whether the class from which the embryo doctor comes is always such as to give a fair ground for the fructification of the educational seed which is now credited with the poorness of the harvest?

We are not as medical journalists charged with the duty of making things pleasant for the profession, or tickling the vanity of medical students, either in the raw or finished form. We do not desire to make ourselves ridiculous, by pretending to deny that which is patent to all the world, nor do we think the extra-professional public will think the worse of us for calling our faults by their proper names. The simple fact is that the class from which medical students come is not always such as gentlemen are made of, and no system of subsequent education however perfect, could be expected to confer social qualities on the man which the boy either takes away with him from school, or else never possesses.

In innumerable instances medical education, with talent and industry, do everything that can be hoped for; but they cannot effect that which, for the Profession at large, is most to be hoped for. They make a skilful Surgeon, an original-minded and astute Physician, a thoroughly experienced and reliable medical attendant; but they always fail to make a gentleman where the nameless and indefinable combination of gentleness, honour, and fine feeling embodied in that title does not already exist. The utmost energies of teachers, students, and examiners can only bring the medical man into *professional* contact with the first class of his patients; they can insure to him respect and confidence as a master in his art, and afford him the monetary reward of his work and labour done, but without the self-contained qualities which make a gentleman, they never can raise the doctor to the level of a personal friend, or confer the influence and social position which the Profession at the present day wants more than anything else.

Why is it that the public influences of the Profession as a body are so painfully insignificant? Why is our representation in State—honour—emolument, or confidence below that of any other profession? Why is it that the Departmental snub is administered to the doctor with more insolent disregard of his feelings than to any other class of suppliant?

The social status of doctors in the aggregate supply the answer, and suggest the remedy. If the *personel* of the medical man, as it is in too many instances, is but slightly removed from that of the local druggist; if he estimates the pecuniary value of his own services in greatly inferior proportion to that of the Church or the law; if he is not protected from degrading practices and dirty little meannesses by a proper sense of self-respect or a painful consciousness of shame, how is it to be supposed that gentlemen of mind or ladies of good breeding will disassociate him from the local druggist, or that governments will open their ears to his complaints as they do to those of the Church or the law. And experience corroborates our theory, for the branch of the profession into which gentlemen introduce their sons is that portion of the body corporate whose status protects it from the social faults of which we have spoken, and which accordingly enjoys all the social equality and all the public influence which medicine can now boast of.

No doubt the grievance of which we complain represents more or less the whole disease of the profession—no doubt the inferior status of a section of the profession is the natural result of the cheapening and underselling system which opens the ranks of our body as a resort for persons, the deficiencies of whose person and education render their success elsewhere very doubtful. We are well aware that the profession cannot be composed solely of gentlemen as long as licensing corporations are happy to accept illiterate vulgarians if they cannot get gentlemen, and five shilling diploma fees if they cannot get guineas. What we desire to convey by our argument is that in a social direction much more is wanting to the profession than mere medico-educational reform, and that, if the Utopia of educational perfection should ever be reached, the profession will still have advanced little or nothing in respect of its status. We do not ask that medical education should be made more expensive, for such a movement, while it excluded that class who have the greatest incentive to industry, would admit others, who though thoroughly competent to pay, would do no social credit to our body. We demand that the only test within the power of those who hold the entrance-keys of the profession—mental culture by a liberal education—shall be exacted. If we secure that, the candidates for admission shall possess such mental acquirements as their *confreres* in law and divinity can show. If we make certain that they shall not openly disgrace the body by caddishness or palpable ignorance, we shall possess a sufficient guarantee that the discipline which their minds has undergone will protect them and us from any practice which might degrade medical men in the public estimation. Let us make sure that the doctor shall write and speak the English language with no fewer H's than his compeers of the Church or the law, and shall be as competent as they are to give expression to his ideas on the ordinary topics of conversation, and we may rest satisfied that he will be as readily received into good society as the rector or the lawyer, and will never depreciate his position by mean or unworthy practices. When we have demanded and obtained in the Candidate such attributes, it will be an easy task even with the multitudinous deficiencies of the teaching system to make him a competent surgeon or a reliable physician.

A FEW WORDS ABOUT FEES.

MANY of our readers have, doubtless, perused with pleasure Sir WALTER SCOTT's inimitable description of Doctor LUKE LUNDIN, in that admirable novel of "The Abbot."

The Doctor is depicted as a fussy, empty-headed, good-for-nothing medicus, whose head was stuffed with Latin aphorisms and proverbs, but whose skill, when required in a case of supposed poisoning, was weighed in the balances, and found wanting.

This doctor found in his day, as many a physician has found in ours, that however popular the Doctor may be in time of illness and nature's extremity, once the patient is cured and the disagreeable question of fees comes to be considered, he is straightway voted a bore, and is not rarely treated with barefaced ingratitude.

In one of Doctor LUKE LUNDIN's walks he meets some of his patients, whereon the novelist proceeds thus:—"The next whom the Doctor deigned to take notice of was a lame fellow, by whom the honour was altogether undeserved, for at sight of the mediciner he began to shuffle away in the crowd as fast as his infirmities would permit.

"'There is an ungrateful hound for you,' said Doctor LUNDIN; 'I cured him of the gout in his feet, and now he talks of the chargeableness of medicine, and makes the first use of his restored legs to fly from his physician. His *podagra* hath become a *chiragra*, as honest MARTIAL hath it—the gout has got into his fingers, and he cannot draw his purse. Old saying and true—*Præmia cum poscit Medicus, Sathan est.* We are angels when we come to cure, devils when we ask payment; but I will administe a purgation to his purse, I warrant him.'"

Need we point the moral? probably not; for what medical man engaged in active practice has not found Sir WALTER SCOTT's description time to life, and few there are who have not experienced in their own persons, at some time or other, the feelings of the Scottish medicus who said, in words which ought to pass into a proverb, "We are angels when we come to cure, devils when we ask payment."

The best way to meet this spirit, against which we protest, is to urge our first-class physicians and surgeons to be clear and distinct in stating and demanding their fees, letting the old and unsatisfactory plan of "leaving it all to yourself" alone. Many do this, and as a necessary consequence, their services are highly valued, while the services of their more complacent but less firm brethren are rated by the public, as they themselves rate them.

A Dublin physician of eminence, not many years ago, demanded and got his honorarium of two guineas per visit, no matter how often he went to see the patient. On its being objected to him that the number of visits made his fees come high, he replied, "You do not really require *my* services; there are many younger men who will serve you as well for less, and if you wish for *me*, you must have me on my own terms. If I should visit at a low rate, what would become of my professional juniors?"

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Notes on Current Topics.

The Public Health.

The usual periodic return has been issued by the Registrar-General, and contains the following statistics:—

In the week that ended on Saturday, August 29th, 4730 births, and 3364 deaths, were registered in London and in thirteen other large towns of the United Kingdom. The annual rate of mortality was 27 per 1000 persons living. The annual rate of mortality last week was 23 per 1000 in London, 24 in Edinburgh, and 28 in Dublin; 19 in Bristol, 30 in Birmingham, 36 in Liverpool, 39 in Manchester, 35 in Salford, 36 in Sheffield, 32 in Bradford, 39 in Leeds, 32 in Hull, 30 in Newcastle-upon-Tyne, and 26 in Glasgow.

In London the births of 1121 boys and 1126 girls, in all 2247 children, were registered in the week. In the corresponding weeks of ten years, 1858-67, the average number, corrected for increase of population, is 1993. The deaths registered in London during the week were 1356. It was the thirty-fifth week of the year; and the average number of deaths for that week is, with a correction for increase of population, 1318. The deaths in the present return exceed by 38 the estimated amount, but are less by 72 than the number recorded in the preceding week. The deaths from zymotic diseases were 432, the corrected average number being 462. Seven deaths from small-pox, 21 from measles, 57 from scarlatina, 5 from diphtheria, 24 from whooping-cough, and 51 from fever, were registered. The mortality from diarrhœa and cholera is decreasing. Last week the deaths of 174 children and 12 adults from diarrhœa, and the deaths of 10 children from cholera or choleraic diarrhœa, were registered. In the two preceding weeks the deaths from diarrhœa were 245 and 246, and from cholera 29 and 15. The widow of a sailor died on August 25th, at 29, Chilton-street, Rotherhithe, at the age (as stated) of 101 years. The deaths of 2 persons from intemperance, of 3 persons from delirium tremens, of 8 infants and 2 adults from syphilis, of 3 persons from burns or scalds, of 7 persons from drowning, of 2 infants from suffocation, of six persons who committed suicide, and of 5 persons who were killed by horses or carriages in the streets were registered.

The City Police (London).

Many hours of the twenty-four are spent by the policeman on his "beat," whatever the peculiarities of the weather—"hail, rain, or shine"—hot, mild, or cold—day or night, he must be there. His periodic exposure to these changes, and his liability very often to injury and violence might lead to the expectation that his health would necessarily suffer, and his life be proportionably short. In former years there might be some ground for the apprehension, but since the opening of an hospital especially for the members of the force, both the mortality and the severity of sickness among the men has been much less. The medical officer of the city force, Mr. B. Childs, has sent in his returns to the police authorities, for the year ending the 23rd June last, which shows to what extent such has been the case. The city force consists of 697 men, and is distributed into six divisions. That stationed in Moor-lane was the healthiest—that in Bishopsgate-street the least so During the year, 423 were admitted into hospital, five died and upwards of eleven were constantly on the sick list, the diseases being those resulting from exposure. Both the sickness and mortality were found to be less among the married men than the single. The married men numbered 498 and the single 199. Only one death occurred amongst the former, while there were four among the latter. So with admissions to the hospital; the proportions were 469 per 1000 married men, and 934 per 1000 single. A similar though very slight difference is marked between those on day and those on night duty. We cannot quote the whole of Mr. Childs' figures, but it appears from his report that the state of the force under his charge compares very favourably both with the health of the metropolitan police, and with that of the troops in the United Kingdom.

A Medical Man Fined.

Under the 23rd and 30th sections of the Vaccination Act passed in 1867, Dr. David Roberts, of Great Dover-street, Borough, was summoned by the parish authorities of Camberwell, for refusing to fill up and sign a certificate of successful vaccination performed by him. The case was heard at the Southwark Police Court. It appeared that the Registrar of Births and Deaths wrote to him on his refusal, and received a reply stating that he (Dr. Roberts) adhered to his determination not to fill up the certificate, and assigning as his reason that he was not paid for it. This was his plea also before the magistrate, to whom he stated that he vaccinated successfully 600 children in the course of the year, and it would be hard if his time was to be taken up without fee or reward.

Mr. Partridge said it was a question of law, and the defendant did not dispute the facts. He had refused to fill up the certificate because he was not paid any remuneration. After referring to the Act which mentions that no fee should be taken by the public vaccinator or any medical practitioner on giving his certificate, he said there was nothing to show that he had not the remedy of getting his fee as a private practitioner from the party who employed him; but it was clear that he was bound to give his certificate to the registrar without fee. The fine, under the 30th section of the Act, was 20s.; but as the defendant had only come forward to meet the case on those peculiar grounds, he should mitigate it to 10s. and costs.

Dr. Roberts asked his worship to grant him a case for the Court of Queen's Bench, as it was most important to the medical profession.

Mr. Partridge declined to do so, and told Dr. Roberts that if he thought proper he might apply to the Court of Queen's Bench himself.

Over-Laying and Death Certificates.

An inquest held last week on the bodies of two infants, gives us a double text—public and professional—for the discussion of the matter. The mothers of the two little victims excused themselves for the deaths of their children on the ground that they were accidentally suffocated by lying on them, and in the same breath they confessed that they had insured the lives, or rather the deaths, of the infants a short time before. The only evidence besides the statement of the mothers themselves, was the certificate of a surgeon who had never seen either body after death, and yet legally declared that they died of suffocation. The mothers were dismissed to the enjoyment of their gains by the death of the babies, and the surgeon was severely taken to task by the Coroner for certifying that of which he knew nothing.

Medical Capacity for Coronerships.

Dr. Lankester, the coroner for Central Middlesex, has, in the discussion of Dr. Tindal Robertson's late paper at the meeting of the Association, debated the special qualifications of the doctor for the office of coroner in a tone which, though by no means enthusiastic as regards the claims of the profession, is impartial and argumentative. He considers that a medical practitioner is, by his habit of deduction from theory as much as from fact, rather the worse than the better as an investigator of simple occurrences, and he declares that the medical man owes his superiority to his study of the natural sciences. This we believe to be an accurate enunciation of the doctors special qualification, and one which ought not to be overlooked by the public. A medical coroner is an embodiement, in cases in which it is considered unnecessary to hold post-mortem investigations, of the judge and the expert. He is in the position which no lawyer can enjoy, of checking each enquiry by his medico-legal knowledge, and under his supervision it becomes improbable that in any case whatever, suspicious circumstances and pathological appearances could be overlooked. Thus, the public has an extra guarantee for the reliability of a medical coroner's enquiry, which they cannot have at the hands of any other functionary, however astute he may be.

The Medical Act against Quacks.

At last it would appear that the powers of the Medical Act against quacks are discovered to be sufficient for their object, and the action of the profession which was discouraged in the first instance by some very paradoxical legal judgments, is being revived against illegal practitioners. A druggist in Wales has been successfully prosecuted by the North Wales Registration Society, for using the title of Surgeon in a death certificate. The culprit endeavoured to save himself by attaching the letters n. r. to his falsely claimed qualification, which he explained to mean "not registered." The fraud was too manifest for such a ridiculous defence, and the practising druggist has had the option of paying £10 or going to prison for a fortnight. The judgment of a member of the English Bench to the effect that the use of any title was not illegal so long as the culprit did not represent himself to be registered—a decision which has mainly deterred the profession from availing themselves of the provisions of the Act—would thus appear to be incorrect, as it is manifestly at variance with the spirit of the law. It is justly held that a person who uses the title of a medical qualification, thereby implies that he is or might be registered for it, and he should be punished accordingly.

It is satisfactory to find that justice seems likely to overcome the ridiculous legal quiddits which have hitherto rendered the Medical Act nugatory.

Qualification of Medical Assistants.

The Privy Council has had before it a series of new regulations for the examination of assistants, framed in accordance with the recent Pharmacy Act. We understand that the proposed examination combines Materia Medica, Pharmacy, Translation of Prescriptions, and the details of ordinary Dispensing Manipulation. The Materia Medica test will be principally on the identification of chemicals and pharmaceutical agents, both in the officinal condition and in the plant itself, and to pronounce on the quality and adulteration of each article, the candidates will be required to recognise the manufactured preparations, such as tinctures, infusions, and extracts, and to know the relative proportions of the various ingredients. Their capacity for the manipulation part of their duty will be tested by requiring them to translate prescriptions, to point out excessive or insufficient doses in faulty trial prescriptions, and to weigh, make up, and turn out neatly given prescriptions.

Scottish Longevity.

Whether from their occupations, the strength of their constitution, their climate, their diet; whether from all these combined, or from some other hidden and mysterious agency, the Scotch can boast of far more instances of longevity than occur in any other equal portion of the population in the United Kingdom, the returns recently issued by the Registrar-General for Scotland for the ten years 1855-64 show that in that country as many as 6910 of the 651,295 deaths in those ten years were of persons above 90 years of age. The mean population of the period is estimated at not quite 3,050,000. The following notes from Scottish local registrars' returns for the second or spring quarter of 1868, just published, are remarkable:—Stromness, Orkney.—Of the nine deaths registered in the quarter, two were of persons aged 94. Watten, Caithness.—Of the nine deaths, six were of persons above 70; the average age of the six was 80 years. Gairloch, Ross.—Of the 15 deaths in the southern district, eight were of persons above 70, their ages averaging 81. Stornoway.—Of the 37 deaths, 13 were of persons above 70; one was 100. Rafford, Elgin.—Of the three deaths, two were of persons aged 84 and 86. Huntly, Aberdeen.—Of the deaths, eight were of persons above 70, their average being 77. Blanchory-Devenick, Kincardine.—Of the eight deaths, four were of old persons whose ages averaged 78 years. Largo, Fife.—Of the eight deaths, five were of persons aged 78, 82, 83, 84, 85. Kilmore and Kilbride, Argyll.—Of the 19 deaths, nine were of persons above 70. Portobello.—Of the 30 deaths, seven were of persons above 70. Mid-Calder, Edinburgh, population about 1400.—Only two deaths, one of a person of 85 and one of 89. Dunscore, Dumfries.—Of the nine deaths, five were of old people whose united ages amounted to 387 years. Kirkcowan, Wigtown.—Of the eight deaths recorded, six were of persons who had reached the respective ages of 68, 75, 79, 82, 84, 86 years. At Girvan, Ayrshire, a death at 101 was registered in the quarter; at Inverallan, Inverness, the death of a woman of 103; at Abbey, Renfrew, the death of a very old Highland woman, said to be 109.

Professional Appeal.

We deeply regret that adverse circumstances, arising out of illness, make it necessary to appeal in our advertising columns to our brethren on behalf of a well-known and highly esteemed member of the profession in Dublin. We beg to refer our readers to that appeal, which we are confident will not be made in vain. The *res angusta domi* is a possibility in every case, and a fact in many; but we can say of our brother in this instance—"*In prosperis magnus, in adversis major.*"

Antoine Clot-Bey, an eminent physician, died lately at Marseilles, aged 73. He was induced to visit Egypt many years ago by an agent of Mehemet-Ali, for the purpose of organizing some medical establishments there. He also founded a medical school at Alexandria, and was chief agent in the erection of Abou-Zabel's Hospital, twelve miles from Cairo. He received the title of Bey from the Egyptian Government, and by that of France he was made a Commander of the Legion of Honour.

Dr. Samuel Fenwick and Mr. J. E. Adams have been appointed Assistant-Physician and Assistant-Surgeon to the London Hospital.

Lecture.

LECTURES ON VENEREAL DISEASES
DELIVERED IN
DR. STEEVENS' HOSPITAL.

LECTURE IV.

By ROBERT McDONNELL, M.D., F.R.S.,
ONE OF THE SURGEONS TO STEEVENS' HOSPITAL.

Gentlemen,—I do not mean to trouble you with any very lengthened observations on the treatment of syphilis. I have already said that the details of treatment must be pointed out at the bed-side, yet I feel that my lectures would very incompletely answer the purpose for which they were intended if I did not briefly touch on some points connected with the therapeutics of syphilis.

As students of the Irish School of Medicine you may look, gentlemen, with very just pride to what has been done in this department by practitioners of Dublin. To Wallace we owe the introduction of iodide of potassium as an anti-syphilitic agent—an agent now universally admitted to be one of the most potent weapons which human skill can wield against this disease in many of its forms; to Carmichael we are indebted for having led the van in opposition to that free and reckless use of mercurials, which has done, and indeed still does so much mischief. He may almost be said to have inaugurated the all-important scientific study of the natural history of syphilis; while Colles, Abraham Colles (whose memory is so highly revered within the walls of this great hospital), has, in his work on "Venereal Diseases and the Use of Mercury," given the most masterly sketch with which I am acquainted as to how we should handle the claymore against syphilis, should it become necessary to draw it from its scabbard.

I shall speak now of the treatment of syphilis, first, as regards measures of simple hygiene, and next as regards that method which is generally spoken of as specific treatment.

Let me, however, before entering on these topics, lay before you some of the conclusions lately arrived at on the subject of syphilisation.

In the last volume of the "Transactions of the Medico-Chirurgical Society of London" you will find a very valuable contribution to our knowledge on this subject by Messrs. Lane and Gascoyen, surgeons to the London Lock Hospital. These gentlemen give a report of cases treated by syphilisation, or the repeated inoculation of syphilitic matter in persons already the subject of constitutional disease. It is true their own opinions do not agree as to the curative influence of syphilisation; the facts, however, which they record are not the less interesting and instructing.

Syphilisation.—This peculiar method of treatment originated with M. Auzias-Turenne about 1845; owing to the opposition of the French Academy of Medicine, it can scarcely be said to have been tested in France, except by the late M. Melchior Robert of Marseilles. M. Sperino, of Turin, tried it in a considerable number of cases. Professor Böeck, of Christiania, however, is at this moment the champion of syphilisation; he has developed the system on a large scale, and the publications of himself and his pupil, Dr. Bidenkap, have revived the interest in this subject.

The strange idea of curing syphilis by repeated syphilitic inoculations had its birth in France. It took its origin in this way—M. Auzias-Turenne, when studying the effects of syphilitic virus upon animals, perceived that after a certain number of inoculations, the inoculated animal gained a power of resisting the chancrous virus. To their immunity from the disease thus established, or rather to the peculiar modification of the organism thus induced, Auzias-Turenne gave the name of syphilisation. In November, 1850, he announced the result to the Academie des Sciences. He naturally conceived that it would not be impossible to reproduce in man the effects which he had observed on the lower animals; some patients voluntarily submitted themselves to his inoculations; in these cases a complete immunity was obtained; and so the ideas of Auzias-Turenne became admitted within the domain of therapeutics.

The practice of syphilisation evoked extreme hostility in England, in fact it was never fairly tried until undertaken by Messrs Lane and Gascoyen, who commenced their series of observations under the direction of Dr. Böeck himself.

These gentlemen pursued the method recommended by Dr. Böeck, which is as follows:—At the commencement three punctures are made on each side of the chest, and matter is inserted derived either from a person who has a primary syphilitic ulcer or from the artificial sores of a patient who is undergoing syphilisation. After an interval of three days, if the punctures have developed pustules, three other inoculations are made from them in the same region of the body, and this process is repeated so long as pustules are produced; the inoculations being made at intervals of three days, and the matter being always taken from the last-formed pustules. When at length these are not inoculable, fresh matter is employed, and the above process is repeated until a positive result can no longer be obtained on the trunk. The same practice is then commenced on the arms and continued there until the punctures fail, when a similar process is pursued on the thighs until no more pustules result, and a condition of immunity, more or less perfect, is arrived at. In the ordinary run of cases this occurs in from three to four months.

The average period during which Messrs. Lane and Gascoyen's cases were under treatment in hospital, was five months and sixteen days. The average number of inoculations practised in each case was 259, of which 145 produced chancres, and 114 were sterile. A method of treatment which entails the production of some 150 chancres over the body can never, I think, be a popular mode of treating syphilis. From a very careful perusal of the valuable memoir of Messrs. Lane and Gascoyen, I most fully concur in the justice of the conclusion at which they arrive as to the therapeutic value of syphilisation. "Differing," they say, "as we do on the scientific aspect of the question, we are entirely in accord as to its practical bearings, and we are decidedly of opinion that syphilisation is not a treatment which can be recommended for adoption. We consider that even if it could be admitted to possess all the advantages claimed for it by its advocates over other modes of treatment, or in many instances over no treatment at all, it would not sufficiently compensate for its tediousness, its painfulness, and the life-long marking which it entails upon the patient."

Has syphilisation any curative effect whatever? It seems strange, indeed, that at this period of the world's history we should not be able at once, and with certainty, to answer this question. Yet, to our shame be it confessed, we cannot. We do not as yet know enough about the simple and undisturbed progress of syphilis to say whether fifty cases of the complaint, with no other treatment than the dietary, rest, regular hours, &c., of an hospital, would take longer to get well than fifty similar cases submitted to syphilisation. Mr. Lane believes that *it does exercise some* beneficial and specific influence over the progress of the disease. Mr. Gascoyen, on the other hand, thinks that the natural tendency to recovery, which an early and uncomplicated constitutional syphilis exhibits with the lapse of time, and under circumstances favourable to the general habit, is sufficient to account for the subsidence of the secondary symptoms during syphilisation. It is gratifying to find so competent an authority as Mr. Gascoyen so deeply imbued with the belief that "an early and uncomplicated syphilis" has so great a natural tendency to recovery. For my part I should certainly agree with him. If the possibility of the spontaneous cure of syphilis be no longer contested, from that moment it becomes difficult, if not impossible, to assign its true therapeutic value to any mode of treatment—syphilisation among the rest. In order to determine whether the cases of cure attributed to syphilisation are not in reality due to the natural progress of the malady, there must be some definite standard of comparison. Hence, the extreme value of cases carefully noted and accurately observed for years, and which have undergone no other than treatment by hygienic measures.

Prophylaxis and Hygiene of Syphilis.—The prevention of syphilis, or at least the attempt to check its ravages, is one of the greatest objects connected with State medicine. The rude machinery for this purpose adopted in Great Britain has until quite recently contrasted most unfavourably with the schemes of our continental neighbours.

The Englishman's respect for personal liberty, as well as a sort of moral instinct which made him unwilling to handle an unclean thing, caused us as a nation to shrink from legislation on such a subject as the control of prostitution. Our soldiers, our naval and mercantile marine, and of course the public, have in consequence suffered to an extent quite incredible. We are, however, commencing a better system. Of this aspect of the prophylaxis of syphilis I do not speak at present.

Various plans have been devised in order to prevent the occurrence of venereal disease in an individual after a suspicious connection. These may almost all be summed up in a few words:—strict attention to cleanliness, thorough washing. There can be little doubt that proper attention to this simple preventive measure would greatly lessen the evils arising from venereal disease of different kinds. A number of practitioners have recommended various lotions with the design of adding to the wash such ingredients as may destroy any venereal virus lurking in the folds, or coming in contact with slight fissures or excoriations around the corona or about the frenum. Lotions containing acids, alkalies, alcohol, wine, sulphate of zinc, lead, &c., have been thus ordered. Langlebert recommends a mixture of soft soap, potass, and alcohol. Rodet of Lyons, a lotion somewhat more caustic, viz.:—

℞ Ferri perchloridi liquoris fortioris.
Acidi hydrochlorici.
Acidi citrici aa. ʒiv.
Aquæ distillatæ fll. ℥iv.
M. Fiat lotio.

How long after contamination the use of such appliances may serve to neutralize a poison remains doubtful. All we can say for certain is that the sooner any poison is washed away or destroyed the better.

When it is once admitted that syphilis is a true toxæmic disease, that it is a malady in fact depending upon the admission into the system of a poison, which, under favourable circumstances, is capable of spontaneous elimination, then it follows that hygienic measures must play a capital part in its treatment. If, as I have said in a former lecture, a struggle is going on between the constitution of the patient and a disease which has made an inroad into his system, it is of course of prime consequence that the constitution should be well backed up in the conflict.

To maintain the general health, to uphold the natural vigour of the constitution, to keep the powers of the organism up to that level which is best adapted to accomplish the elimination of the virus—this is the object of the hygienic treatment. When to this we add the use of those simple medicaments which, acting on the skin, bowels, and kidneys, tend to keep their functions in healthy play, yet are not supposed to exercise any specific action, we then have that plan of treatment which has been called the rational or methodic treatment of syphilis.

As regards diet the syphilitic patient should, as a rule, live generously. He should live on simple and nutritious food, taking as much as his appetite indicates to be sufficient—neither weakening his frame by taking less, nor striving to take more than his stomach can readily deal with. In prescribing a dietary attention should always be paid to the patient's usual mode of living; yet, believe me, you will generally find it necessary to insist on your syphilitic patients living tolerably well, many of them are so imbued with the idea that abstinence is necessary for their cure.

Next, probably, in importance to diet is good air, a well-ventilated sleeping apartment free from damp. The damp and crowded dwellings of the poor exercise a most baneful influence over the complaint.

Let your patient have seven or eight hours sleep of a night; let him give up theatres, balls, card and supper parties; let him have such moderate exercise every day that, without being exhausted or absolutely fatigued, he may be well satisfied to go to bed each night at ten o'clock.

If you have influence enough over your patient to induce him to adhere to such directions; to shun those selfish indulgences which tend to debilitate the frame; and if he has youth and a tolerably good constitution on his side, you may look forward to his case running its course favourably as one of "vérole faible."

If he is one of a delicate family, of a scrofulous or gouty diathesis—then it is all the more necessary for him to leave nothing undone to keep up his general health.

But if, on the other hand, you have a patient to deal with who will not forego his selfish pleasures; who haunts the tavern and the billiard-room, smoking and drinking, breathing foul air vitiated by gas and reeking with tobacco-smoke, during the hours which he should give to repose, let him expect that to him syphilis will come in "all her Gorgon-terrors clad."

As adjuncts to hygiene, such simple medications as cod liver oil, chalybeate tonics, and warm baths play an important part. The first is specially indicated when any strumous tendency exists; the second class of remedies, useful through the whole course of the disease, is particularly called for during those periods of syphilitic chlorosis (chloro-anæmia), so usually the forerunner of an outburst of eruption. Warm baths or vapour baths are the most effective means of keeping the skin in action. Medicated baths of various kinds are eminently useful; baths corresponding with those of the bromated and iodated waters of Kreuznach, the waters of Schlangenbad, Harrogate, Baréges, can be readily obtained in all our cities.

Tonic and exciting medicated baths are of great service in syphilitic as well as other affections of the skin; baths containing iodide or sulphuret of potassium, or arseniate of soda are eminently useful in the anæmia, chlorosis, or rheumatism connected with syphilis.

Dr. Noël Guéneau de Mussy recommends three and a-half ounces of subcarbonate of soda, with twenty grains of the arseniate, in a bath. No unprejudiced practitioner will deny the benefit of the Turkish and Russian baths. We have no means of inducing diaphoresis comparable to these.

Such a bath as the following:—

℞ Ferri sulphatis, ʒij.
Sodæ sulphatis, ʒvi. M.

Dissolve in thirty gallons of soft water at 98° Fahrenheit for a bath—can be readily obtained even at the patient's home; and thus the advantage of the chalybeate and the bath combined.

The bowels should be kept in action once or twice every day : for this purpose, nothing answers better than some of the sulphurous mineral waters made artificially; those of Bagnères-du-Luchon, of Baréges, of Aix les Bains, in Savoy, of Aix-la-Chapelle, have gained a well-deserved reputation. The waters of Kreuznach are greatly praised against the intractable combination of syphilis and scrofula. I very commonly order the following imitation of the Harrogate sulphur water—

℞ Sulphatis potassæ, cum. sulphure, ʒiv.
Bitart. potassæ, ʒij.
Sulphatis magnesiæ, ℥iij.
M. Fiat pulvis.

one teaspoonful of this powder to be taken in a tumbler of water every morning, or every second morning upon first getting up. The dose should be increased or diminished according to its effects. The patient should take a short walk before breakfast, and by increasing the quantity of fluid which he consumes daily, he should keep the kidneys in good action.

Syphilitic patients are themselves sometimes aware of a peculiar, faint, yet disagreeable, odour emitted from the urine ; this is observed at intervals, and after each has passed away the patient finds himself better. It seems to resemble the odour which patients labouring under ague know as indicating the approach of an attack of fever; and certainly points to the necessity of keeping these organs in good working order.

Some patients object to the large quantity of liquid necessarily taken in consuming mineral waters, and although this is one of the great advantages attending their use, you may have to direct something else ; equal parts of syrup of senna and fluid extract of sarsaparilla : a teaspoonful once or twice a-day in half a cup of hot water, acts well as an aperient, and suits those persons, not a few, who still retain an unbounded faith in sarsaparilla.

Chlorate of potash used internally, as well as a gargle and mouth wash, is a great favourite with some. For the slighter forms of sore throat, I often order the following :—

℞ Potassæ chloratis, ℥ii.
Mellis ℥i.
Aquæ ℥xi., M.

to be used as a gargle several times a day, and one ounce to be swallowed three times a day.

The doses ordered to be taken internally should be swallowed slowly, in fact, taken in sips, so as to be brought well in contact, in the act of swallowing, with those parts of throat and fauces not reached in gargling.

The importance of the local treatment of all kinds of venereal sores, whether primary, secondary, or tertiary, cannot be over-rated. You have seen abundant proof of this in the terrible case of rupia, lately in No. 9 ward. The ulcers were so extensive that it was impossible to deal with all at the same time. You saw those which were touched with nitric acid, and afterwards dressed for some days with creasote ointment, healed rapidly, far outstripping those less energetically treated.

You have often seen the almost magical effect of a large blister upon the hideous lupoid ulcerations of tertiary syphilis. I have seen some cases in which the local action of an accidental attack of erysipelas has entirely altered the appearance of the ulcer and brought about rapid cicatrization.

In short, whether in the genitals, the mouth and fauces, or the skin, the local applications to venereal affections, forms a chief part of the therapeutics of syphilis. Prohibit tobacco-smoking, and the source of irritation once removed, "mucous patches" and ulcerations on the tongue, &c., for a long time recurring, will get well. Wash the surface, attend to cleanliness, and simply dust the part over with finely powdered starch, and you will quickly get rid of troublesome condylomata. Learn to overcome the more frequent and troublesome symptoms of syphilis, let your patient know that in the natural course of things he must expect recurrences ; do not make promises that relapses are at an end : by so doing you are pretty certain to get a disappointment, and to lose the confidence of your patient, and that equally whether you adopt a specific treatment or not.

The beneficial action of iodine in the treatment of syphilis is beyond doubt ; in some eruptions, in severe syphilitic rheumatism and most forms of tertiary syphilis, its efficacy is unquestioned. In 1831, Lugol published his observations on tertiary symptoms cured by iodides without the combined use of mercurials. This led the way to what must be considered the greatest discovery in syphilitic therapeutics of modern times—namely, the introduction of iodide of potassium as a remedy against syphilis. I have already said that it is to Wallace of this city that mankind is indebted for this boon.

I am glad to find that Lancereaux, one of the most learned and accomplished writers who has treated of the subject of syphilis, gives, in his exhaustive work, full credit to Wallace for being the first to introduce in practice this agent.

Lancereaux says :—"Wallace, of Dublin, has the merit of having first employed iodide of potassium, of having fixed the doses of it, specified the indications for its use, and thereby of having definitely introduced the iodide into the therapeutics of syphilis, placing this medicament almost upon the same level with mercury. He commenced his experiments in 1832, and gave the results four years later in the form of four lectures.[1]

"One hundred and thirty-nine patients were observed, of whom six were affected with iritis, six with affections of the testicle, ten with divers diseases of the bones and articulations, ninety-seven with syphilitic skin affections, twenty with lesions of the mucous membrane of the mouth, nose, and throat ; finally, three pregnant women were also submitted to the same treatment with the object of preserving the fœtus from syphilitic infection. The preparation employed *mistura hydriodatis potassæ* (as it was then called), contained ʒij. of iodide of potassium in ℥viii. of distilled water. Adults took half an ounce of this mixture four times a-day—that is to say, thirty grains of the iodide per diem." Lancereaux adds, "The happy effects of this remedy are so generally recognised, that we cannot refuse to it, in the present day, a place alongside of mercury itself."

Wallace's success soon attracted the attention of other physicians. In England, Judd, Savile, Winslow, Williams ; in France, Trousseau, Ricord, Gauthier ; in Italy, Brera, Sperino, Pellizzari ; in Germany, Guzman made trial of it and proved its good effects.

The acute observation of the illustrious Ricord soon detected that it is an agent which exercises more influence over tertiary than secondary symptoms. The deeper affections of the skin and mucous membranes, the gummy tumours of the cellular tissue, the lesions of the bones—such are the conditions which yield most readily to the use of iodide of potassium. It has been likewise recognised that it may advantageously be employed even in larger doses than those at first recommended by Wallace; by degrees it may be increased from 15 grains to one drachm or even more daily.

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[1] See *Lancet*, March, 1836.

You have lately seen in No. 8 Ward a remarkable instance of the efficiency of this medicine in the case of a woman named Looney suffering from nodes and very distracting osteocopic pains. She was ordered 10 grains three times a-day, but by mistake took double that dose, taking 60 grains in the day; she was relieved almost as by magic.

Although less prompt in its action, you saw the large nodes on the forehead of Williams in No. 2 Ward gradually vanish under its use. Wallace made some amends for the grievous offence he was guilty of in inoculating healthy subjects with the poison of syphilis.

(To be continued.)

[Abstract of a Paper read before the British Association for the Advancement of Science, at the meeting at Norwich, August, 1868.]

THE PHYSIOLOGY OF LANGUAGE.

By J. HUGHLINGS JACKSON, M.D., F.R.C.P.

Defects of language nearly always occur with a certain form of paralysis on one side, called hemiplegia, and the right is usually the side paralysed.

Hemiplegia is paralysis of those muscles which can move independently of those of the other side—*i.e.*, of certain muscles of the face, tongue, arm, and leg; not of the muscles which act bilaterally. Or, in technical terms—

It is a paralysis of the muscles engaged in chief voluntary operations. The bilateral muscles used in all (physically) involuntary, semi-involuntary, reflex, automatic, &c., processes escape.[1]

This kind of paralysis depends on damage to the *very highest parts of the motor tract*—viz., the corpus striatum, or thalamus opticus (in cases complicated with defects of language usually, probably always, the corpus striatum). In other words it shows loss of function of a motor centre, which is *embedded in the cerebral hemisphere*; or, to speak metaphorically, which *lies close upon mind.* In loose language, the corpus striatum is the "way out" from the chief organ of mind—through series of centres—to muscles which serve in intellectual and voluntary actions.

Damage to the hemisphere near the corpus striatum produces those defects which have been called aphasia, alalia, aphemia, aphrasia, asphrasia, aphthenxis, defects of intellectual language, cerebral loss of speech, &c.

TWO KINDS OF LANGUAGE.

Healthy language is of two inseparable yet distinct forms:

I. Intellectual—*i.e.*, the power to convey propositions.

II. Emotional—*i.e.*, the ability to exhibit states of feeling.

The two are separated by disease. It is intellectual language alone which suffers in most of the cases to be described. Emotional language usually escapes altogether.

Intellectual language suffers *throughout*—not only in its most striking manifestation in (*a*) words, but in (*b*) writing, and (*c*) sign-making.

It is the power of intellectual expression by "movements" of any kind which is impaired—those most special, as of speech, suffering most; those of simple sign-making least, or not at all.

Emotional language is conserved *throughout*, not only in its most striking manifestation, by (*a*) variations of voice, but in (*b*) smiles, &c.; and in its most simple manifestation by (*c*) gesticulation.

Although thus circumscribed by the term defects of intellectual language, there are within this limit many varieties of defects met with in actual experience.

It is easiest to say what they are *not.*

1. *They are not defects of voice.*—The patient who cannot *say* anything will vary the tone of his stock phrase or jargon and may be able to sing.

2. *They are not defects due to mere paralysis of the tongue and other articulatory muscles.*—Nevertheless the defect may be when most rudimentary a disorder of articulation (Ataxy); but this differs very widely from paralytic articulation.

The tongue is not paralysed even when the patient may not be able to put it out *voluntarily.*

3. *They are not owing to any fault in the outward organs of reception.*—The patients are not deaf mutes. Speech *has been lost* suddenly after being fully acquired.

THE SPECIAL NATURE OF THE DEFECTS OF INTELLECTUAL LANGUAGE.

The author arranges the cases he has to mention for convenience of exposition in two classes. In the first class the author supposes that the sensori-motor processes for speech are more or less *destroyed*; in the second that they are *unstable.*

Class I.—Severe cases in which the patient is speechless or nearly so, or in which speech is very much damaged. In the worst of these cases the patient can only utter some one unvarying word or two words, or some jargon.

He relates several cases varying in severity. In these cases power to read write and make simple signs is impaired, but the facts bearing on reading, writing, and sign-making in the cases related will be more conveniently considered after Class II.

Class II.—Cases in which there are plentiful movements but wrong movements, or *plenty of words but mistakes in words.*

Under Class II. he points out that taking the phenomena of many cases, we find evidences of damage to sensori-motor processes, higher or lower in evolution according to (*a*) Complexity of movements. (*b*) Width of interrelation. (*c*) Number of associations from ataxy of the grosser movements of articulation to an "ataxy" of movements embodying ideas. He is obliged, however, to speak of sounds, taking it for granted that in the following phenomena (1), (2), (3), &c., the disorder is of evolutions of movement and sensation in the triply-compound ascent just mentioned.

1. Ataxy of articulation—often an unintelligible gabble.
2. Alterations of words, as "sift for "stiff."
3. Alterations of syllables, as "gippin" for "pigeon."
4. Mistakes in words—recognisable symbols—(*a*) Related more or less in general idea, as "dinner" for "breakfast," "smell" for "taste." (*b*) Related in sound, as "Dustman" for "Busman." (*c*) No traceable relation, as "Where is the wind?" for "Where is the ink?"
5. Mistakes in compound symbols. (*a*) Related clearly in idea—"What am I to say it is o'clock?" for "What day of the month am I to put down?" or (*b*) obscurely related, as "*When the warm water* comes all the *weather* will go away!" for "When the sun comes out all the fog will go away."

When the defect is of processes so high in complexity, (interrelation and association) there is usually a traceable similarity, although it may be vague and deformed, betwixt the phrase used and the one intended.

6. Probably such defects as the following are of processes higher still, "Light the fire up there" for "Light the gas."

He then considers very generally, and with regard to all varieties of cases, the defects in complimentary modes of intercommunication which accompany defects of speech, and takes the opportunity of considering a question asked, "What is the degree of intelligence these patients have?" He expressly guards himself against any implication that language and thought exist separately. The question is not How is general mind damaged? but What aspect of mind is damaged?

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[1] It is pointed out later in the paper that the fact that the unilateral muscles of one side only suffer when part of one of the corpora striata is destroyed, does not imply that the bilateral muscles (or the centre or centres for rudimentary bilateral) movements are not represented in the corpora striata.—This is an exposition of Broadbent's hypothesis. "An Attempt to remove the Difficulties attending the Application of Dr. Carpenter's Theory of the Function of the Sensori-motor Ganglia to the common form of Hemiplegia." By W. H. Broadbent, M.D. *Med. Chir. Review*, April, 1866.

He considers the mental condition of patients Classes I. and II. as regards—(*a*) Sign-making—simple. (*b*) Writing. (*c*) Ability to understand what is said to them. (*d*) Ability to repeat words said to them. (*e*) Reading. (*f*) Ability to play games. (*g*) Counting. (*h*) Music.

(*a*) *Sign-making* is least affected, sometimes seeming to escape altogether. He urges that we should distinguish in degree betwixt power to make simple signs which idiots can make, and the elaborate signs—saying nothing of finger language—which people make who are healthy, except for congenital deafness, and that we should observe if the patients can make signs to signify abstract quality as "blackness."

(*b*) *Writing.* This suffers more or less in nearly every case of defect of speech from disease of the hemisphere, but varies as much as the defect of speech itself does. Indeed, writing, and we may add reading, is the same defect in another form. For in each we have to reproduce the motor symbols of the words. Written or printed symbols are *symbols of symbols.*

The patient may (1) not write at all; may (2) scrawl; (3) make pothooks; (4) write bits of words; (5) may write plenty of words, but omit words and spell badly.

The patient who cannot write can usually *copy* writing correctly.

Patients can often sign their own names without copy when they cannot or will not write anything else.

(*c*) Do the patients know what is said to them?

It is usually held that "aphasic persons" do. The author thinks they usually do when they are speechless except for some unvarying jargon, *i.e.*, cases in Class I., but that when—cases in Class II.—they have free but disorderly utterance so high as mistakes in words they often do not understand, *i.e.*, quickly understand words said to them?

(*d*) Can the patients repeat words said to them?

They cannot in Class I.; in Class II. they can, with or without blunders.

The author supposes the reason in (*c*) and (*d*) to be:

That in Class I., the sensori-motor arrangements for speech are *destroyed* in their *lowest* processes by *limited* disease near to, and involving the corpus-striatum. The sensory aspect of the sensori-motor processes of mind is not reached. It is the "way out" which is broken up.

That in Class II., the sensori-motor processes are impaired but not destroyed, and that the change is not limited to the region of the corpus-striatum, but reaches deeper in brain.

(*e*) They cannot read, but they can—often at least—understand what is read to them.

(*f*) and (*g*) These points are very cursorily considered.

EDUCATED MOVEMENTS.

The movements of speech are educated movements and thus differ widely from those movements which may be said to be nearly perfect at birth, such as those for respiration, smiling, swallowing, &c. All the muscles represented in the corpus-striatum unilaterally[1] require a long education, and the most special of these are those engaged in the movements of speech, and next those of the arm. The muscles (see p. 3) always acting bilaterally, and chiefly represented bilaterally in the corpora-striata, are born with their centres for movements nearly perfect. Thus then the term "Intellectual language" merges in the larger term "Special movements acquired by the individual," and the term "Emotional" language in the term "Inherited movements," (common to the race). There is a still more fundamental distinction.

THE MOST GENERAL NATURE OF THE DEFECTS.

The author first considers Class I. Here the words previously used give way to terms larger still. In its highest or worst form it is a loss of *voluntary* power with conservation of involuntary capability.

(*a*) The author first illustrates by the case of gross movements, *e.g.*, a speechless patient may be unable to put his tongue out, although it moves well in reflex, &c., processes.

He next shows that there is a corresponding difference even in quasi-mental movements. "Speechless" patients sometimes ejaculate involuntarily.

Here again, taking into consideration the phenomena of many cases, it will be seen that there is, so to speak, an ascent in "compound degree" from utterances, like the common explosive oath, most *generally* related to *general* external circumstances, to actual propositions *specially* related to *special* external circumstances—*i.e.*, until the difference betwixt voluntary and involuntary utterance is effaced.

(*b*) It will be found that some of those patients who cannot talk voluntarily can swear. They utter other ejaculations which are of the same category—meaningless for the expression of ideas about things although useful as vehicles for the exhibition of feeling. They swear or ejaculate when excited and cannot repeat the words of the interjectional utterances when they try.

(*c*) Next he instances ejaculations more appropriate to the circumstances under which they are uttered, and which are a step higher in speciality.

(*d*) Next, and highest, a man usually utterly speechless may get out an actual proposition.

The above-mentioned series of phenomena show, the Author thinks, that there are sensori-motor processes for words somewhere, though usually the "will" cannot get at them.

This somewhere can scarcely be on the *left* side of the brain, for damage of this side has made the man speechless. These involuntary utterances are, the author supposes, the result of action of the *right* side. In other words, he thinks that the left is the leading side, and the right the automatic.

THE WILL.

He then tries to shew the relation of the so-called "will" to the rest of sensori-motor processes, and this time takes his illustrations from the stock-words or phrazes which the patients always use. First, he points out that it is probable that the stock phraze was the leading sensori-motor process, when the brain was suddenly damaged, and speaks of two cases in illustration. A man becomes speechless after hard work at *making a catalogue,* and can afterwards say only, "List complete." (Recorded by Dr. Russell, of Birmingham.) Another man receives a wound in the left hemisphere *in a brawl,* and can only say, "I want protection."

He then speaks of Spencer's views on the "will," and as he believes in accordance with those views, calls the "will" the *leading* sensori-motor process of the moment—there being no such separation as Will *and* Mind.

THE LEFT SIDE OF THE BRAIN THE LEADING SIDE, THE RIGHT THE AUTOMATIC.

The author does not think as Dr. Moxon does, that the left side of the brain only is educated, but that both are educated. It is certain that damage to the right side of the brain produces no defect of speech in most cases, and equally certain the author thinks that the disease of the left side only does not prevent the patient getting out words when a forcible circumstance outside himself is in very special relation with the processes for those words. For he points out that although there is in cases of involuntary ejaculation no prompting by the will of the patient so to speak, the occasional utterances are developed with more or less appropriateness to the then external circumstances.

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[1] It is true that the tongue acts bilaterally, and that it is represented on both sides of the brain. But still it differs from other muscles acting bilaterally in that each of its sides has a distinct representation in its corresponding (opposite) side of the brain.—See Broadbent's paper, Med. Chir. Rev., April, 1866, p. 479.

Although the cerebral hemisphere are twins, the left may, if we accept Gratiolet's[1] statement, be said to be the first-born. It is born with the lead, and thus a patient who has damage to the left side of his brain cannot initiate movements on the undamaged right side, either objectively as in talking, or subjectively as in reading.

The author has recorded a case of loss of intellectual language in a patient who was *left-handed*, but states that in other cases this explanation will not apply, and he admits that there are cases of defect of intellectual expression with *left* hemiplegia which cannot be explained. Some of the patients, however, have been previously paralysed of the right side—although perhaps without any accompanying defect of speech. Still he has never seen a case of disease of the right hemisphere only as proved post-mortem with defect of speech of any kind, but has recorded three cases in which this side of the brain (including Broca's convolution) was diseased without defect of speech. And all are agreed that when hemiplegia occurs with loss of speech, the hemiplegia is *nearly always* of the right side. He has, however, received reports of two cases—one recorded by Dr. Long Fox, of Bristol, and one by Dr. Pye Smith, in which the Broca's region (on the left) was diseased without loss of speech.

LOCALIZATION.

The author does not attempt to localize language in any limited spot. The object is to find in mind the latitude and longitude of the defect, and in brain the corresponding latitude and longitude of the *damage*—the corpus striatum being the Greenwich.

Destruction of parts of the hemisphere at a distance from the motor tract *need* produce no *obvious* mental symptoms of any kind. An equivalent quantity of destruction of parts near the (left) corpus striatum will, however, cause defects of intellectual expression. He thinks that the quantity of defect depends generally on the (1) quantity of destruction of tissue, and (2) on its nearness to the highest part of the motor tract (the corpus striatum), "the point of emission of the orders of the 'will' to the muscles." (The author here quotes Mr. Dunn, who has long held essentially similar opinions).

He next proceeds to show that there is a more special kind of localization. He believes the principle of localization is essentially the same as that given by Spencer.

Taking the corpus striatum and optic thalamus as the illustration, the author speaks of the "localization of the limbs." He thinks the facts supplied by an observation of many cases of damage to these bodies show—

1. That both the arm and leg are represented throughout these bodies.

2. That there is an order of representation according to the "intelligence" of parts.

The arm is *more* represented than the leg, the hand than the arm, and the thumb and first finger than the rest of the hand.

3. That there is also a representation of speciality, there being localities where even the less intelligent parts have the leading representation.

Or, putting the above in another way. He thinks that pathology shows the corpus striatum to be made up of physiological units—this term he takes from Spencer—each representing potentially the whole of the limb. Yet that these are not repetitions of exactly similar units, but that each unit superintends a *different* movement of the *whole* limb.

So admitting that speech resides in each part of the brain, he supposes that there are points—probably in Broca's convolution—where the most immediate processes for talking are *specially* represented, and that there will be others near the corpus striatum where other acquired "faculties"—for instance, the movements of the arm for playing the violin, &c., &c., are *specially* represented, but that there is no localization in the sense that one part superintends one thing and no other.

The corpus striatum represents, to use arbitrary terms, the highest *physical* evolution of movements for articulation, for the arm and for the leg; from this point start the *psychical* movements of speech.

It is thus interesting to inquire if there be not starting from the corpus striatum a traceable evolution of movements for the educated psychical movements of the limbs. The author believes the phenomena of certain nervous diseases show disorder of the most rudimentary of these processes.

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Legal Intelligence.

CONVICTION OF A SURGEON UNDER THE VACCINATION ACT.

At the Southwark Police-court, on Thursday, Mr. David Roberts, M.D., of Great Dover-street, Borough, was summoned by the parish authorities of Camberwell for that, on or about the 4th of June, being a medical practitioner, he did refuse to fill up and sign a certificate of the successful vaccination of Henry Lownds, when submitted to him according to law, he having successfully performed the operation upon such child.

Mr. Irving, the clerk to the board of guardians, attended to prosecute, and stated that the present proceedings were taken under the provisions of the 23rd and 30th sections of the Vaccination Act, passed in 1867, which set forth that whenever vaccination was performed successfully by a medical practitioner he must fill up a certificate to that effect, and forward it to the registrar of the district, or render himself liable to a penalty of 20s.

Mr. Partridge asked if the act said anything as to fees to be paid to them.

Mr. Irving replied that there was nothing said about fees excepting to the duly appointed medical officer. It was quite clear that every medical practitioner who successfully performed vaccination was bound to fill up the certificate.

Mr. Charles John Nicollas said he was registrar of births and marriages for the sub-district of Peckham, at the parish of St. Giles, Peckham. It was part of his duty to give notice to parents on the registration of the birth of their children to have them vaccinated. On the 21st of February he registered the birth of Henry Lownds, born on the 11th of January, when he gave the father a vaccination certificate (produced) to be filled up by the medical practitioner. He afterwards received information that the defendant had successfully performed the operation, but refused to fill up the certificate. Witness wrote to him about it on the 4th of June, pointing out the section of the Act of Parliament bearing on the case, when he sent a reply refusing to fill up the certificate, as he was not paid for it. In consequence of that the Board of Guardians directed the present proceedings to be taken.

Elizabeth Lownds said that the child was born on the 11th of January, and on the 21st of February it was registered through her husband by Mr. Nicollas. She received a certificate, to be filled up by Dr. Roberts, which he refused to do, saying it was of no consequence.

Mr. Partridge here said that on looking at the act the 22nd section mentioned that no fee should be taken by the public vaccinator, or any medical practitioner, on giving his certificate, which seemed to be imperative.

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[1] Gratiolet's observations show not only that the *frontal* convolutions (the convolutions specially related to the corpus striatum, which is a centre *chiefly* motor) of the left side are developed in advance of those on the right, but that the sphenoidal and *occipital* convolutions (the convolutions specially related to the thalamus opticus which is a centre *chiefly* sensory) are in advance of those of the left. May we not suppose that the right is the leading side, and the left the automatic side for "educated sensations!" Such "crossed action" of the brain would be in accordance with the crossed action in the spinal cord which Brown-Séquard's researches have established, and is in accordance also with the law of the orderly distribution of motor and sensory nerves laid down by Hilton and Schroeder van der Kolk.

Mr. Irving said that the public vaccinator was appointed by the Board of Guardians and paid by them. If a private medical practitioner performed the operation he should seek his fee from the party employing him, but he was bound to sign the certificate or abide by the penalties specified by the Act of Parliament.

Dr. Roberts considered that there was nothing in the Act of Parliament compelling him to sign the certificate. If so, it was very hard upon the Medical Profession altogether. It never could have been the intention of the Legislature to impose upon medical gentlemen the duties of signing such certificates without any remuneration. He successfully vaccinated 600 children in the course of the year, and it would be hard if his time was to be taken up without any fee or reward.

Mr. Partridge said it was a question of law, and the defendant did not dispute the facts. He had refused to fill up the certificate because he was not paid any remuneration. The 23d section of the act was clear upon that point :—" Whenever any successful vaccination is performed by a medical practitioner he is bound to sign and forward a certificate to the registrar of the district." There was nothing to show that he had not the remedy of getting his fee as a private practitioner from the party who employed him, but it was clear that he was bound to give his certificate to the registrar without fee. The fine under the 30th section of the act was 20s.; but as the defendant had only come forward to meet the case on those peculiar grounds he should mitigate it to 10s. and costs.

Dr. Roberts asked his worship to grant him a case for the Court of Queen's Bench, as it was most important to the medical profession.

Mr. Partridge declined to do so, and told Dr. Roberts that if he thought proper he could apply to the Court of Queen's Bench.—*Standard.*

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THE NEW EXAMINATION FOR PHARMACEUTICAL ASSISTANTS.

The following proposed regulations for the modified examination for assistants under the Pharmacy Act, 1868, have been submitted to the Privy Council :—

"Candidates will be examined in the following subjects :—

"Prescriptions.—Candidates will be required to read autograph prescriptions, translate them into English, render a correct translation of the directions for use, and detect unusual doses.

"Practical Dispensing.—To weigh, measure, and compound medicines, write the directions in suitable language, finish and properly direct each package.

"Materia Medica and Quality of Specimens.—To recognise the Pharmacopœia chemicals in frequent demand, and specimens of roots, barks, leaves, fruits, resins, and gums in ordinary use ; the following plants, either in a fresh or dried state, or from plates—Belladonna, stramonium, hyoscyamus, conium, aconitum, digitalis, and sabina; also to estimate the quality of each specimen submitted and its freedom from adulteration.

"Pharmacy.—To recognise the preparations of the Pharmacopœia which are not of a definite chemical nature, such as extracts, tinctures, and powders, and give the proportions of the more active ingredients.

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Correspondence.

THE TITLE OF DOCTOR.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In the important letter of Dr. Davey in your last issue there is incidentally raised a question, on which I am astounded to see so excellent a reformer as the President of the Medico-Political Association defend men who have not a degree assuming the title of doctor.

Instead of the bye-law forbidding the registrar to address as "Doctor" members who were not graduates being "infamous," it is to my mind one proof that some honesty still remains in the old club in Pall-Mall. If such an epithet is at all applicable, I should say it were more appropriate to the conduct of those who hold themselves out as Doctors of Medicine, when they have no right to do so. The degree of Doctor of Medicine is only conferred by Universities. A man has no more right to assume it because he possesses a licence to practise physic, than a solicitor to assume the degree of LL.D. If a member of the College of Physicians is a doctor, so is a licentiate—the title now appropriate to the general practitioner. If a licentiate of the college may take the title, why not a licentiate of the Apothecaries' Company, whose legal right to practise is much clearer. The examinations are not very different, and the Hall, in spite of all the odium cast upon it as a trading depot, has never yet sold its diploma. Trading company, indeed, pshaw ! Why this immaculate college, sir, which so despises trade, openly sold its diplomas of membership at ten guineas each. The trading company has had sufficient trade-honesty to give value in return for cash, and to refrain from the infamous traffic (in diplomas), which has been so profitable to colleges of physicians—which are *above trade!* (Save the mark !) Well, sir, if a purchased diploma is to give the title doctor, why not at once give up all university distinctions ? or at least let a license to practise obtained by such an examination as the Apothecaries' Company give an equal title.—
I am, &c., M.D., L.S.A.

THE LONDON COLLEGE OF PHYSICIANS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The letter of Dr. Davey on the "Fellowship of the Royal College of Physicians of London" touches on several points in reference to this oligarchical corporation which ought to interest all true medical reformers. The one point, however, of extreme importance is the proposal to recognise the existence of that non-descript class of persons yclept members. This is indeed not the first time such a just measure has been proposed, and I hope the agitation existing may not end until justice is done.

Dr. Davey is probably aware of the details of a large scheme of medical reform sketched by Dr. Prosser James, in his address to the members of the Scottish Universities already published in your paper, and he may have seen the correspondence that has been elicited on the question. Now, what I wish to point out is that the proposal of Dr. Prosser James includes such a reform of the College of Physicians as that advocated by Dr. Davey, and therefore deserves his active support.

Surely Dr. Davey's sympathies are not confined to his own college. He can see and feel the injustice perpetrated by every one of the corporations, which has been so often denounced in your columns, and the reform of all of which is as necessary as that of Dr. Davey's college. Every corporation needs reform, and because the plan of Dr. Prosser James accomplishes this, and through this the reform of the Medical Council, it is unquestionably the most important scheme ever submitted to the profession. I ask, therefore, Dr. Davey to step out of the ranks of his own college, look upon medical reform in a larger sense, and support the only plan that is both effectual and feasible.

Dr. Davey and other members of the Pall-Mall College are anxious to reform that corporation. Dr. Prosser James risks his election by giving so much prominence to a reform of *all* the medical corporations. Surely he may hope for the support of the advocates of the partial reforms which his complete scheme involves. Let Dr. Davey say what he will do in the matter.—I am, &c.,

A Member of Three Corporations.

LORD AMBERLEY ON LARGE FAMILIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Although I agree with much that you have written respecting the opinions advanced by Lord Amberley at the late meeting of the Dialectical Society, I confess that, to my mind, you have scarcely done him justice. Admitting the interpretation you have put upon his lordship's words as a possible one, I think it may fairly be said that this is pushing things to an extreme, and although that may serve the purpose of his political opponents it could scarcely actuate a medical journalist.

As your report shows, Lord Amberley distinctly condemned abortion, and if he did not venture on as long a moral essay as you have done, it is but just to remember that that crime was only vaguely connected with the subject proper of the debate, and that each speaker was limited to 15 or 20 minutes. How impossible it is in such a short time to give a complete sketch of a large question, I need not remind you.

Whether the Malthusians are right or wrong as to its cause, no one can deny the existence of much distress, and it is, to say the least, rather uncharitable to put the worst construction on the words of those who seem to have committed themselves to the doctrine of a philosopher who has had enough obloquy cast on his name. It would appear, from many facts that have lately transpired, that the theory of Malthus is likely to be again hotly contested. Whether true or false, discussion if carried on in a spirit of truth-seeking must be beneficial. But any attempt to excite prejudices against it by making it appear to justify immorality, should be repudiated by every one who, like your correspondent, is

Not a Disciple of Malthus.

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Medical News.

List of Entries in the Branch Medical Council (Ireland) for the month of August, 1868 :—St. Laurence Mullen, Ardmullen, Tuam, county Galway, M.D., 1868, and M.Ch., 1868, Qu. Univ. Irel. ; Joseph Backhouse, Carrick-on-Shannon, county Leitrim, Lic., 1868, and Lic. Mid., 1868, K.Q.C.P.I., Lic. R. C. Surg. Irel., 1868 ; Thomas Lyle Horner, Dungiven, county Derry, Lic. R. Coll. Phys. Edin., 1868, Lic. R. Coll. Surg. Edin., 1868 ; Samuel Hamilton, Victoria Lodge, Cork-street, Dublin, Lic. R. Coll. Surg. Irel., 1866, Lic., 1867, and Lic. Mid. 1867, K.Q.C.P.I. ; John Nyham, Drimoleague, county Cork, Lic. R. Coll. Phys. Edin., 1868, Lic. R. Coll. Surg. Edin., 1868 ; T. Browne Macauliffe, Newcastle, W., Limerick, M.D., 1868, and M.Ch., 1868, Qu. Univ. Irel. ; James Love, Lislaird, Castlederg, county Tyrone, Lic. R. Coll. Phys. Edin., 1868, Lic. R. Coll. Surg. Edin., 1868 ; Francis Edward Clarke, St. Helen's, Dunfanaghy, county Donegal, M.B. University of Dublin, 1868.

Speaking of the elevation of M. Nelaton to the office of Senator, *L'Union Médicale* states that during the first Empire but one physician was raised to a like position, M. Cabaius. No one is authorised to say, observes the same journal, that any condition has been imposed upon M. Nèlaton. He has not announced any intention to retire from practice ; however, of his own accord, he last year resigned his professorship.

Medico-Chirurgical Society of Clasgow.—At the meeting of this society held on Friday, 4th September, in the Hall of the Faculty of Physicians and Surgeons, the following gentlemen were elected office-bearers, viz.:—President —Dr. J. G. Fleming. Vice-Presidents—Dr. W. T. Gairdner, Dr. E. Watson. Council—Dr. Dewar, Mr. Tindal, Dr. G. H. B. Macleod, Dr. A. R. Simpson, Dr. Richmond, Paisley; Dr. F. Thomson, Mr. Torrance, Airdrie; Dr. H. Thomson. Secretaries—Dr. James Adams, Dr. R. Perry. Treasurer—Dr. H. R. Howatt.

Royal Sea-Bathing Infirmary, Margate.—The annual meeting of the governors of the above institution was held lately at the hospital. The total number of patients under treatment had, during the year, been 894, the greater part being from London and its neighbourhood. More than half were discharged cured, and the great majority of the remainder left materially benefited. There are 250 beds now in the hospital, all of which are fully occupied during the greater part of the year, and more than half the number during the winter months. The institution is now kept open for the whole year instead of the summer months only, this desirable alteration having been accomplished through the success attending the "fund in aid" derived from the 5s. annual subscriptions inaugurated thirteen years since by the Rev. Mr. Hodgson, the honorary secretary ; the number of subscribers to this fund last year amounting to about 7000. The amount produced last year had been £1653. During the last year an addition had been made to the north wing, by which accommodation had been obtained for twelve more beds, and another addition was contemplated on the west side, which would provide accommodation for eighteen more beds. The total income for the year, including £2000 received from patients, £1653 from 5s. subscriptions, £1254 donations, and £450 legacies, had been £13,962, 19s. 11d., and after investing £5500 and paying all expenses of the hospital, there was a balance in favour of £1208, 9s. 3d. The chairman, in moving the adoption of the report, said it was essentially a London hospital, nearly all its patients coming from the metropolis. The report was adopted, and a vote of thanks passed to the Rev. Mr. Hodgson for his valuable services. According to annual custom the hospital was then thrown open for a public visitation, and a large number of visitors to Margate and Ramsgate availed themselves of the opportunity of inspecting it. At three o'clock in the afternoon, a public meeting was held in the dining-hall, for the purpose of explaining the objects and usefulness of the institution.—*The British Medical Journal.*

The Royal Hospital for Imbeciles, Putney.—A gratifying meeting took place in the general room of the above institution on Monday evening. All the patients, male and female (except those who were bed-ridden or too ill to attend) assembled together to celebrate the first anniversary of the appointment of the present governor and matron (Mr. and Mrs. Haughton). The governor, with his usual good-nature and kindness, had provided (out of his own pocket) special refreshments for the occasion, and he and his wife amused them for several hours with music, singing, recitations, and readings, which seemed to be thoroughly enjoyed. The superintending nurse, who is very popular with the patients, had at their wish collected small contributions from those who desired to give, and purchased two handsome dressing-cases for presentation to the governor and matron, as an acknowledgment of their unwearied efforts to promote the comfort and happiness of the inmates generally. These dressing-cases, with an appropriate address, were presented, and the governor, who was unprepared for such a demonstration towards him, was quite overcome at the cordial and enthusiastic manner in which the presentation was made. It is hoped that the vastly improved condition of this institution under the efficient management of Mr. and Mrs. Haughton will be properly appreciated by the authorities of this useful home for the afflicted. —*Medical News.*

The fair sex of Marseilles have taken to poisoning their liege lords. Three women have been arrested there on the charge of disposing of their husbands in order to get married to other Lotharios with whom they were on terms of intimacy. On Saturday the magistrates, accompanied by the Procureur Imperial and medical men from the hospitals, went to the cemetery and exhumed the bodies in presence of the accused. One of the latter, 35 years of age, when she saw the corpse of her late partner, who died in January last, showed signs of great emotion ; the second, about 45, a widow since May, exhibited great coolness ; whilst the third, a young person of 20, whose husband only died a month back, was, according to the local papers, "greatly" moved. The intestines and viscera of the deceased were handed over for analytical examination. The prisoners are said to have obtained the means of committing their crimes from an herbalist, who is also in prison.—*The Standard.*

The dentists of the Province of Ontario have recently formed themselves into an association, and obtained an act of incorporation from the local legislature. This association holds regular meetings, and discusses subjects of practical interest to the profession. With a view of supplementing this important movement the projectors of the *Canada Journal of Dental Science* are desirous of supplying a means of intercommunion which no foreign journal can be expected to supply. We trust this worthy undertaking will be well sustained, and that the *Canada Journal of Dental Science* will take rank amongst the leading periodical literature of the Dominion. The journal is to be under the editorial management of J. Stuart Scott, M.D., Cobourg, P. O., and of W. George Beers, Esq., Montreal.—*Canada Medical Journal.*

Torture in Russia.—M. Emile Andreoli, who took part in the last Polish insurrection, and on being captured by the Russians was sentenced to twelve years' imprisonment in Siberia, has just published in the *Revue Moderne* the first part of his prison recollections, some of which are certainly curious. "I was told," he remarks, "that on two or three occasions an electric battery has been made use of by the Russian police to loosen the tongues of the prisoners who refused to answer the questions put to them, which shows that the Russian Government is one of progress and knows how to turn the discoveries of science to account. After all, this was not more cruel than the torture of the herring. I knew several who underwent the latter, and they told me that nothing could compare with the sufferings which they endured. They were confined in a well-warmed apartment, salted herrings with bread and water for the first few days being their only food. If they refused to answer the questions of the examining commissioners the bread was first of all withdrawn, and then the water, whereupon the torture of intense thirst commenced, depriving the sufferer of all moral strength, and even making him abandon the resolution which he had formed to die. Very rarely did anyone remain mute when brought before the commissioners a second time. The sittings were usually at night, in a splendidly-lighted apartment, with refreshments of all kinds temptingly displayed on the side tables. The president would usually be most gracious. 'By-and-bye (he would say) we will, if you like, ask you to have something to drink with us.' The fever and the vertigo caused the prisoners to lose their reason, and they generally yielded. Hunger would not have brought about the same result as thirst, which loosens the tongue even far more readily than drunkenness does."

Death of Dr. Rogan.—The sudden death of one of our most esteemed and best beloved citizens has brought sorrow to the hearts of all, and has plunged his many friends into profound grief. At the County Lunatic Asylum, on Sunday morning, died Dr. Rogan, the Resident Physician of that Institution. Son of one of our most respected local medical men, and nephew of another, whose professional eminence was national—he was trained for the same calling. To a rare amount of natural talent, was added an education, as perfect as industry and perseverance in the best schools and under the best masters, could make it. At college he distinguished himself as a first-class prize-man in more than one branch of natural science, and his love of learning was such as to make him an earnest student to the end of his life. His knowledge and attainments, as a physician, were held in high estimation by his brethren, who often asked for his assistance in cases requiring more than ordinary acumen. We have further heard it said by competent critics, that his judgment and skill as a surgeon were such as would have placed him in the front ranks of metropolitan practice. His tastes, however, were different, and his ambition soared no higher than the office he held. He gave up a growing practice, and confident hopes of eminent and lucrative position, to hold the unobtrusive appointment of Resident Physician of the County Derry Asylum. Here his energies were chiefly devoted to the study of mental disease, and to the treatment of his unfortunate patients, duties for which he was, in all respects, eminently qualified. But it was not merely his talents, or his attainments that won the love of all who knew him. The remarkable geniality of his disposition, his imperturbable sweet temper, his kind and unselfish life, have endeared him to persons of every class and denomination, and rendered his death a public loss. His unexpected removal was caused by disease of the heart. We learn that his professional brethren have asked permission to attend the funeral as mourners; and that a similar tribute of respect is intended by the members of the Society of Freemasons, of which he was a distinguished brother and a bright ornament. —*Londonderry Standard.*

Death of an Eminent Physician.—The death is announced of Dr. Clot.-Bey, one of the notabilities of Marseilles, at the age of 75. He had acquired a well-merited reputation by his success in establishing medical instruction and practice in Egypt. During the last ten years he lived in France in retirement, but had long been associate of the most important academies of Europe, and Commander of the Legion of Honour.

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NOTICES TO CORRESPONDENTS.

Proofs reaching authors in England on or before Friday morning are expected to be returned to the Editor, at the office, 20, King William-street, Strand, W.C., before five P.M., on Friday afternoon. Proofs reaching authors on Friday evening or Saturday morning *must* be returned to the office by two P.M. on Saturday, which is an early closing day. Duplicate proofs are sent to authors, in order that they may correct and return one copy, and keep the other for private use. Contributions should be LEGIBLY written, on one side of the paper only.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 16, 1868.

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IN compiling our Students' Number we have aimed not only at supplying Students with the practical information which they really want, instead of prolix and verbose official regulations, but at giving our subscribers and the profession some matter which may not be uninteresting, and which may, as far as possible, atone to them for the yearly trespass which, in the interest of Students, we are obliged to make on their forbearance. We omit nothing important. We simplify by removing from the official regulations the semi-legal fog in which their phraseology is obscured. Our Students' Number is for Great Britain and Ireland, not for London alone.

THE SELECTION OF A PROFESSION.

The boy at school, full of life and enjoyment of physical existence, has little inclination and few reasons to think of his future. It is not until nearly the end of his scholastic curriculum that either parents or youths ask themselves and each other the question what is to be done, and what the suitable prospective employment for the student? The boy chooses with too little care, the parent bestows too much anxiety upon the matter, as a rule; too little regard is paid to the special ability of the aspirant, and his father exercises too much influence to induce his son to follow a particular walk in life. We believe that every individual has a special fitness for something, and that fitness is usually indicated more by his habits than his words. The student may have heard a brilliant barrister plead in a case in which he was interested, and straightway is fascinated by a passion for the law, and declares that he will be a special pleader, with ambition to be keeper of the Privy Seal and Lord High Chancellor of England. But the young dreamer has no conception of the difficulties which must be overcome before he can hope to achieve even mediocrity in such a career, and unless he have special aptitude in a good memory, with capacity for using promptly the knowledge he has stored, and a fluency of speech to express it, he had better abandon the idea. Another student may have been impressed by the grandeur of an ecclesiastical ceremonial, and have been carried away by the didactic eloquence of a popular preacher—but before he decides to become a teacher of religion he must be prepared to forego all matters of worldly interest, and wholly to abnegate self in the considerations of the future. In this case, far more than in the former, the parent or guardian is bound to exercise his influence to induce the student to pause and to consider well what he is about to do. In fact, we are inclined to the opinion that so much discouragement should be shown in both cases as would deter the student selecting either law or religion as a profession, unless he were so resolved and felt so peculiarly fitted for it that his selection could not be afterwards set aside by opposition or difficulties. For the profession of arms much more than personal fitness and liking is necessary, because promotion, and indeed social position, can alone be secured by money and family influence. No young man of education, with a sense of self-respect, would ever enlist as a private soldier. We have thus glanced at three of the professions, leaving to the last that of medicine, because we propose to treat of its prospects, &c., more fully.

Before the schoolboy selects medicine as his profession, we advise him to consider the cost in brain and labour—not as deterrent, but because such consideration may prevent failure and disappointment afterwards. In the writer's experience upon a large scale he has come to the painful conviction that of those who enter the medical profession, at least one-third have wholly mistaken their vocation, and their mistake is not only a disaster to themselves and to their families and friends, but to a large number of poor creatures whose lives may be dependent upon them. The supposed free and easy life of a medical student attracts to our profession a number of young men who arely do any good for themselves, and are the source of infinite mischief to their associates—for no man can succeed in the medical profession without earnest self-denying work. The student, therefore, who enters at one of the hospitals with the idea of having an easy life before him makes a tremendous error ; he is sowing the seeds of certain misery for himself.

But what are the preliminary conditions of fitness in the student who proposes to enter upon a medical career? Good physical health is, in our opinion, essential to success. All the senses must be perfect, for all are called into requisition in our art—eye, ear, smell, and touch. But it is not merely to see a foul tongue or a dislocated limb ; it is not merely to hear a patient describe his symptoms or to listen to abnormal sounds in the lungs ; it is not merely to detect by the nose the foul smells which are associated with the physical surroundings of fever ; it is not merely to feel the pulse beating beneath the finger or to touch the end of a broken bone ; the mere exercise of the sense is of no value unless the senses are cultured in a high degree, and associated with good observant faculties. His senses must be subordinated also, for some of the duties which the physician and surgeons have to perform are at first repugnant and even revolting to the ordinary observer. Mr. Langley, in his "Via Medica," writing on this point says :—

"The youth who shrinks from these duties neglects golden opportunities which may, perhaps, make the difference between success and failure in after life. The senses of the surgeon have to be subordinated as well as cultured, and he must be prepared to see without shrinking that which appals and sickens the ordinary observer. His sense of duty must make him calm and firm, yet aware of all the agony his patient suffers. The noblest operator is the surgeon who is farthest removed from the butcher. Let the student therefore shun everything which is calculated to brutalise, whilst he seeks every occasion which can teach him benevolent firmness and imperturbable self-reliance. To make himself more and more fit to assist in emergencies is not merely to make the junior more valuable to the employer, but enhances his own self-respect and increases his power over his future destiny."

To the mind which finds its delight in the demonstrations of science and the applications of abstract truths to practical purposes, the study of medicine affords the grandest of all fields; but there are humbler and scarcely less useful paths of benevolence and usefulness which constitute the unwritten heroism of the every-day life of the ordinary medical practitioner.

The money value of the Medical Profession is not great, because, like all the learned professions, it is over-full, and therefore as a medium by which a fortune is to be made, it is not to be thought of. But even in this respect there is a better time coming, and the future of the general practitioner will be better than the past. Quoting again from Mr. Baxter Langley's "Via Medica," we would commend to the student who contemplates entering the Medical Profession the following remarks:—

"It appears to me a grave error to take a young man from school and plunge him at once into the theoretical studies of medical science, for it is absurd to expect that during the short space of four years he shall learn the laws of physics, chemistry, botany, zoology, human and comparative anatomy, pathology, practice of medicine, surgery, midwifery, and medical jurisprudence. My experience and observation leads me to the conviction that the most successful men are those who have some practical and general knowledge, and are able to observe and to manipulate well before they enter upon their attendance at lectures. Hence I am strongly convinced that a year or two well spent with a provincial surgeon is not time thrown away by the tyro in medicine. Students are apt to think that the whole object of their studies is to pass certain examinations; but thousands of men find out the burden and calamity of this mistake when they are called upon to prove their practical acquaintance with their profession under some sudden and terrible emergency. To know the theory of obstetric medicine—even to have attended a large number of ordinary cases of midwifery with success—is a totally different thing from being so thoroughly master of the subject that no emergency can arise for which the medical attendant is not prepared. Many a surgeon has turned pale at the bedside of his patient on finding himself suddenly in the presence of some difficulty which he does not clearly understand, and with which he is utterly incompetent to deal decisively. In such moments he would feel with deep acuteness that "cramming" and "grinding" will not alone make a professional man the "master of the situation," *semper paratus*, and ready for "the occasion sudden" with which the practitioner will from time to time be called upon to deal, and oftentimes alone. The student who resolves not only to appear, but to be, qualified to take any and every surgical or medical responsibility which can present itself will not be in a hurry either to begin or to end his curriculum; his whole purpose will be to gain knowledge and experience for its own sake, and to fit him to practise successfully. Other men may at the first seem to outstrip him in their apparent progress, but the man who is thoroughly grounded in his profession, and has become familiar with the principles of the sciences before he enters upon his lectures, will soon outstrip and take precedence of those whose attention to the higher branches of their profession is prevented by the necessity of studying outlines and elements which ought to have been learned before."

RECOMMENDATIONS OF THE GENERAL MEDICAL COUNCIL.

The General Council of Medical Education and Registration have issued to the various Licensing bodies, their suggestions on the subjects under their supervision. These Recommendations are not compulsory, and in so far as they have been adopted by the Licensing bodies provisions in accordance with them will be found amongst the regulations of each corporation in other parts of our issue.

The gist of these suggestions is briefly as follows:—

1. The student must pass his Preliminary Examination in General Education *before* he can be registered as a student, and not more than a fortnight after he commences professional study.
2. That twenty-one shall be the earliest age for qualification to practice.
3. That the examination be divided into two parts, one to be undergone at the end of the second, and the other at the end of the fourth year.

Public Services.

POOR-LAW.

In the first place, then, a young qualified practitioner, indisposed to be an assistant, and desirous of commencing general practice without investing any money in purchasing a succession, may, perhaps, obtain a poor-law appointment, though he should scarcely expect to obtain a livelihood from this inadequately remunerated employment.

ENGLISH POOR-LAW MEDICAL SERVICE.

Prior to the Metropolitan Poor Act of last year, the English Poor-law Medical Service may be said to have been in the hands of the guardians, supervised by the Poor-law Board. Each parish in England and Wales had its guardians of the poor, and these parishes were grouped together to form unions. The unions were divided into districts for medical relief. Union Medical Officers, therefore, have the care of a district, or sometimes the care of the workhouse of the union—sometimes of both. The officer was elected by the guardians, and the appointment approved by the Board. He was required to have both a medical and a surgical qualification. In some instances these were specified, but almost always the London College of Surgeons and Apothecaries' Hall were the two most favoured diplomas. For this reason London students will still continue to take these qualifications whatever else they may add to them. These appointments are not lucrative. In most cases the salary is very low. They are, however, sought after by young men as a means of getting into practice, and are often almost obligatory in the country to prevent fresh opposition being introduced. The Metropolitan Poor-law Act, 1867, assimilates the Poor-law, so far as London is concerned, to that of Ireland, and it will probably shortly be extended to the country. It establishes in London asylums and dispensaries, and distributes the cost of supporting them over the metropolis. The appointment of the Medical Officer will be made by the Dispensary Committee, but the Poor-law Board has power to modify many of the arrangements. The Poor-law Board is now a permanent body with increased powers, but since the Act so few improvements have been effected that the Medical Officers are very dissatisfied.

IRISH POOR-LAW MEDICAL SERVICE.

The appointments which come directly under the head of the Poor-law are those to Dispensaries and Union Hospitals. By the latest statistics there were 716 Dispensary Districts in Ireland; but as there are sometimes several dispensaries to a single district, the number of dispensaries was 1037. Each of those dispensaries, however, has not a separate Medical Officer, there being at present 786 Dispensary Doctors in Ireland. Each district is under the direct control of a committee composed of the neighbouring landholders; the appointment of medical and other officers are made by this committee, and the entire management of the district is under their control. Their acts are, however, subject to the approval of the Poor-law Commissioners, who have the power either of interposing their *veto* on any appointment, or even of expelling an officer by a "sealed order," without trial or accusation, and without the resource of appeal or investigation. The salaries of Medical Officers of these districts vary from £100 to £20 a-year, the great majority being from £50 to £75. This salary is paid by the Board of Guardians, and no increase or decrease can be made in the amount without their assent and that of the Commissioners. Under the late Sanitary Act the committee made recompense to the Medical Officer for special services, such as those during an epidemic of cholera, or for sanitary reports. The qualifications for the medical charge of a dispensary or workhouse have, by a late order, been fixed at—a licence in Surgery, a diploma in Medicine, and a diploma in Midwifery, and the candidate must be at least twenty-three years of age. The success of an applicant depends, however, to a great extent on his local interest and influence with individual members of the committee, who are wont to discover particular aptitude for the position in the person or character of their own relatives which they seldom observe in a stranger. There is no pension, superannuation, or allowance for Poor-law Medical Officers, and as their salary is almost always quite insufficient for their maintenance, they must choose a proper field for private practice, or they can never hope to attain an independent position.

The number of unions in Ireland is 163, to each of which is attached a Medical Officer, who is appointed and controlled by the Board of Guardians in the same manner as the Dispensary Surgeon is by his committee. The salary is usually better than that of the Dispensary Doctor, and the duties of a more easy and satisfactory description.

ARMY MEDICAL SERVICE.

The appointment of Assistant-Surgeon in the army is open to all who can prove their claim to it by superior answering. The Competitive Examinations are held at Chelsea, usually in the first week of February and August. The candidate is not required to produce any other qualification before presenting himself for examination, than his licences to practise, and certificate of registration; in this respect the army service differs from the naval, in which the very senseless practice of compelling a candidate to produce all his certificates is enforced. The candidate having sent in his papers and followed them to London, meets his competitors at Chelsea. He is examined by Dr. Thomson on Natural History, Botany, Chemistry, and Materia Medica; by Dr. Parkes on Medicine, Midwifery, Therapeutics, Pathology, Pharmacy, and the writing of Prescriptions; by Dr. Pollock on Surgery and Surgical Appliances; and by Dr. Busk on Anatomy, Physiology, and Comparative Anatomy. Natural History and Botany are voluntary subjects. For the first two days of his examination he is employed in penning answers to printed questions; for the third and fourth days he is examined *viva voce* on all subjects; and on the fifth and sixth days he is tested by the diagnosis of disease at the bedside in the hospital, by the application of surgical apparatus, and by operations on the dead subject. This trial finished, the successful candidates (varying in number from fifteen to thirty) are selected.

NETLEY HOSPITAL.

A certain number of candidates, whose answering has been satisfactory, but not sufficiently so to entitle them to a place, are offered appointments on the West Coast of Africa. These situations, while they are subject to strong objection on the score of the deleterious nature of the climate, possess some advantages for those whose health can resist its influence. The districts comprised under the West Coast districts are Sierra Leone, Gambia, and Cape Coast Castle. If the candidate accepts the appointment he is sent out at once, without the period of probation to which others are subjected at Netley Hospital. He is allowed to spend a year at home, on full pay, for every year spent in Africa, and the entire period at home and abroad counts as service for pension. The promotion is sometimes rapid, owing to the dangerous nature of the climate; and we have known the rank of full Surgeon reached in five years from the date of appointment as Assistant-Surgeon.

The competitor who has been so fortunate as to obtain a place in the ordinary service, is not allowed to join a regiment at once. He is obliged to undergo a probation of four months at Netley Hospital, near Southampton, where he is compelled to attend the following lectures, viz.—Hygienie by Dr. Parkes; Pathology, by Dr. Aitken; Military Surgery, by Dr. Longmore; and Tropical Diseases by Dr. Maclean. The lectures on Military Surgery include gunshot and other wounds; arrangements for the transport of wounded; duties of Army Surgeons in the field, during sieges, on transport, &c.; and other special subjects. Those on Military Medicine refer to the tropical and other diseases of the British possessions and colonies, and to the losses by disease. The lectures on Hygiene relate to the examination of water, air, food, clothing, &c., of the soldier; his duties and exercise, and the circumstances affecting his health, meteorology, statistics, and prevention of disease. The lectures on Pathology have reference chiefly to the scientific examination of tropical diseases, and of the other complaints which the Army Surgeon is especially called on to investigate. The candidates also attend the wards of the hospital under the Professors of Medicine and Surgery, to make themselves acquainted with the system of recruiting, and the modes of keeping the Army Medical Returns. They are also called on to make post-mortem examinations, to operate on the dead body, and pass through laboratory practice on the modes of recognising the qualities and adulterations of food, and on microscopic examination of morbid tissues and adulterations of food, &c. During his preliminary training here the student is understood to be in Her Majesty's service; he wears uniform, is under military discipline, and receives pay at the rate of five shillings per day, and two shillings per day for lodging money, if he be not provided with lodgings in the hospital. At the termination of the four months he is again examined in the subjects in which he has been instructed during that period, his marks are added to those obtained by him at the Competitive Examination, and his position on the list of merit determined by the total. Successful candidates are now eligible to be gazetted to a regiment, or employed on the staff, and enjoy all the rank and honour, pay and privileges, of Assistant-Surgeons, as provided by the regulations. The official regulations will be found in another part of our issue.

A sum of money, equal to the half-yearly interest on £1200, the surplus from the "Herbert Memorial," is at the end of each session awarded to the candidate who has the highest number of marks; the fortunate young man who wins this "Blue Ribbon of Netley," being tolerably certain to be well provided for.

NAVAL MEDICAL SERVICE.

THE medical department of her Majesty's navy is at the present moment in a condition of great depreciation. The competition for admission to it is inadequate to the filling up of the vacancies, and much discontent is evinced by some of the medical officers holding office in it. We have not been able to satisfy ourselves that the complaints of the disaffected are either universal in the service or well grounded. We have knowledge of many gentlemen who have attached themselves to the service, and express their entire satisfaction with it, and of others who declare it to be unfit for a gentleman's occupancy. The special advantages of it in contradistinction to the army is that its members are more likely to "see the world," and that the regular pay of the medical officer goes much further towards his support than in the army. We append valuable practical information extracted from "Everything About Them," recently issued by Messrs. Edmonston and Douglas. See also official regulations, page 250.

In applying to be admitted as an assistant-surgeon in the Royal navy, it is merely required to address a letter to the secretary of the Admiralty, stating that you are in possession of a diploma from such a college—naming it; that you are of the required age, stating the same; and that you are desirous of being admitted as a candidate; when, if there are any vacancies, you will be informed when you will be required to present yourself at Somerset House, London, for examination. If there should be no vacancies you will be informed accordingly.[1]

For the essential qualifications, &c., see the official regulations at page 250.

Having passed your examination, you will, in the course of the following day, receive your appointment as acting assistant-surgeon to one of her Majesty's ships, either for service on board that ship, or for service on shore, at one of the naval hospitals—Haslar or Plymouth. You will at the same time be informed that you are granted two or three weeks, as you may require, leave of absence, to enable you to provide your uniform and appointments. These you can get at Gilliott's, in the Strand, or at any of the naval outfitters in Portsmouth or Plymouth.

The expense of an assistant-surgeon's uniform is about £47, 5s.

These are credit prices, but would, I presume, be considerably less for ready money, a thing, by-the-by, to which naval tailors are not much accustomed.

You must also provide yourself with a set of surgical instruments, which will cost you from ten to fifteen guineas.

All kinds of underclothing, towels, handkerchiefs, &c., may be purchased much more advantageously from a regular dealer in those things than from any naval outfitter.

ADVANCE OF PAY ON JOINING.

On joining your ship you will, if you wish it, be paid what is termed three months in advance, £30. Of course it is not all advance, as your pay will have been going on from the date of your appointment.

Every article of mess traps is now furnished by the Admiralty gratis. The same with your cabin furniture; every necessary article except bedding is supplied from the dockyards. An officer on joining his ship has, therefore, nothing more to pay than his mess subscription monthly. This varies in ships according to the station they are on, from £2, 10s. to £3, 10s. per month. This subscription does not include anything for wines or liquors of any kind. Whatever amount of these you may consume will be paid for by you separately, at the end of each month or quarter. But as all wines are permitted, by sanction of the Admiralty, to be shipped free of duty, you drink them so much cheaper on board, than you could the same qualities of wine on shore.

The monthly subscription, of say £3, with the Government allowance of £11, 3s. 8d. per annum to each member in lieu of provisions, is generally found sufficient to meet all ordinary expenses of messing.

It is the custom in all wardroom messes to have an extra dinner on two days of the week—generally Monday and Thursday. The days so selected are styled "field-days." It is on these days that guests are invited to dine by the mess. The guests thus invited are called public guests, and such invitations entail no extra subscription from any one, except for the extra wine consumed.

It is usual to invite the captain, and any other superior officer that may be on board, once a week; the other public guests are so many of the junior officers of the ship; and, if in port, officers of the sister service, and other public functionaries.

The captain, or admiral, if there be one on board, usually has two or three wardroom, and two or three gunroom officers, to dine with him on every other day of the week, than that on which he dines in the wardroom.

Any member of the wardroom mess inviting a private friend to dine with him on board, pays usually from 2s. 6d. to 3s. 6d. (according to the rule of the mess) for his friend's dinner, in addition to any extra expense for wine.

The foregoing are the whole of the ordinary and extraordinary expenses of messing in the wardrooms of her Majesty's ships, and which should not, with drinking a reasonable quantity of wine, beer, &c., exceed fifty guineas per annum.

Officers in the navy, wherever they may be serving, can remit, by the paymaster of the ship, without any expense, any portion, or the whole, of their pay that may be due to them on the last day of each quarter.

SERVANTS.

Assistant-surgeons are allowed only half a servant each; or, in other words, a servant between two of them.

These servants are entered on the ship's books with the rating of officer's servant. Their pay from the Admiralty is about £17 per annum and their provisions; and where they are well-conducted, attentive lads, it is usual for each of their masters to give them 10s. a month, which makes their pay up to about £29 per annum.

This sum of 10s. monthly from the masters is entirely gratuitous, and, of course, may be withheld at the pleasure, or rather the displeasure, of the master.

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[1] At the present moment there are abundant vacancies for eligible candidates.

PROMOTIONS.

An assistant-surgeon having served three years may be examined as to his qualifications for promotion to the rank of surgeon. If he be serving abroad he may, if he wish it, be examined provisionally by an inspector or deputy inspector-general and three surgeons; and as soon after his arrival in England as may be convenient for him to present himself at Somerset House, for his regular and final examination.

To enable assistant-surgeons to pass this examination satisfactorily they are granted, on application, two months' leave of absence to prepare themselves for it.

The use of passing the provisional examination abroad is, that the assistant-surgeon, having served five years, is then eligible for promotion into any vacancy that may occur, as acting-surgeon.

If the vacancy occurring shall have been caused by the death of an officer of superior rank, this promotion as acting-surgeon will be confirmed as surgeon on passing the regular examination at Somerset House.

If the vacancy has occurred from any other cause than that of death, the assistant-surgeon appointed to fill it, whether he may have passed only provisionally or finally, will be appointed only as acting-surgeon until the pleasure of the Admiralty be known, who may either confirm him in it, or supersede him by the appointment of a surgeon from half-pay.

Surgeons are promoted to the rank of staff-surgeons on twenty years' service, provided that ten years has been completed since passing for the rank of surgeon.

By an Admiralty regulation dated the 12th of July, 1867, promotion to staff-surgeon is to be open to officers for distinguished or special services, although they may not have completed twenty years' service.

An officer may be promoted to the rank of inspector-general on the completion of thirteen years' service from the date of his entry in the Royal Navy.

PRIZE-MONEY.

Medical officers share in the proceeds of all prizes captured from the enemy, of captures and seizures under the several Acts of Parliament passed relating to the revenues of customs, and to trade and navigation, for the abolition of the slave trade, for the capture and destruction of pirates and piratical vessels; and of the rewards conferred for the same; as also in the awards of all salvage granted to the crews of her Majesty's ships and vessels of war, with other officers of corresponding ranks.

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THE MEDICAL ASSISTANT:
HIS DUTIES AND PRIVILEGES.

We avail ourselves of Mr. Baxter Langley's kind permission to copy from the pages of his instructive and useful little book "Via Medica," such of the many hints to the student as our space enables us to reprint. We know of no other work which at all so well affords the class of information to which its pages are devoted.

THE PUPIL ASSISTANT.

The pupil-assistant is usually a young gentlemen—an infant in the eye of the law, *i.e.*, a minor—who enters into the service of his employer to learn pharmacy and the manipulation of dispensing without present remuneration, or who gives his services in return for board and lodging with a nominal salary. If there be any articles of apprenticeship or any such indentures contracting for service as have before been mentioned the relations between the junior and his employer are those, which exist under apprenticeships generally, subject to the terms and conditions stated in the indenture itself. Whether there be such a contract in writing or not, the assistant, though a minor, can sue for the necessaries or salary (if any) agreed to be paid by his employer.

The unqualified assistant (without diploma) capable of visiting patients, diagnosing disease, prescribing, dispensing, attending midwifery, drawing teeth, bleeding, cupping, applying the tourniquet, opening an abscess, dressing a wound, &c., &c., is generally a young man who has passed through his pupilage or apprenticeship, seen something of country practice, spent (or mis-spent) a year or two at the hospital and medical school, and who, having limited means, desires to recruit his resources.

Qualified men (with single or double diploma) are generally required for *outdoor appointments*, in which the assistant does not reside with his principal. Indeed, it may be remarked that the tendency generally seems to be towards the employment of gentlemen with diplomata in preference to those without, because the employer is rendered more free to absent himself, occasionally, if he can leave his practice in the hands of a substitute who can legally take charge of his parochial appointments, or, in case of accidents, give evidence before the coroner.

Constant applications are made by gentlemen from the "sister isle," who, having degrees in arts, honours in medicine, and high testimonials as to personal character, do not understand why they cannot at once obtain employment as assistants in England, in town or country practice. If they are asked what they know of private dispensing, they reply that they are competent to undertake anything of that kind *because they have done it at the hospital*. They cannot understand that aptitude in private dispensing—apothecary's work—is essential in English practice as it is at present conducted, and they are unwilling to believe that a mere power of manipulation is an absolute requisite if they would obtain employment here.

The prejudice against Scotchmen and Irishmen is general and deep-rooted in England. In most cases I regard such prejudice as unreasonable; in some cases wholly unjust. But there is the fact; and it has a most important bearing upon the probabilities that any Irishman or Scotchman will obtain employment in England. My experience justifies me in asserting that I have found some of the best assistants I have ever known amongst the Irish Catholics, whom my clients have received under protest, but who have demonstrated by their eonduct that varieties in religious opinion do not make much difference in man's capacity for duty.

It is almost useless for gentlemen from Ireland and Scotland seeking employment, unless they can produce testimonials (those of college-teachers will not suffice) from persons who know the applicants in private life, and who can give direct evidence as to their *private* character and personal habits.

THE OUT-DOOR ASSISTANT.

The "out-door assistant" is a gentleman who does not live with the principal, but who usually resides near the house of his employer. The term "out-door" is not intended to convey the idea that his duties are wholly "extern," but simply indicates his mode of life. The out-door assistant sometimes lives in lodgings at his own expense, sometimes in rooms furnished and provided by the surgeon for whom he acts, sometimes the rooms may be in the adjoining house where the "surgery" is, sometimes in a residence at some distance. In the latter case there may be a "branch practice" to be "conducted. In all cases where the assistant resides elsewhere than with the surgeon proportionately larger salaries are given to compensate for extra expenses. These situations are supposed to afford greater personal freedom, but more completely exclude the holder from pleasant society. Where a branch practice is carried on, a separate house and surgery are provided at the expense of the principal, who in such cases may visit the locality only once or twice a week. Candidates for these appointments are expected to have a double qualification, and to be able to take sole charge of the cases entrusted to them. No one who is not thoroughly competent in midwifery should entertain the idea of taking a branch practice.

Assistantships, *with time to attend lectures, &c.*, are not unfrequently sought after. Formerly such appointments were not uncommon, but experience has shown that they work so badly both for surgeons and pupils that they may be said to be almost extinct.

THE LEGAL RELATIONS OF THE PRINCIPAL AND ASSISTANT.

The engagement of an assistant may be made by word of mouth or by writing. The usual written contract between the parties (where apprenticeship is not intended) is an agreement of the ordinary character; but in the case of unqualified assistants the engagement is verbal, or made by correspondence between the parties.

Arrangements are sometimes made under which assistants are paid a certain percentage upon the fees received by the principal for work done by his subordinate; and often in cases of branch practices, a proportion of the gross profits is awarded to the assistant.

TERM OF ENGAGEMENT AND DISMISSAL.

In cases where there is no written contract with a permanent assistant engaged nominally for the year, and the salary is paid *weekly*, it is the custom in the medical profession to give and require a *month's* notice. But in temporary engagements, such as those made for *locum tenens*, the invariable custom is to pay by the week, the contract being terminable at any time by the wish of the principal. In such cases the gentleman employed is always expected to give reasonable time—say seven days—to provide a successor, if circumstances induce him to wish to resign the appointment.

The apprentice, or the "pupil with indentures," is bound by the terms and conditions of his "articles," which are generally to the effect that A. B., the pupil, will serve C. D., the principal, for a certain term of years without salary; C. D. in return providing A. B. with board and lodging, and instructing him in the business or profession of surgeon and apothecary. In these cases the contract between the parties cannot be terminated except upon the conditions stated in the deed.

In-door assistants, whether qualified or not, can be dismissed by a month's notice at any time, or by the payment of a month's salary by the principal; the assistant, however, who leaves without giving a month's notice is liable to summary punishment by a magistrate, nor would the tender of a month's salary in lieu of notice relieve him from this liability to punishment; moreover, he would also forfeit all claim to any salary due to him from his principal for any services rendered previous to his leaving.

The out-door assistant, if resident in a house or lodgings furnished and provided by his employer, can in like manner be dismissed or terminate his engagement by a month's notice; but if the assistant provide himself with lodgings, *furnished by himself* by the wish or with the consent of his principal, the engagement cannot be terminated except by three months' notice or equivalent salary, and this notice may be given at any time.

The services of gentlemen engaged for special services and temporary duties may be terminated without notice unless there is a special understanding that the engagement is for one day a-week, or four weeks.

LEGAL OBLIGATIONS ON THE ASSISTANT.

Every assistant is bound by law to obey all the lawful and reasonable orders of his employer, and to be honest and diligent in the professional duties required from him; he is required also to pay proper respect to the principal. But a medical assistant could not be lawfully dismissed for refusal to groom a horse, work in the garden, or perform any other occupation of a menial and unprofessional character. He is bound to take care of the property entrusted to him, and, if guilty of gross negligence, will be liable to an action.

Where an assistant is engaged on account of his fitness to perform certain duties (such as "to visit, dispense and attend midwifery") and turns out to be perfectly incompetent to do any one of these things, the principal will be justified in rescinding the contract at once, and discharging the assistant; and it would be of no avail for the latter to prove his "qualifications" in the highest walks of his profession, if he were incompetent to perform those duties which he proposed to be able to do.

Temporary illness will not afford justification to the principal to terminate the assistant's engagement; but if the latter be attacked with such illness as would render it impossible for him to return to his duties for a month or more, it is very commonly held in the profession *(mos pro lege)* that the engagement may be terminated by the payment of two weeks' salary and the expenses of the transit of the assistant either to his home or to the spot from whence he was engaged.

TRAVELLING EXPENSES.

It is customary for the travelling expenses of an assistant to be paid "one way" by the principal, it being assumed that he goes *to* the appointment for the convenience of his employer, but *leaves* it for his own. Hence, the travelling expenses are allowed (second-class) to the principal's house, and are paid with the first month's salary. The assistant on leaving, whether by notice on his own part or that of the employer, pays his own travelling expenses. There are certain limits to this rule, however. For example, an assistant resident in Aberdeen and engaged by a surgeon at Plymouth would not be allowed his travelling expenses for the whole distance, but an equivalent to the amount he would have paid from London—*i.e.*, second-class railway fare, and a reasonable allowance for cab and expenses *en route*. As a general rule, where the distance between the parties is greater than from London to the surgeon's residence, the employer is not expected to pay a greater amount than travelling expenses from London.

It is the duty of the principal to pay the assistant the salary agreed upon at the periods arranged between the parties. But the engagement must be clear and binding, or else the assistant will have no remedy against his employer for default. And where a stipulated salary has been agreed upon, no additional remuneration can be claimed for services beyond those agreed to be given, unless it is possible to prove a contract, expressed or implied, for such additional services.

An assistant *rightfully* discharged has no claim for salary, which might otherwise have been due to him.

One of the common fallacies is that an assistant who has conducted himself with propriety can *demand* a testimonial to that effect.

There is, however, no legal obligation upon a principal who has engaged an assistant to give the party so employed any testimonial on dismissal, and no action will lie against any principal refusing to do so or to become a reference.

In making application for an assistant to a professional agent, the principal usually asks only for an introduction to gentlemen requiring appointments; but he should always state fully what he requires, and what special prohibitions he has to make. Thus, he should explain whether the assistant is to be qualified or unqualified, in or out-door, and, if the latter, whether married or single; whether he must be able to ride and drive, attend midwifery, dispense, keep books, and accustomed to club and union practice; whether he objects to any particular religious views, or has any preference for Protestants or Catholics, Dissenters or Churchmen, &c., &c. In addition to this, he should also name the salary proposed to be given, and the approximate age which would be most satisfactory, &c., &c., &c.

SHIP APPOINTMENTS.

No honest agent desires to take payment for work which he cannot do, and that being the case, the agent who *can* do what is required of him *does not demand payment beforehand;* he is content to be paid for services rendered. If an assistant on application to an agent be told that the fee must be paid in advance, he had better not pay at all. Persons, professing to be captains of ships, occasionally advertise that they can secure appointments for young surgeons on vessels belonging to the best "lines," and when their victims call they are induced to pay from half a guinea to two pounds to secure the good offices of the pseudo-captain; but they never get the appointments, and rarely recover back what they have paid.

Apropos of ship appointments, they are mostly secured by private interest; those under the Commissioners of Emigration are subject to great competition; the Peninsular and Oriental Company's appointments are still more eagerly sought, and are, therefore, more difficult to secure; next, perhaps, in order might be placed some of the private firms, and the American packets. The Royal Mail service is more accessible, because all the new appointments are made to the West India stations, from which the medical officers are promoted to other and more eligible stations. Some very respectable agents give their special attention to such appointments.

SALARIES.

The junior assistant, who can dispense only, will not earn more than £30 a year, with board and lodging; under some circumstances, if time be allowed for reading, he will be expected to give his services. The unqualified indoor assistant who can visit, dispense, attend midwifery, and assist in keeping the books, will be able to get from £40 to £45; and if a specially good man of experience, &c., may obtain £55 or £60. A qualified *indoor* assistant, able to take the general responsibilities of ordinary practice, with dispensing, &c., can generally obtain at first £50 or £60 (with board and lodging), and afterwards in proportion to his merits, £70 or even £80 a year, I have known exceptional cases in which £120 a year, with board and residence, has been given to a favourite assistant.

"Out-door assistants" obtain larger salaries, but have to pay the expenses of their own maintenance and lodging; thus non-resident unqualified men who would receive £40 *indoor* will obtain about £70 *outdoor*.

Doubly-qualified assistants are almost always now required for out-door appointments, particularly for branch practices where, perhaps, the assistant lives at some distance from the principal, and may be called upon to hold parochial appointments, give evidence before the coroner's inquest, or at the assizes. The salaries range in such cases from £100 a year without a house, to £150 a year with a house, attendance, &c., provided by the principal; in rare cases, where colliery appointments are held by the assistant, a house with attendance is provided, and £200 salary allowed.

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Official Regulations.

THE ARMY MEDICAL DEPARTMENT.

1. **Every** candidate must be unmarried, and not under 21 nor over 28 years of age. He must produce a birth certificate from the district registrar, or an affidavit from a near relative will be accepted. He must also produce a certificate of moral character from the parochial minister if possible.

2. The candidate must make a declaration that he labours under no disease, imperfection, or disability.[1]

3. The candidate must be registered under the Medical Act.

4. Certificates of registration, character, and age must accompany this schedule when filled up and returned.

5. Candidates will be examined in Anatomy and Physiology, Surgery, Medicine, including Therapeutics, diseases of women and children, Chemistry and Pharmacy, and knowledge of drugs. (The examination will be in part practical, and will include operations, the application of surgical apparatus, and the examination of patients at the bedside.) The eligibility of each candidate will be determined by examination in these subjects *only*. Candidates who desire it will be examined in Comparative Anatomy, Zoology, Natural Philosopy, Physical Geography, and Botany, with special reference to Materia Medica, and their marks will be added to the marks obtained in the obligatory examination, and the candidates' position on the list will thus be improved.

6. After passing, every candidate must attend practical instruction at the Army Medical School, Netley, on (1) Hygiene, (2) Clinical and Military Medicine, (3) Clinical and Military Surgery, (4) Pathology of Diseases and Injuries incident to Military Service.

7. At its conclusion, the candidate must pass an examination on the subjects taught in the school.

See practical information under "Public Services."

Examination of Assistant-Surgeons previous to Promotion.

This examination may be taken at any time after the Assistant-Surgeon has served five years.

A series of printed questions will be sent by the Director-General to the principal medical officers of stations where Assistant-Surgeons may be serving, who will deliver these sealed questions to the Assistant-Surgeons, and to see that they are answered without the assistance of books, notes, or communication with any other person. The answers are to be signed, and delivered sealed to the principal medical officer, who is to send them, unopened, to the Director-General, together with a certificate from the Surgeon of the Regiment, or other superior Medical Officer, that the Assistant-Surgeon has availed himself of every opportunity of practising surgical operations on the dead body.

The Assistant-Surgeon will also be required to transmit a Medico-Topographical account of the station where he may happen to be, or of some other station where he may have been resident, or else a Medico-Statistical report of his regiment for twelve months.

If the Examining Board and the Director-General are satisfied with the certificates and answers, and with the report, the Assistant-Surgeon will be held qualified for promotion.

ROYAL WARRANT FOR PAY AND NON-EFFECTIVE PAY OF MEDICAL OFFICERS.

1. The daily rates of pay shall be as follows:—

	Pay. Daily. £	s.	d.
Medical Staff.			
Inspector-General	2	0	0
Deputy Inspector-General	1	10	0
Surgeon-Major	1	4	0
After 25 years' service	1	7	0
Surgeon	0	17	6
After 15 years' service	1	0	0
Assistant-Surgeon, on appointment	0	10	0
After 5 years' service	0	12	6
" 10 "	0	15	0
" 15 "	0	17	6
Apothecaries.			
Apothecaries	0	9	0
After 5 years' service	0	10	6
" 10 "	0	12	6
" 20 "	0	15	0
" 25 "	0	16	6
" 30 "	0	18	0

2. Every Candidate for a Commission as Assistant-Surgeon shall be unmarried, and shall possess such certificates as would qualify a civilian to practise Medicine and Surgery; and before receiving a Commission shall pass an examination in Military Medicine, Surgery, Hygiene, and Pathology, after attending the authorised course in a General Military Hospital.

3. An Assistant-Surgeon shall pass such examination as our Secretary of State for War may require, and shall have served on full pay with the Commission of Assistant-Surgeon for five years, of which two shall have been passed in or with a Regiment or Depot Battalion, before he can be promoted to the rank of Surgeon.

4. Assistant-Surgeons shall, as a general rule, be promoted to the rank of Surgeon in the order of their seniority in the service. In cases of distinguished service, however, an Assistant-Surgeon may be promoted without reference to seniority; and in such cases, the recommendation detailing the services for which the Officer is proposed for promotion shall be published in the General Orders and in the Gazette.

10. Good service Pensions shall be awarded under such regulations as shall be from time to time determined. Six of the most meritorious medical officers of our army, shall be named our Honorary Physicians, and six our Honorary Surgeons.

11. Medical officers shall have the right to retire on half-pay after 20 years' service; Surgeons-Major, Surgeons, or Assistant-Surgeons, shall be placed on the retired list at the age of 55, and Inspectors-General and Deputy Inspectors-General at the age of 65.

14. An Apothecary shall have the right to retire on half-pay after 30 years' good service.

Service on the West Coast of Africa.

15. A Medical Officer volunteering for service on the West Coast shall serve on the Coast for a period of at least twelve months, and shall be governed by the following regulations:—

16. Each year reckons towards promotion and retirement as two years' of service, but it shall not so reckon towards increasing pay, or qualification for the rank of Surgeon-Major. If an Officer shall be permitted, at his own wish, to prolong his stay on the Coast, his further service shall be allowed to reckon in proportion.

17. For each year's service on the Coast, a Medical Officer shall be entitled to a year's leave at home, and for every additional period beyond a year he shall have an equivalent extension of leave.

NON-EFFECTIVE PAY.

18. A Medical Officer placed on half-pay by reduction of establishment, or in consequence of ill-health, or age, shall be entitled to half-pay.

Inspector-General	After 30 years' service	1	17	6
"	" 25 "	1	13	0
"	" 20 "	1	10	0
Deputy Inspector-General	30 "	1	5	6
Surgeon	" 15 "	0	13	6
"	" 10 "	0	11	0
Assistant-Surgeon	" 10 "	0	10	0
" "	" 5 "	0	8	0
" "	under 5 "	0	6	0

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[1] His physical fitness will be determined by a board of medical officers, who are required to certify that the Candidate's vision is sufficiently good to enable him to perform any surgical operation without the aid of glasses. A moderate degree of Myopia would not be considered a disqualification, provided it did not necessitate the use of glasses during the performance of operations, and that no organic disease of the eyes existed.

19. The rate of half-pay awarded to officers retiring for their own convenience, after twenty years' service, shall not exceed one-half of their full pay at the time of retirement.

20. Every Medical Officer who shall retire after service for 25 years, shall be granted half-pay equal to seven-tenths of his pay, provided he shall have served three years in his rank or abroad for ten years, or for five years with an army in the field. An officer of 25 years' service, whose service falls within neither of these conditions, shall be entitled to only seven-tenths of the pay he was in receipt of prior to last promotion.

23. An Apothecary shall be granted pay at the following daily rate, if placed on half pay by reduction of establishment, or on account of age, or through ill-health.

Apothecary to the Forces,	after 30	years' service,	9s. a-day.
,, ,,	,, 25	,,	8s. ,,
,, ,,	,, 20	,,	7s. ,,
,, ,,	,, 15	,,	6s. ,,
,, ,,	,, 10	,,	5s. ,,

NAVAL MEDICAL DEPARTMENT.

1. A candidate for entry into the Royal Navy shall make a written application, addressed to the Secretary of the Admiralty; on the receipt of which he will be furnished with the regulations and a printed form, to be filled up by him, to show if he possesses the required qualifications.

2. As vacancies occur, the candidates will be ordered to attend at the Admiralty Office on the first Tuesday in alternate months; but no person can be admitted as an Assistant-Surgeon unless he can produce evidence that his name has been placed on the Medical Register as legally qualified to practise both medicine and surgery. And further, he will be required to make a declaration that he is free from any mental or bodily disease, defect, or infirmity which could interfere with the efficient discharge of his duties as a Medical Officer in the navy.

3. Each candidate must produce a certificate of good moral character, signed by the clergyman or magistrate of the district.

4. That he is not less than twenty nor more than twenty-eight years of age.

5. That he has received a preliminary Classical Education.

6. That subsequently to the age of eighteen he has actually attended a hospital for eighteen months, in which the average number of patients is not less than 100.

7. That he has been engaged in actual dissection for twelve months, and that he has performed the principal capital and minor operations on the dead body under a qualified teacher. The certificates of Practical Anatomy must state the number of subjects or parts dissected by the candidate.

8. On producing the above certificates he will be examined before a Board of Naval Medical Officers on the following subjects, viz.:

Anatomy.
Surgery.
Physiology, or Institutes of Medicine.
Practice of Medicine.
Chemistry.
Materia Medica.
Midwifery.
Botany.

9. Although the above are the only qualifications absolutely required, a favourable consideration will be given to the degree of M.D. from a university, or to those, who, by possessing a knowledge of the diseases of the eye, or of any branch of science, such as Medical Jurisprudence, Natural History, and Natural Philosophy, appear to be more peculiarly eligible for admission into the Service, observing, however, that lectures on these or any other subjects cannot be admitted as compensating for any deficiency in those required by the Regulations.

10. Candidates found competent, will be forthwith nominated to one of Her Majesty's Ships, or to a Naval Hospital at home; or should their services not be immediately required, their names will be duly registered for early appointments as vacancies may occur. But candidates admitted into the Naval Medical Service must serve in whatever ship they may be appointed to; and that in the event of their being unable to do so from sea-sickness, their names cannot be continued on the Naval Medical List, nor can they, of course, be allowed half-pay.

11. No Assistant-Surgeon can be promoted to the rank of Surgeon until he shall have served five years, two in a ship actually employed at sea, after which he will be required to pass an examination before a Board of Naval Medical Officers.

12. Assistant-Surgeons at home, after completing the stipulated five years' service, may be granted two months' leave of absence on full pay on condition of their resuming their studies at a Medical School or hospital.

13. A limited number of those candidates, who pass the best examination on entering the service, shall be promoted annually to the rank of Surgeon at an earlier period than would occur under ordinary circumstances, as follows:—

The candidate who passes the best examination of his year—after five years' service.

The candidate who passes the second best examination—after six years' service.

The candidate who passes the third best examination—after seven years' service.

Provided, however, that their second examinations are passed in an equally creditable manner, and that their conduct has in all respects been satisfactory.

EXTRA PAY AND ALLOWANCES.

The following extra pay and allowances are paid to naval medical officers under the conditions stated below:—

	At Home.	Abroad.
Inspectors-General, in lieu of provisions for their servants, and of the ordinary allowance for provisions for themselves	£54	£130
Deputy Inspectors-General, Staff-Surgeons, and Surgeons, do. do. ...	£35	£112
Assistant-Surgeons, do. do. ...	£30	£108

Staff-surgeons, when serving in flag-ships on foreign stations, are allowed extra pay of five shillings per diem.

Staff-surgeons, surgeons, and assistant-surgeons, when serving in ships in which there is no accommodation for residing on board, as in drill-ships for the Royal Naval Reserve, are allowed £50 per annum for lodgings, and one and sixpence per diem in addition, in lieu of ship's rations.

Whenever medical officers are employed on extra duty, they are allowed such extra pay as it may appear to the Lords Commissioners of the Admiralty the nature of the service merits.

Medical officers, when travelling on the public service, are allowed on the home stations—in addition to all expenses of first-class fare by rail or otherwise—for subsistence:—

	Special Service occupying 12 hours.	Ditto for every 24 hours.
Inspectors-General and Deputy Inspectors-General	£0 12 0	£1 0 0
Staff-Surgeons and Surgeons ...	0 7 6	0 10 0
Assistant-Surgeons	0 6 0	0 7 6

PENSIONS OF MEDICAL OFFICERS.

Besides the half-pay awarded to medical officers, there are three good-service pensions of 10s. each per diem awarded to the three inspectors-general, who have completed the longest and most meritorious services.

There is also one Greenwich Hospital pension of £80 per annum awarded to a deputy inspector-general.

There are fourteen other Greenwich Hospital pensions of £50 each per annum, awarded to those fourteen deputy inspectors-general, staff-surgeons, and surgeons who are considered by the Admiralty to be most deserving of them.

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Regulations and Bye-Laws of Licensing Bodies in England.

UNIVERSITY OF OXFORD.

The affairs of the University are managed, and its regulations are made, either by a Convocation consisting of all Doctors in Divinity, Law, and Medicine, and Masters of Arts, or by the resident Doctors and Masters, or by the Council.

There are 24 Colleges and Halls in Oxford. Every student must reside for three years.

During these three years, he has to pass at least two Examinations in Arts, and one in either Mathematics, Natural Science, or Law and Modern History, or a third in Arts.

A Student deciding to graduate in Medicine should proceed:

1st. To enter at a College or Hall.
2nd. Or reside in lodgings.
3rd. To pass the requisite Examination in Arts.
4th. After passing the Examination for the degree of B.A., to spend two years in study prior to Examination for Bachelor of Medicine; and two years more prior to the final or practical Examination for the same Degree. These four years of medical study may be spent in any approved Medical school.

This Degree confers the Licence to Practise. There is no subsequent Examination for the Degree of Doctor in Medicine. A dissertation has to be publicly read three years after the B.M.

The Medical Examinations take place annually in the Michælmas Term.

Scholarships of about the value of £75 are obtainable at Christ-Church, Magdalen, and other Colleges by competitive Examination in Natural Science. Every year a Radcliffe Travelling Fellowship is competed for by any who, having taken a first-class in the Natural Science School, propose to study medicine. The travelling Fellows receive £200 a-year for three years, half this period being spent in study abroad.

Regulation for Degrees in Medicine.

No one can become a Bachelor of Medicine unless he has passed all the examinations required for the degree of B.A., and has also spent four years, not necessarily in Oxford, in scientific and professional study, after the last classical examination.

1. Candidates for the B.M. must pass two examinations, each of which is held yearly, usually in November, the first by the Regius Professor of Medicine and three Masters of Arts or Doctors, nominated yearly by the Vice-Chancellor, the second by the Regius Professor and two Doctors of Medicine. Each examination is conducted partly in writing, partly *viva voce*, and part of each is practical. The subjects of the first examination are Human Anatomy and Physiology, Comparative Anatomy and Physiology, to a certain extent, and those parts of Mechanical Philosophy, Botany, and Chemistry, which illustrate medicine. Those of the second are the Theory and Practice of Medicine (including diseases of women and children) the Materia Medica, Therapeutics, Pathology, the principles of Surgery and Midwifery, Medical Jurisprudence, and General Hygiene. Every candidate at this second is examined in two ancient authors, Hippocrates, Aretæus, Galen, and Celsus, or in one of those four and in some modern author approved by the Regius Professor.[2]

Before a candidate is admitted to the first examination, he must have completed eight terms from his second public examination for the degree of B.A., unless he was placed in the first or second class in natural science, in which case, if he received from the public examiners a special certificate in Mechanical Philosophy, Chemistry, or Botany, he may be admitted to this examination at once, and need not then be examined again in any science specified in such certificate, or if he have taken up an increased amount of classical work at moderations he may then count his scientific studies from the date of that examination, provided always he obtain honour in the Natural Science School. Before a candidate is admitted to the second examination, he must have completed sixteen terms from the date of the same *Testamur*, and two years from the first medical examination, and must deliver satisfactory certificates of his attendance at some hospital. Every candidate at either examination is required to give the Professor notice a fortnight at least before the examination.

No one from another university can be incorporated as a Graduate in Medicine without passing these two examinations.

2. A Bachelor of Medicine wishing to proceed to the degree of doctor is required to read publicly, in the presence of the Regius Professor, a dissertation composed by himself on some medical subject approved by the professor, and to deliver to him a copy of it.

UNIVERSITY OF CAMBRIDGE.

THE DEGREE OF BACHELOR OF MEDICINE.

A Student proceeding to this degree must

1. Reside in the University two-thirds of each term (for nearly three years).
2. Pass the previous examination.
3. Pursue medical study for five years; unless he has obtained honours, in which case four only are required.

Of these five years he must spend six terms in medical study,[1] unless he has obtained honours, in which case four only are required.

A student who has not graduated in Arts must, in addition to passing the previous examination, pass in Algebra.

There are three examinations for the degree of M.B., partly written and partly *viva voce*. The examination includes chemical analysis, description of specimens (healthy, morbid, and microscopical), dissections, and examination of patients.

They take place in Michaelmas and Easter Terms; an interval of two days intervening between the first and second examinations.

The subjects of the first examination are—1. Mechanics and Hydrostatics. 2. Chemistry with Heat and Electricity. 3. Botany.

The student may present himself at any time after passing the previous examination. He must produce certificates of lectures on Chemistry, including manipulations, and one course on Botany.

The subjects of the second examination are—1. Comparative Anatomy. 2. Human Anatomy and Physiology. 3. Pharmacology.

The student must have completed two years of medical study, the time of medical study required to be spent in the university being included. He must have attended hospital practice during one year, have practised dissection during one season, and must produce certificates of lectures on—1. Elements of Comparative Anatomy. 2. Human Anatomy and Physiology. 3. Materia Medica and Pharmacy. 4. Pathology.

The subjects of the third examination are—1. Pathology and the Practice of Physic (two papers). 2. Clinical Medicine. 3. Medical Jurisprudence.

The student must have completed medical study and attended hospital practice during three years, and must produce certificates of one course of lectures on—1. Principles and Practice of Physic. 2. Clinical Medicine. 3. Clinical Surgery. 4. Medical Jurisprudence. 5. Midwifery.

After these examinations have been passed, an act must be kept in the schools in the following manner:—

The Professor of Physic assigns the day and hour for keeping the Act, of which public notice has to be given eight days before. The candidate reads a thesis, composed in English by himself on some subject approved by the professor; the professor brings forward arguments or objections in English for the candidate to answer, and examines him in English *viva voce* as well as on questions connected with his thesis as on other subjects in the faculty of a more general nature. The exercise must continue at least one hour.

THE DEGREE OF DOCTOR OF MEDICINE

May be taken by a Bachelor of Medicine on the commencement day next following the admission to the degree. He is required to produce certificates of five years' medical study, to write an extempore essay, and to keep an act similar to that for M.B. He pays ten guineas to the Professor of Physic for this Act.

THE DEGREE OF MASTER IN SURGERY.

The subjects are—1. Surgical Anatomy. 2. Pathology and the Principles and Practice of Surgery. 3. Clinical Surgery. 4. Midwifery.

The candidate must have passed all the examinations for the M.B., and must produce certificates of the surgical practice of a hospital for three years, of having been house surgeon or dresser for six months, and of having attended—1. A second course of Lectures on Human Anatomy. 2. One on Surgery. 3. One year on Clinical Surgery. 4. Ten cases of Midwifery. 5. Dissection during a second season.

The examination takes place at the same time as those for M.B., and in a similar manner. The candidate is required to perform operations and to examine patients in hospital.

Each candidate sends three guineas to the professor, with the notice of his intention to offer himself for the first examination.

The expenses of residences, lectures, &c., at College—*i.e.*, in the University, need not exceed £150 per annum. That is quite sufficient; and an intelligent student, who has been well aught at school, may be pretty sure of defraying part of the expense by obtaining one of the many scholarships at his College. These range in value from £20 to £80 a-year. They are chiefly given for mathematical and classical proficiency. Some may be obtained at once; even before entering, and notices of the times of examination for these, which vary at the different colleges, are given from time to time under the head "University Intelligence," in the *Times* and other newspapers, and information respecting them is forwarded to most schoolmasters. Students sometimes try for these scholarships at several colleges in succession. At Downing and Sidney Colleges the examination is not confined to Classics and Mathematics, but Natural Science is taken into account. The greater number of the Scholarships are given by competition, after a year's residence. One at Caius is given for Anatomy, another for Chemistry. One at Trinity, one at St. John's, and one at St. Peter's for Natural Science.

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[1] If he have taken the higher honours in the Natural Science School, he may go in for the 1st M.B. Examination on the first opportunity.

[2] Such modern authors are Morgagni, Sydenham, Boerhaave.

[1] By attending, in each term, courses of lectures delivered in the University on two subjects, or by attending one course and the medical practice of Addenbrooke's Hospital.

UNIVERSITY OF LONDON.

The medical degrees of this university have now obtained a reputation second to none, and no student can therefore propose to himself a higher qualification. The training is rather longer than that required for the college and hall combined, or for the diploma of the two Royal Colleges. The examinations are very stringent, and it is in after years that the student will feel the gratification of having obtained such a degree. Every student is required to go through the full course of hospitial studies *after* he has passed the matriculation examination. It is, therefore, very desirable he should matriculate before entering a medical school, otherwise two years will be lost. The matriculation examination of this university is accepted as a preliminary by the Medical Council, and therefore the labour bestowed in preparation will serve the student's purpose even if he do not proceed to a degree. The medical degrees of the university are Bachelor and Doctor of Medicine, and Bachelor and Master in Surgery. Degrees of Bachelor and Doctor of Science are also now obtainable. There are, at each stage of the graduate's career, examinations for honours, which afford the student the opportunity of gaining highly prized distinctions in various branches. There are also scholarships for the most successful.

EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE.

Candidates are required—1. To have passed the matriculation examination of this University, or to have taken a degree in Arts in some other University, of the United Kingdom. 2. To have been engaged in their professional studies four years subsequently to matriculation; one year, at least, of the four in the United Kingdom. 3. To pass the preliminary Scientific Examination and two in Medicine.

The *Preliminary Scientific Examination* takes place on the third Monday in July. The candidate must have completed his seventeenth year, and have either passed the Matriculation Examination or taken a degree in Arts.

Fourteen days' notice must be given to the registrar previous to the examination. Fee £5, which is not returned on rejection.

The examinations shall be conducted in the following order:—

Monday—*Morning*, 10 *to* 1; *Afternoon*, 3 *to* 6, chemistry, by printed papers. Wednesday.—*Morning*, 10 *to* 1, Mechanical Philosophy, by printed papers; *Afternoon*, 3 *to* 6, Natural Philosophy, by printed papers. Thursday.—*Morning*, 10 *to* 1, Botany and Vegetable Physiology, by printed papers and specimens; *Afternoon*, 3 *to* 6, Zoology, by printed papers and specimens. Friday and Saturday.—*Commencing at* 10 A.M., Chemistry, by *vivâ voce* and experiment.

Any candidate who has passed the Preliminary Scientific Examination may, on the Tuesday and Wednesday in the second week after the pass examination, be examined for Honours in Chemistry and Natural Philosophy, and on the following Thursday and Friday in Botany and Zoology.

FIRST M.B. EXAMINATION

Commences on the last Monday in July.

A candidate must produce certificates to the following effect:—1. That he has completed his nineteenth year. 2. Passed the Preliminary Scientific Examination at least one year previously. 3. Been a student subsequently to Matriculation during two years at a recognised medical school; and that he has attended a course of lectures on three of the subjects in the following list:—Descriptive and Surgical Anatomy, General Anatomy and Physiology, Comparative Anatomy, Pathological Anatomy, Materia Medica and Pharmacy, General Pathology, General Therapeutics, Forensic Medicine, Hygiene, Midwifery and Diseases peculiar to Women and Infants, Surgery, Medicine. 4. That he has subsequently to Matriculation dissected during the two winter sessions. 5. Attended a course of Practical Chemistry, comprehending the more important processes of General and Pharmaceutical Chemistry; the presence and nature of poisons; the examination of mineral waters, animal secretions, urinary deposits, calculi, &c. 6. That he has attended to practical Pharmacy.

These certificates must be transmitted fourteen days before the examination. Fee £5, not returnable on rejection.

The examinations shall be conducted in the following order:—

Monday.—*Morning*, 10 *to* 1, *Afternoon*, 3 *to* 6, Anatomy, by printed papers. Tuesday.—*Morning*, 10 *to* 1, Organic Chemistry, by printed papers; *Afternoon*, 3 *to* 6, Materia Medica and Pharmaceutical Chemistry, by printed papers. Wednesday.—*Morning*, 10 *to* 1, Physiology, by printed papers. Monday and Tuesday *in the following week, commencing at* 10 A.M.—Anatomy, by *vivâ voce*, Demonstration from Preparations and Dissection; Physiology, by *vivâ voce* and Demonstration from Preparations; Materia Medica, Pharmaceutical Chemistry and Organic Chemistry, by *vivâ voce*, Experiment, and Demonstration from Specimens, including Medicinal Plants.

The examinations for Honours take place in the week following the First M.B. Examination, and are conducted by means of printed papers.

SECOND M.B. EXAMINATION.

This examination commences on the first Monday in November.

No candidate is admitted within two academical years of the time of passing the first examination, nor without producing certificates:—1. Of having passed the first M.B. examination. 2. Of having subsequently attended a course of lectures on two more of the subjects specified. 3. Of having conducted twenty labours. 4. Surgical hospital during two years, and lectures on clinical surgery. 5. Medical hospital two years, with lectures on clinical medicine. 6. Of having, subsequently to hospital practice, attended to practical medicine, surgery, or midwifery, with special charge of patients, in an hospital, infirmary, dispensary, or parochial union, during six months. Certificates of moral character from a teacher in the last school at which candidates have studied. Fee £5.

The examinations shall be conducted in the following order:—

Monday.—*Morning*, 10 *to* 1, Midwifery, by printed papers; *Afternoon*, 3 *to* 6, General Pathology, General Therapeutics, and Hygiene, by printed papers. Tuesday.—*Morning*, 10 *to* 1, Surgery, by printed papers; *Afternoon*, 3 *to* 6, Medicine, by printed papers. Wednesday.—*Morning*, 10 *to* 1, Forensic Medicine, by printed papers; *Afternoon*, 3 *to* 6, Practical Examination on Obstetric Preparations and Apparatus. Thursday, *commencing at* 10 A.M.—Practical Examination in Forensic Medicine. Friday.—Examination, and Report on Cases, of Medical Patients in the Wards of a Hospital. Monday *in the following week, commencing at* 10 A.M.—*Vivâ voce* Interrogation, and Demonstration from Specimens and Preparations.

N.B.—Candidates will be expected to write prescriptions in Latin, without abbreviations.

BACHELOR OF SURGERY.

The examination for the degree of Bachelor of Surgery takes place once in each year, and commences on the Tuesday following the fourth Monday in November. A candidate is admitted to this examination on producing certificates to the following effect:—Of having taken the degree of Bachelor of Medicine in this University. Of having attended a course of instruction in operative surgery, and of having operated on the dead subject. These certificates must be transmitted to the registrar at least fourteen days before the examination begins The fee for this examination is £5.

The examinations shall be conducted in the following order;—

TUESDAY, *Afternoon*, 3 *to* 6.—Surgical Anatomy and Surgical Operations, by printed papers. THURSDAY.—Examination, and Report on Cases, of Surgical Patients. FRIDAY, *commencing at* 1 P.M.—Performance of Surgical Operations upon the Dead Subject; Application of Surgical Apparatus; *Vivâ voce* Interrogation.

MASTER IN SURGERY.

The examination takes place the fourth Monday in November.

Candidates admitted to this examination must produce certificates:—1. Of having taken the degree of Bachelor of Surgery.[1] 2. Of having attended, subsequently to having taken the degree of Bachelor, *(a)* to Clinical Surgery two years in a hospital; *(b)* to Clinical Surgery one year, and of three years in the Practice of his Profession; *(c)* of five years in the Practice of his Profession. 3. Of Moral Character.

The examination shall be conducted by means of printed papers and *vivâ voce* interrogation.

The examinations shall be conducted in the following order:—

MONDAY.—*Morning*, 10 *to* 1, Logic and Moral Philosophy, by printed papers; *Afternoon*, 3 *to* 6, a Commentary on a Case in Surgery, by printed papers. TUESDAY.—*Morning*, 10 *to* 1, Surgical Anatomy, by printed papers; *Afternoon*, 3 *to* 6, Surgery, by printed papers. THURSDAY.—Examination, and Report on Cases, of Surgical Patients in the Wards of a Hospital. FRIDAY, *at* 1 P.M.—Dissection of a Surgical Region, or performance of Surgical Operations; *Vivâ voce* Interrogation.

The candidate who shall distinguish himself the most in Surgery shall receive a gold medal of the value of twenty pounds.

Any candidate who has passed the B.S. examination may be examined for honours in Surgery on Tuesday in the week following the commencement of the pass examination.

If in the opinion of the examiners sufficient merit be evinced the candidate who distinguishes himself the most shall receive £50 per annum for the next two years, with the style of University Scholar in Surgery. The first and second candidates shall also receive a gold medal of the value of £5.

DOCTOR OF MEDICINE.

The examination is on the fourth Monday in November.

No candidate shall be admitted without certificates:—1. Of having taken the degree of Bachelor of Medicine in this University. 2. Of having attended, subsequently, (*a*) to Clinical or Practical Medicine two years; (*b*) to Clinical or Practical Medicine during one year, and of having been engaged during three years in the practice of his profession; (*c*) or of having been engaged during five years in the practice of his profession, either before or after taking the degree. One year of Clinical Medicine, or two years of practice, will be dispensed with in the case of those candidates who at the second M.B. examination have been placed in the first division. 3. Of moral character, signed by two persons of respectability.

Certificates must be transmitted fourteen days before the examination. The examination is conducted by means of printed papers and *viva voce*. Candidates are examined in Logic and Moral Philosophy, and Medicine. The candidate who shall distinguish himself the most will receive a Gold Medal of the value of £20. The fee for each of the Degrees of M.B., B.S., M.S., and M.D. is £5.

The examinations shall be conducted in the following order:—

MONDAY.—*Morning*, 10 *to* 1, Logic and Moral Philosophy, by printed papers; *Afternoon*, 3 *to* 6, a Commentary on a Case in Medicine or Midwifery, at the option of the Candidate, by printed papers. TUESDAY.—*Morning*, 10 *to* 1, *Afternoon*. 3 *to* 6, Medicine, by printed papers. THURSDAY.—Examination, and Report on Cases, of Medical Patients in the Wards of a Hospital. FRIDAY, *at* 1 P.M.—*Viva voce* Interrogation, and Demonstration from Specimens and Preparations.

UNIVERSITY OF DURHAM.

THIS body now grants the degrees of Bachelor and Doctor of Medicine and Master of Surgery, and also a licence in medicine. For the last-named diploma, residence is not imperative. Before proceeding to the M.B., the licentiate must have obtained a B.A., or passed an equivalent examination. Candidates for M.D. must be bachelors of the standing of 21 terms. There is a medical scholarship of the annual value of £25, tenable for 4 years, open to competition among the students.

The fees, both university and collegiate, are moderate.

Full particulars may be had on application to the Registrar.

ROYAL COLLEGE OF PHYSICIANS, LONDON.

THE FELLOWSHIP.

THE Fellowship is only attainable by election. No one can be proposed who is not a Member of four years' standing. The mode of election has long given much dissatisfaction, as the readers of THE MEDICAL PRESS AND CIRCULAR are well aware, from the numerous articles and communications that have lately appeared. There is a general admission as to the justice of our strictures, and from the liberal feeling of a large body of the Fellows, it is not improbable that a generous reform may be effected. We hope this may be the case, as the influence of the college on the higher grades is of importance to the profession.

THE MEMBERSHIP.

A person may become a Member of this College without holding a degree in Medicine, or indeed any other diploma. This is not very often done; for the Membership gives no right to the use of the title doctor, though some Members not possessed of a degree do so style themselves. This is, however, in direct violation of the rules of the College to which a Member pledges himself on admission. The curriculum extends over four years.

Graduates in Medicine of any British University are admitted to an examination for the membership. Such graduates are exempt from some parts of the examination —*e.g.*, Anatomy and Physiology. Even foreign graduates of accredited universities have no difficulty in being admitted to examination. During the so-called year of grace this diploma was given to any M.D., on payment of ten guineas.

THE LICENĆE.

This Diploma authorises the holder to practise Medicine as a Licentiate of the College. Unless a graduate of some university he is forbidden to use the title of doctor, but we regret to say many do so. It is a medical diploma for the general practitioner intended to supersede that of the Apothecaries' Company, and, although not likely to do this for some time, is rapidly growing in favour. The examination is conducted by specially appointed examiners, and is complete in the several departments. It has been proposed to give this licence to Licentiates of the Apothecaries Company on payment of a fee *without examination*. Such a course might bring a little money to the College, but could confer no credit on any one. Those who hold the Company's licence have their legal right to practise, and have already made their position. To confer the College licence for cash, would degrade it in the estimation of all who have obtained it by examination. The college has done its share of trafficing in diplomas, and we trust will not load itself with another year of (dis-) grace.

QUALIFICATIONS FOR THE LICENCE.

Candidates must produce evidence—

1. Of having attained the age of twenty-one. 2. Of moral character. 3. Of having passed an Examination in General Education. 4. Of having been registered as a student. 5. Of Professional Study for four years, of which at least three winters and two summers have been passed at a Medical School, and one winter and two summers in one of the following ways:—(*a*) Attending the practice of an hospital; (*b*) As the Pupil of a qualified Practitioner, holding a public appointment

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[1] Bachelors of Medicine previously to 1866 will be admitted for the Degree of Master in Surgery without having taken the Degree of Bachelor of Surgery.

(*c*) Attending lectures on any of the required subjects. 6. *Of having attended, during three Winters and two Summers, the Practice at an Hospital*, and of six months' Clinical Study of Diseases of Women. 7. Of having studied Anatomy (with Dissections) two winters; Physiology, two winters; Chemistry, six months; Practical Chemistry, Materia Medica, and Practical Pharmacy, three months each; Botany (may be attended prior to Professional Studies), three months; Morbid Anatomy (in the Post-mortem room), six months; Practice of Medicine (principles of Public Health should be comprised in this Course, or in the Course on Forensic Medicine, attendance not earlier than the second winter), two winters; Surgery (not earlier than the second winter), two winters; Clinical Medicine and Clinical Surgery (not until after the first winter), two winters and two summers each; Midwifery and Diseases of Women (not less than twenty Labours, and Instruction and Proficiency in Vaccination), three months; Forensic Medicine, three months. 8. Of having passed the Professional Examinations.

Candidates who produce evidence of having passed an Examination on Anatomy and Physiology, or Surgery, conducted by any of the Licensing Bodies, shall be exempt from re-examination on the subjects of the Primary Examination.

"Registered Medical Practitioners," whose Qualifications have been obtained before 1861, will be examined on the Practice of Medicine, Surgery, and Midwifery; but he will be exempted from the other parts of the Examinations.

Licentiates of this College shall not compound or dispense medicines except for patients under their own care.

The Fee for the Licence shall be Fifteen Guineas.

EXAMINATION FOR THE LICENCE.

Every candidate must sign a declaration, stating whether he has been rejected within three months.

The first examination, on Anatomy and Physiology, will be as follows:—First evening, seven to ten, written questions; second evening, seven o'clock, *viva voce*, on Dissections and Preparations. The second or Pass examination will be as follows:—First evening, seven to ten, written questions on Surgical Anatomy, and Practice of Surgery; second morning, the candidate's knowledge will be tested, either at the college or in the surgical wards of an hospital; afternoon, one to four, on Materia Medica, and on Chemistry, partly by written questions, and partly practical; evening, seven o'clock, written questions on Midwifery and Diseases of Women; third evening, seven to ten, written questions on Medical Anatomy, and Practice of Medicine, including Public Health; fourth morning, the candidate's knowledge will be tested, either at the College or in the Medical Wards of an hospital; evening, seven o'clock, *viva voce*, on Practice of Medicine, Surgery, and Midwifery.

Candidates will not be admitted to the first examination until after the second winter, nor to the Pass examination until after the four years of study.

Any candidate rejected at the first examination will not be re-admitted until after three months, and must produce a further certificate of dissections.

Any candidate rejected at the second, will not be re-admitted until after six months, and will be required to produce an hospital certificate for that time.

Examinations of candidates for the College Licence will take place, commencing as follows:—

1868—First Examination.—Tuesday, October 6; Tuesday, December 1. Second or Pass Examination.—Tuesday, October 13; Tuesday, December 8.

1869.—Tuesday, February 2; Tuesday, April 6; Tuesday, July 6; Tuesday, October 5; Tuesday, December 7; Tuesday, February 9; Tuesday, April 13; Tuesday, July 13; Tuesday, October 12; Tuesday, December 14.

Every candidate for examination must give fourteen days' notice, with the following certificates:—*For the First Examination.*—Of having passed in Arts; of having been registered; and of having completed the second winter. *For the Second or Pass Examination.*—Of four years' study; of having attained the age of twenty-one; proficiency in the practice of Vaccination; and of having attended not less than twenty labours; a testimonial of moral character is required.

ROYAL COLLEGE OF SURGEONS, ENGLAND.

The influence of this college on the profession in England is second to none. Very few surgical appointments are to be had without its diploma. In every parish appointment its membership, if not essential, carries great weight. Hence, most English students intend to prepare themselves for this, which, together with a medical qualification, suffices for every purpose of the general practitioner. The college has two grades, Member and Fellow. It also gives a diploma in midwifery, but this is mostly confined to those who are already members.

THE FELLOWSHIP.

Members of long standing can be admitted by election. As, however, this grade is also obtainable by examination this is the more usual mode. Consulting surgeons mostly take the Fellowship by examination, though there are many hospital surgeons in London who have contented themselves to remain members.

A member of the College of 8 years' standing is admitted to examination on the production of a certificate of three Fellows, that he has been engaged for 8 years in the practice of surgery and is a fit and proper person to be admitted a Fellow.

THE MEMBERSHIP.

This diploma gives no vote in the affairs of the college. It is in effect only a licence to practice, and corresponds with the licentiateship of the Edinburgh and Dublin colleges.

In future, candidates for the diploma will be examined in the practice of medicine, and also in the practical employment of splints, bandages, and other surgical appliances.

Preliminary General Education.

Candidates who commenced their professional education on or after the 1st of January, 1861, will be required to produce certificates of having passed one of the examinations in preliminary education recognised by the Medical Council.

Candidates not able to produce one will be required to pass an examination in English, Classics, and Mathematics, by the Royal College of Preceptors.

SUBJECTS OF PRELIMINARY EXAMINATION.

Reading aloud; writing from dictation; English grammar; writing a short English composition—such as a description of a place, an account of some useful or natural product, or the like: arithmetic (first four rules, simple and compound, of vulgar fractions, and of decimals); geography of Europe, and particularly of the British Isles; outlines of English history—that is, the succession of the sovereigns, and the leading events of each reign; Euclid, book i.; translation from the first book of Cæsar's De Bello Gallico. Papers will also be set on the following seven subjects, and each candidate must offer himself on one at least, but no more than four subjects:—Translation of a passage from the first book of Xenophon's Anabasis, in Greek; Saintine's "Picciola," Schiller's "Wilhelm Tell." The candidate will also be required to answer questions on the grammar of each subject; mathematics (algebra to simple equations inclusive); mechanics (questions elementary); chemistry (elementary facts); botany and zoology (classification of plants and animals). The quality of the handwriting and the spelling will be taken into account.

N.B.—Each candidate, prior to examination, must pay the fee of £2. The examination is at present held in June and December.

Professional Education.

Professional studies are not recognised prior to examination in general knowledge.

The following will be considered as the commencement of professional education:—Attendance on hospital, or other institution recognised by this college. Instruction as the pupil of a surgeon to an hospital, general dispensary, or union workhouse, or where such practical instruction is afforded as shall be satisfactory to the council. Attendance on lectures on Anatomy, Physiology, or Chemistry.

The commencement of professional study by pupilage will not be admitted until a certificate shall be furnished for registration at the college by the practitioner whose pupil the candidate shall have become, or by the medical superintendent of the hospital or other institution; and will, consequently, date only from the reception of such certificate, the certificate to be accompanied by proof of having passed the preliminary examination.

Candidates will be required to produce the following other certificates :—Of being twenty-one years of age. Of having been engaged during four years in the acquirement of professional knowledge. Practical Pharmacy three months. Lectures on Anatomy during two winters. Dissections, two winters. Lectures on Physiology, two winters. On Surgery, two winters ; one course not earlier than the third winter. One course on each of the following—viz., Chemistry, Materia Medica, Medicine, and Midwifery. Of instruction and proficiency in Vaccination. Of having attended, at a recognised hospital, the practice of Surgery, and clinical lectures on Surgery, during three winter[1] and two summer[2] sessions, and the practice of Medicine, and clinical lectures on Medicine, during one winter and one summer session. Of having, after two years' professional education, taken charge of patients under a surgeon during six months, at an hospital, general dispensary, or parochial or union infirmary recognised for this purpose, or in such other similar manner as shall afford sufficient opportunity for the acquirement of Practical Surgery.

Certificates from a provincial hospital unconnected with a school, will not be received for more than one winter and one summer of attendance, and clinical lectures will not be necessary, but a certificate of having acted as dresser for six months instead.

Certificates will not be received from London students unless they register at the college their cards of admission to lectures and hospital within fifteen days from the commencement of the session ; nor from provincial students, unless their names shall be duly returned.

Candidates who have studied in Scotland or Ireland will be admitted upon the same certificates required by the College of Surgeons of Edinburgh, the Faculty of Physicians of Glasgow, and the College of Surgeons in Ireland, together with a certificate in Vaccination, and evidence of four years' professional study.

Members or licentiates of a College of Surgeons, and graduates in Surgery or Medicine of a university will be admitted to examination on producing their diploma, licence, or degree, together with proof of being twenty-one years of age, a certificate in Vaccination, and evidence of at least four years' professional study.

The Professional Examination

Is divided into two parts. The first or Primary Examination, on Anatomy and Physiology, is partly written, and partly demonstrative on the recently dissected subject, and on prepared parts of the human body. The second or Pass Examination, on Pathology, Surgery, and Surgical Anatomy, is partly written and partly oral, and partly on the use of Surgical apparatus. The Primary Examinations are held in January, April, May, July, and November ; and the Pass Examinations generally in the ensuing week respectively. Candidates will not be admitted to the Primary Examination until after the termination of their second winter at a recognised school ; nor to the Pass Examination until after the fourth year. The fee of five guineas paid by each candidate prior to his Primary Examination will not be returned, but will be allowed on his admission as a member. A candidate having entered his name for either examination, who shall fail to attend the meeting of the court for which he shall have received a card, will not be allowed to present himself within three months from the date. A candidate referred on the Primary Examination is required, prior to re-examination, to produce a certificate of the performance of dissections during not less than three months subsequently. A candidate referred on the Pass Examination is required to produce a certificate of six months' surgical practice of a recognised hospital, together with lectures on clinical surgery.

N.B.—On and after the 1st of October, 1868, all candidates presenting themselves for the final examination for the diploma of Member or Fellow of the college, will be required to pass an examination in Medicine at the college, or to produce a recognised degree, diploma, or licence in Medicine, before receiving the diploma.

APOTHECARIES' SOCIETY OF LONDON.

THE Licence of the Worshipful Society of Apothecaries is perhaps the most useful medical diploma for the general practitioner in England. The monopoly enjoyed by this body for many years, in this respect, is not easily to be disturbed. The laws of many institutions require their medical officers to hold this diploma, and these laws are not readily altered. Though other medical qualifications are recognised by the Poor-law Board, there is no doubt that the guardians throughout the country—and they elect the medical officers—are familiar with the diploma of the Apothecaries' Society, and it is to them more of a guarantee than other qualifications, of the value of which they are ignorant. The drawback to many a student is that, constrained by the Act of Parliament, the Society requires apprenticeship. This clause has, however, received a very liberal interpretation, and every pupil of a licentiate, who is certified to have served *after the manner* of an apprentice, is considered to have fulfilled the requirement. During this term he may also have carried on his hospital studies. Everyone, therefore, who can show this certificate, intending to settle *in England* as a general practitioner—even if he take other diplomas, would probably consult his own interest by becoming a Licentiate of the Apothecaries' Society, and as the fee is only six guineas, a very large number of young men will, we doubt not, secure this possible avenue to appointments.

Every candidate for a certificate of qualification to practise as an Apothecary must produce testimonials—

1. Of having passed in general education.
2. Of apprenticeship of five years to a practitioner qualified by the Act of 1815. This period may include the time spent at lectures and hospital.
3. Of being of the age of twenty-one.
4. Of good moral conduct.
5. And of the required course of study.

COURSE OF STUDY.—FIRST YEAR.

Winter Session—Chemistry, Anatomy and Physiology, and Dissections.

Summer Session—Botany, Materia Medica and Therapeutics, Practical Chemistry.[1]

SECOND YEAR.

Winter Session—Anatomy and Physiology, including Dissections and Demonstrations, Principles and Practice of Medicine, Clinical Medical Practice.

Summer Session—Midwifery and Diseases of Women and Children,[2] Forensic Medicine and Toxicology, Clinical Medical Practice.

THIRD YEAR.

Winter Session—Principles and Practice of Medicine, Clinical Medical Lectures, Morbid Anatomy, Clinical Medical Practice.

Summer Session—Practical Midwifery and Vaccination,[2] Morbid Anatomy, Clinical Medical Practice.

All students are required personally to register the several tickets of admission to lectures and medical practice within the first fifteen days of the months of October and May.

PROFESSIONAL EXAMINATIONS.

The Examiners meet every Thursday at a quarter before Four. Candidates must give notice before the Monday previous, and deposit the required testimonials, with the fee. The examination is divided into two parts, partly in writing, and partly *viva voce*.

FIRST EXAMINATION,

Which may be passed after the second winter, embraces the following subjects :—

Prescriptions.
Anatomy and Physiology.
General and Practical Chemistry.
Botany and Materia Medica.

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[1] The Winter Session comprises a period of six months, and, in England, commences on the 1st of October, and terminates on the 31st of March.

[2] The Summer Session comprises a period of three months, and, in England, commences on the 1st of May, and terminates on the 31st of July.

[1] A *specific* course of instruction in the laboratory, with an opportunity of personal manipulation, and a knowledge of the various reagents for poisons.

[2] A certificate of attendance, on not less than 20 cases, will be received from a legally qualified practitioner.

SECOND EXAMINATION,

At the termination of studies :—
Principles and Practice of Medicine.
Pathology and Therapeutics.
Midwifery, including the Diseases of Women and Children.
Forensic Medicine and Toxicology.

EXAMINATION IN ARTS.

The Examination in Arts will be held on January 29th and 30th, April 23rd and 24th, September 24th and 25th, by means of printed papers. Candidates will be examined in— 1. English ; 2. Latin ; 3. Mathematics ; 4. One of the following optional subjects :—(*a*) Greek, (*b*) French, (*c*) German, (*d*) Natural Philosophy.

The examinations will take place in the following order :—
Friday morning, 10 to 11—English. 11 to 1—Latin.
Friday afternoon, 2 to 4—Mathematics.
Saturday morning—The fourth, or optional branch.
Fee, one guinea, not to be returned to him.
The examination for certificate as assistant, will be—
In Translating Prescriptions.
In the British Pharmacopœia.
In Pharmacy and Materia Medica.

FEES.

For a certificate of qualification to practise, six guineas (the half to be paid at the first examination); for an assistant's certificate, two guineas.

SYLLABUS OF SUBJECTS FOR EXAMINATION, 1869.

1. The English Language.—History, Structure and Grammar. English Composition. (The books recommended are Adam's "English Language," and Trench's "Study of Words.")
2. The Latin Language.—January Examination—Cicero, De Amicitia. April Examination—Ovid, Metamorph. Books I. and II. September Examination—Horace, Odes, Books III. and IV. Re-translation of easy sentences. Grammatical Questions.
3. Mathematics.—Arithmetic. Vulgar and Decimal Fractions. Addition, Subtraction, Multiplication, and Division of Algebra. Simple Equations. The First Two Books of Euclid.
4. (*a*) Greek—Xenophon, Anabasis, Books I. and II. (*b*) French—Paul and Virginia. Translation from English into French. (*c*) German—Schiller's Wilhelm Tell. Translation of English into German. (*d*) Natural Philosophy—Mechanics. Hydrostatics and Pneumatics. (The book recommended is Lund's "Cambridge Course of Natural Philosophy.")

N.B.—The examination after 1869 will comprise five branches, Greek being made compulsory.

Gentlemen must send name and address, with the fee, to Mr. Sargeant, Beadle's Office, at least one week previously.

PRIZES IN BOTANY.

The Society of Apothecaries annually offer two prizes in Botany (systematic, descriptive, and physiological), for students in their second summer.

The prizes consist of a gold medal and of a silver medal, and books to the second candidate. Examination on the second Wednesday in August.

PRIZES IN MATERIA MEDICA AND PHARMACEUTICAL CHEMISTRY.

The Society of Apothecaries annually offer two prizes for proficiency in Materia Medica and Pharmaceutical Chemistry, for students in their third winter. The prizes consist of a gold medal and a silver medal, and books to the second candidate.

The examinations will be held on the third Wednesday in October, and on the following Friday. Competitors must send written notice before the 7th October.

Regulations and Bye-Laws of Licensing Bodies in Ireland.

UNIVERSITY OF DUBLIN.

The following Degrees and Licences in Medicine and Surgery are granted by the University of Dublin :—
1. Bachelor in Medicine. 2. Doctor in Medicine. 3. Master in Surgery. 4. Licentiate in Medicine. 5. Licentiate in Surgery.

Matriculation.

Every student must be matriculated by the senior lecturer, for which a fee of five shillings is payable ; but he need not have his name on the College books, or attend any of the academical duties, unless he desire to obtain a Licence or Degree in Medicine or Surgery. No student can be admitted for the Winter Courses after the 25th of November.

QUALIFICATIONS FOR DEGREES AND LICENCES.

Bachelor in Medicine.

Candidates must be graduates in Arts, and may obtain the degree at the same commencements as the B.A., or at any subsequent one. The medical education of a Bachelor in Medicine is of four years' duration, and comprises the following lectures :—

Winter Courses.—Anatomy and Physiology—Practical Anatomy with Dissections—Surgery—Chemistry—Practice of Medicine—Midwifery.

Summer Courses.—Botany—Materia Medica and Pharmacy —Institutes of Medicine—Medical Jurisprudence.

Hospital attendance on St. Patrick Dun's during nine months, with three consecutive courses of clinical lectures. Also nine months' additional attendance on a recognized hospital, and Practical Midwifery.

Any of the courses may be attended at any recognised medical school, and three of them at Edinburgh University, provided the candidates have kept an Annus Medicus in the School of Physic.

The schools recognised are—1. The School of the Royal College of Surgeons in Ireland. 2. The Carmichael School. 3. The School of Steevens' Hospital. 4. The Ledwich School 5. The Cecilia-street School.

An Annus Medicus may be kept in three ways—1. By attending two winter courses. 2. Or one winter and two summer courses. 3. By nine months' attendance on Sir Patrick Dun's Hospital and Clinical Lectures : together with one winter course or two summer courses of three months' duration.

The fee for nine months' attendance at Sir Patrick Dun's Hospital is twelve guineas.

The fee for the *Liceat ad Examinandum* is £5.

The fee for the degree of M.B. is £11.

Doctor in Medicine.

A doctor in medicine must be M.B. of at least three years' standing, and requires no other qualification.

Total fees for this degree, £13.

Master in Surgery.

This degree can only be obtained by Bachelors of Arts. The curriculum is the same as that for the Licentiate in Surgery, as given below.

Candidates will also be required to perform surgical operations on the dead subject.

Total amount of fees for the degree of Ch. M., £16.

Licentiate in Medicine.

Candidates for the licence in Medicine and Surgery must be matriculated in Medicine, and must have completed four years in medical studies, and must pass an examination in Arts, including Greek, Latin, English, and Mathematics, unless they be students in the Senior Freshman, or some higher class. The medical course necessary for a Licence in Medicine is the same as for the degree of M.B. A fee of £5 is charged on taking the Licence. Licentiates in Surgery of the Royal College of Surgeons in Ireland, on passing the Art examination, will be admitted to examination for the Licence in Medicine. Such candidates will be exempted from examination in Anatomy and Surgery : and candidates who have also the Licence in Midwifery of the said college will be exempted from examination in Midwifery. Fee for the *Liceat ad Examinandum*, £5. Fee for the Licence in Medicine, £5.

Licentiate in Surgery.

Candidates must have kept one full year in Arts, and will be required to perform surgical operations on the dead subject. The curriculum extends over four years, and is as follows:— Two courses each of Anatomy and Physiology, and Theory and Practice of Surgery ; three courses of Demonstrations and Dissections ; and one course each of Practice of Medicine, Chemistry, Materia Medica, Midwifery, Laboratory Chemistry, Botany, and Medical Jurisprudence. Also attendance for three Sessions, each of nine months, on a recognised hospital. Of the courses of lectures, which are of six months' duration, not more than three can be attended during any one session. Any of the above-named courses may be attended at any of the medical schools of Dublin, provided the candidate has kept an *Annus Medicus*. A fee of £5 is charged for the licence, and £5 for the *Liceat*.

SESSIONAL EXAMINATIONS.

Candidates for degrees and licences will be subjected to two examinations, one of them preliminary, which will be held at the close of the second year, and the other, after the full curriculum has been completed. The subjects of the preliminary examination are the following: Descriptive Anatomy, Botany, and Materia Medica, Pharmacy, Chemistry, theoretical and practical, with Chemical Physics. The best answers at the preliminary examination will be elected to the scholarships, provided they are in the Senior Freshman, or some higher class, and have kept one *Annus Medicus*.

PRIVILEGES OF MEDICAL STUDENTS.

Medical or surgical students, being junior or senior sophisters, and in attendance on the full courses necessary for an *Annus Medicus* are exempted from the classics of the junior sophister year, and from one of the three optional courses (Mathematical Physics, Experimental Physics, or Classics) of the senior sophister year. To obtain this privilege the student must be matriculated, and the certificate of his attendance on lectures be submitted to the senior lecturer.

FREE COURSES.

Students in arts having their names on the college-books will be permitted to attend one course free of expense with each of the university professors. Should the student who has had the privilege of free attendance desire to obtain an official testimonium, he must, on obtaining it, pay to the professor the usual fee.

MEDICAL SCHOLARSHIPS.

Two medical scholarships are given annually, value £20 per annum each, tenable for two years, the examinations for which are held each year in June, in the following subjects:—Anatomy, Physiology, Chemistry, Materia Medica, and Botany.

Medical School Exhibitions.

The professors of the university school give three exhibitions annually; two senior, value £15 and £10, open to all students who have been three years attending the school. The subjects being—Practice of Medicine, Surgery, Pathology, and Forensic Medicine.

One junior, value £15—the time and subjects of examination being the same as those for the medical scholarships.

Expense of obtaining the degrees of Bachelor in Medicine and Master in Surgery in the University of Dublin:—

Lectures	£49	7	0
Hospitals	28	7	0
Degree Fees	32	0	0
	£109	14	0
Private Tuition, say	20	0	0
	£129	14	0

N.B.—As no degrees in Medicine or Surgery are conferred except upon graduates in Arts, the expense of the degree of Bachelor in Arts, amounting altogether to £83, 4s., should be added to the foregoing, making the total cost something over £200.

The board of Trinity College have recently passed orders:—1. That three-fourths of the courses of lectures must be in all cases attended. 2. That the system of perpetual pupils be abolished. 3. That a daily roll be called by each Professor. 4. Students in Arts shall be entitled to attend one course in Botany, and to receive a certificate free of charge. 5. Candidates for degrees and licences in Surgery shall be required to attend one course only on Anatomy, for which he shall be charged three guineas. 6. The two courses delivered by the Professor of Surgery shall include practical instruction in Operative Surgery on the dead subject; and for each the Professor shall charge four guineas. 7. The Professor shall charge three guineas for the winter lectures in Chemistry. 8. Laboratory instruction shall be substituted for the second course of chemistry, hitherto delivered, for which the Professor of Chemistry shall charge five guineas. 9. Students in Arts may attend the Professors of Surgery and Chemistry, and to receive certificates on payment of half the fees. 10. That after Shrovetide, 1868, all candidates in Medicine shall produce certificates in practical Midwifery, including at least six deliveries.

See advertisements of School of Physic and Sir Patrick Dun's Hospital.

THE QUEEN'S UNIVERSITY IN IRELAND.
FACULTY OF MEDICINE.

DEGREE OF DOCTOR OF MEDICINE.

EACH Candidate for the Degree is required—

1. To have passed in one of the Queen's Colleges the examination for Matriculation in Arts, and to have been Matriculated in Medicine. 2. To have attended in one of the Queen's Colleges, Lectures on one Continental Language for six months, and on Natural Philosophy for six months. 3. To have attended, in some one of the Queen's Colleges, two courses. For the remainder of the courses, certificates will be received from the Lecturers in Schools, recognised by the Senate. 4. To pass two University Examinations—the First University Examination and the Degree Examination.

The curriculum of Medical study extends over four years, and is divided into two periods of two years each.

The first period comprises attendance on Chemistry, Natural History, Anatomy and Physiology, Practical Anatomy, Materia Medica, and Pharmacy. Practical Chemistry in a recognised Laboratory is also to be attended during the first period, and the practice during six months of a Medico-Chirurgical Hospital, containing at least sixty beds, together with the Clinical Lectures delivered therein.

The second period comprises attendance on Anatomy and Physiology, Practical Anatomy, Theory and Practice of Surgery, Midwifery and Diseases of Women and Children, Theory and Practice of Medicine, Medical Jurisprudence. During this period Students attended Practical Midwifery, and eighteen months' practice of a Medico-Chirurgical Hospital, containing at least sixty beds, and in which Clinical Instruction is delivered.

At least two of the above Courses of Lectures must be attended in some one of the Queen's Colleges; the remainder may be taken at the option of the Candidate, in any University, College, or School recognised by the Senate of the Queen's University.

The University Examinations are held twice in each year, in June and September.

The June Examinations are Pass Examinations, and commence on the Tuesday following the second Saturday in June.

The Honour Examinations commence on the last Tuesday in September, and are followed by Pass Examinations.

Each Candidate for Examination in June must forward to the Secretary, before the 1st of June, notice of his intention to offer himself, along with his certificates; and each Candidate for Examination in September or October must forward similar notice, along with his certificates, before the 1st of September.

THE FIRST UNIVERSITY EXAMINATION IN MEDICINE.

The First Examination may be passed either in June or September.

Students may present themselves for this Examination at the termination of the first period of the Curriculum, or at any subsequent period.

Before being examined, each Candidate must produce evidence of having completed the course recommended for study during the first period.

The First University Examination comprises the subjects recommended for study during the first period, along with which any Candidate may present himself for Examination in Experimental Physics and Modern Languages, if he has attended in one of the Queen's Colleges the courses on these subjects.

English Composition forms a part of all University Examinations.

HONOURS.

Competitors for Honours will be examined in all the subjects of the First Medical Examination, including Experimental Physics and Modern Languages.

Two Exhibitions, one consisting of two instalments of £20 each, the other of two instalments of £15 each, are awarded under certain conditions at this examination.

The Candidates who pass with Honours will be arranged in three classes.

Candidates who defer passing their First Medical Examination until they present themselves at the degree are not eligible for Honours with the First Examination.

The Honour and Pass Examinations will be held in September. The Examination held in June is a Pass Examination.

DEGREE EXAMINATIONS IN MEDICINE.

Examinations for the M.D. will be held in June and September. The fee is £5.

Each Candidate must produce—

1. A Certificate from the Secretary of the Queen's University, that he has passed the previous examination, unless he presents himself for both examinations simultaneously.
2. From the Council of his College that he has passed a full Examination for Matriculation in Arts, and has been admitted a Matriculated Student in the Faculty of Medicine.
3. That he has attended in the College lectures on one Modern Language, on Experimental Physics, and two other courses.
4. That he has completed all other prescribed courses.

The Degree Examination comprises the subjects recommended for study during the second period, along with Experimental Physics and one Modern Language, unless an Examination in these subjects have been already passed at the previous Medical Examination.

The Examination for the Degree of M.Ch. comprises in addition an examination in Operative Surgery.

Candidates who graduated with Honours will be arranged in three classes. Candidates who take a first class will receive a medal and prize. Candidates who take a second class will receive a prize. Candidates who take a third class will receive a certificate of honour.

The Examination for the Degree with Honours will commence on the last Tuesday in September, and will be followed by the examination of those candidates who seek to graduate without honours.

See advertisements of Queen's Colleges, Belfast and Cork.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The Royal College of Surgeons is the principal Surgical Licensing Corporation of Ireland, and confers the great majority of the surgical qualifications granted in that division of the United Kingdom. Although there is a medical school attached to it, the college receives and grants its diplomas on certificates from all medical schools of standing. The letters testimonial confers the title of licentiate, with full qualification to practise; but the exercise of the privileges of attending and voting as a member of the college is reserved for fellows. The medical school of the college is under the superintendence of the council, by whom the professors are elected. Important modifications have been recently made in the system of examination, quarterly sessions of the court having been established, and voting by numbers instead of "Yes" and "No" introduced. Full information as to these changes will be found in the appended regulations.

Court of Examiners.—Christopher Fleming, B. W. Richardson, Edward A. Stoker, George H. Porter, T. J. Tufnell, J. Barker, E. S. O'Grady, M. H. Collis.

Examiners in Midwifery.—E. J. Quinan, G. Cronyn, James Isdell.

Examiners in General Education.—T. Byrne, A.B., M.B.; John Murray, A.M., LL.D.; G. F. Shaw, LL.D., F.T.C.D.

REGISTRATION OF PUPILS.

Every person shall be registered as a pupil on the college books on payment of five guineas.

Registered pupils can study in the museum on two days in each week, and to read in the library every day, from ten to one. They may also attend the Lectures on Comparative Anatomy, and obtain the certificate without payment. No student is admitted to the sessional or final examination for letters testimonial until he becomes a registered pupil.

CLASSICAL EXAMINATION.

Registered pupils are admitted to examination at any period previous to the final examination for letters testimonial.

Students not registered pupils are also admitted upon payment of ten shillings; but they are not enrolled as registered pupils, until they have paid the five guineas.

Candidates may select any of the following Greek works:—The Gospel of St. John, the Menippus of Lucian, or a book of Xenophon's Anabasis; also, in Latin, First and Second Books of the Æneid of Virgil, the Jugurthine War of Sallust, or Third Book of Livy. Candidates will also be required to write English from dictation, and to give evidence of proficiency in arithmetic.

THE FELLOWSHIP.

Candidates must be twenty-five years of age, have studied six years, and have attended a course on Comparative Anatomy, on Botany, and Natural Philosophy. The fee is thirty guineas for a resident in Dublin, and twenty for a non-resident, having been previously a licentiate.

LETTERS TESTIMONIAL.

Every registered pupil shall be admitted to an examination if he shall have laid before the council—*a.* A receipt showing that he has lodged twenty guineas. *b.* A certificate of an examination in Greek and Latin. *c.* Certificates of four years' study. *d.* Certificates of three years hospital attendance.[1] *e.* Certificates of attendance on the following lectures:—

Three Courses.—Anatomy and Physiology; Theory and Practice of Surgery; Dissections, with Demonstrations.

Two Courses.—Chemistry (or one on general and one on practical Chemistry.)

One Course.—Midwifery; Medical Jurisprudence; Botany; Materia Medica; Practice of Medicine.

DIPLOMA IN MIDWIFERY.

Any fellow or licentiate shall be admitted to an examination upon the following documents:—

a. Certificates of one course of lectures on Midwifery and Diseases of Women and Children.

b. That he has attended a recognised lying-in hospital for six months; or a recognised dispensary for lying-in-women and children, devoted to this branch of surgery alone.

c. That he has conducted thirty labour cases. Candidates for the Midwifery Diploma shall be examined on the organization of the female; the growth and peculiarities of the fœtus; the practice of Midwifery, and the diseases of women and children.

REGULATIONS AS TO EXAMINATIONS.

Letters Testimonial.

Five examiners at least are present. Each candidate shall be examined upon Anatomy, Physiology, the Theory and Practice of Medicine and Surgery, Materia Medica and the form of prescription, and shall perform such surgical operations or dissections, or explain such anatomical and pathological preparations as the examiners may require.

Licentiates of a college of physicians or graduates in medicine of a university, shall be examined in general and descriptive Anatomy, Physiology, the Theory and Practice of Surgery, and Operative Surgery. Rejected candidates cannot present themselves until after six months. In addition to the oral examinations, candidates are required to give written answers to written questions.

FELLOWSHIP EXAMINATION.

Five examiners at least, together with the president, or vice-president, and two members of the council, shall be present. Each candidate shall be examined on two days. The subjects of the first examination shall be Anatomy and Physiology (human and comparative); those of the second, Pathology, Therapeutics, the Theory and Practice of Medicine and Surgery. In addition to the oral examinations, candidates shall be required to give written answers to written questions. The candidates shall also perform dissections and operations on the dead body. Rejected candidates cannot present themselves until after one year.

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[1] Attendance on Provincial Hospitals.—Candidates who shall have attended recognised hospitals during three Winters, shall be admitted, if they shall produce certificates of attendance during a like number of months at a County Infirmary, or Provincial Surgical Hospital, containing at least fifty beds, provided the surgeons shall make returns, in the months of May and November of the number of students so attending.

ORDER OF QUARTERLY EXAMINATIONS.

1st. Candidates shall return their names to the registrar, and lodge their fees and certificates one week before examination.

2nd. Candidates shall be examined in alphabetical order.

4th. The candidates assemble at three o'clock P.M., when twelve, selected according to alphabetical order, will each (for the junior class) receive three written questions on Anatomy and Physiology, and one on Materia Medica, and (for the senior) four written questions on Surgery and Practice of Medicine, which they will be required to answer within one hour; at the end of the hour each candidate shall enclose his questions and answers in an envelope, with his name on the back, and hand same to the examiner superintending.

5th. The seven examiners shall attend on each day at four o'clock, to commence the Oral Examinations, and four of them shall examine for a quarter of an hour, at four separate tables in the junior class—viz., three on Anatomy and Physiology, and one on Materia Medica, and in the senior class, three on Surgery and Practice of Medicine, and one on the Form of Prescription.

6th. Two councillors shall be summoned to witness the examination of each candidate, and shall accompany him from table to table till his examination be completed, when the voting papers having been examined, and the result declared, the name of each successful candidate shall be enrolled in a book kept for that purpose in the college.

Examinations shall be held on the second Tuesday in February, May, August, and November, at which Candidates shall be divided into two classes—junior and senior.

The Junior Class shall produce certificates of three courses of Lectures on Anatomy and Physiology, three courses on Practical Anatomy, with dissections; two courses on Chemistry, one course on Materia Medica, one course on Botany, and one course on Forensic Medicine.

This class shall be examined in Anatomy, Physiology, and Materia Medica.

The fee for this examination shall be five guineas; not to be returned in case of rejection, but to be allowed in the fee for the second examination.

The Senior Class shall produce certificates of three courses on the Theory and Practice of Surgery, one course on the Practice of Medicine, and one course on Midwifery; also of attendance on a recognised hospital for three Winter and three Summer Sessions.

This class shall be examined in Surgery, Operative Surgery, the Practice of Medicine, and form of prescription.

Both these examinations shall be partly written and partly oral.

The fee for this examination shall be fifteen guineas.

Fees to be paid by Candidates for Letters Testimonial.

1st. The candidate pays ten shillings for his preliminary examination.

2nd. Five guineas as registered pupil of the college.

3rd. Five guineas for the Junior Class examination, which is not returned in case of rejection, but is allowed in the fee for his second examination.

4th. Fifteen guineas for the Senior Class examination—total, £26, 15s.

5th. Every candidate rejected at the quarterly examinations shall be required to pay to the college the sum of two guineas on applying for re-examination.

See advertisement of School in connection with College.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

REGULATIONS RESPECTING THE LICENTIATESHIP.

CANDIDATES must make application according to the form supplied, and lodge the admission fee.

Candidates must give proof of having attained the age of twenty-one, of four years' study; and of having studied Anatomy, Physiology, Practical Anatomy, Chemistry, Practical Chemistry, Materia Medica and Botany, Medical Jurisprudence, Practice of Medicine and Pathology, Surgery, Midwifery.

Of having attended a Medico-Chirurgical Hospital, with Clinical Lectures, for twenty-seven months (or for eighteen months with nine months at a Medical Hospital), both hospitals not being taken out in the same year.

Of six months' Practical Midwifery at a hospital, or other evidence of having attended Practical Midwifery.

Candidates not personally known to a Fellow of the College must transmit Testimonials of character from registered Physicians and Surgeons. Those of public hospitals or infirmaries are preferred.

SESSIONAL EXAMINATIONS.

Students are recommended to divide their study into two Periods, of two years each; the first, Anatomy and Physiology, Surgery, Chemistry, Botany, and Hospital Attendance.

The second to comprise Practice of Medicine, Materia Medica, Medical Jurisprudence, Midwifery, and Hospital Attendance.

The Examination is divided into two parts:—

First Part.—Anatomy, Physiology, Botany and Chemistry.

Second Part.—Materia Medica, Practice of Medicine, Medical Jurisprudence, and Midwifery.

Students may be examined in the first part at the termination of the first period of study; or in all the subjects on the completion of their studies.

Candidates must have passed a Preliminary Examination in Arts within the first two years of their studies.

Students in Arts of one year's standing, of a University; Graduates or Licentiates in Medicine or Surgery of any University or College will be exempted.

Candidates qualified as follows are required to undergo the second part of the professional Examination only—viz., 1. Graduates in medicine of a University. 2. Fellows, Members, or Licentiates, of the Colleges of Physicians of London or Edinburgh, admitted upon Examination. 3. Graduates or Licentiates in Surgery.

An objected Candidate may be admitted to re-examination after two months.

Every candidate must subscribe a declaration that he authorises the cancelling of his diploma should he at any time keep open shop for sale of medicines.

REGULATIONS RESPECTING THE LICENCE IN MIDWIFERY.

Members of the College must undergo a special Examination, and shall be distinguished as Practitioners in Midwifery in the Lists of the College.

Candidates not being Licentiates, will be admitted on the following qualifications:—The Degree or Licence in Medicine or Surgery with a Certificate of six months' Lectures on Midwifery, with six months at a recognized Lying-in Hospital, or of having attended Practical Midwifery for six months at a recognised Lying-in Hospital, or other evidence of having attended Practical Midwifery.

FEES FOR LICENCE AND EXAMINATIONS.

The Fee for the Licence is £15, 15s.; which may be divided as follows:—

For Examination at the termination of the first period of Study, £5, 5s.

For final Examination for the Licence, £10, 10s.

Fee for the Midwifery Diploma, £3, 3s.

The following Regulations relative to the Licence in Midwifery were adopted by the College on the 10th of March, 1865; Fee for the Licence in Medicine and Midwifery, if taken out at the same time, £16.

The Admission Fee, with the exception of £2, 2s., is returned to any rejected Candidate; and the Admission Fee, with the exception of £1, 1s., is returned to any rejected Candidate for the Licence in Midwifery; but in the case of a rejected Candidate afterwards passing within twelve months, the sum previously deducted is allowed in the fee paid for such second Examination.

Beside the ordinary separate examination for each candidate, Quarterly Class Examinations are now held at the King and Queen's College of Physicians, Dublin, according to the regulations given below. In every case the examinations of this College are open to that portion of the public who are best qualified to judge the Licentiates, and due notice is given according to a printed form, which is put up in the reading-room two days before each separate examination, and by advertisement in the medical and daily papers, as regards the

Quarterly Class Examinations. The examinations are eminently fair and practical, due regard being had to the *bona fide* knowledge of the candidate ; and to the interests of the public who may be confided to his professional care. This College has recently discontinued preliminary examinations in Arts, leaving that duty to be performed by the Universities, and by other public bodies, having the care of general, rather than professional education.

The quarterly examinations are partly written and partly *viva voce;* and after 18th October, 1868, *all* examinations will be conducted in like manner.

See advertisement of School of Physic.

THE APOTHECARIES' HALL OF IRELAND.

REGULATIONS REGARDING THE LICENCE.

EVERY candidate is required to undergo a preliminary and a professional examination.

THE PRELIMINARY EDUCATION AND EXAMINATION

Include—1. English; 2. Mathematics; 3. French; 4. Latin; 5. Greek; 6. Natural Philosophy; 7. Natural History.

A preliminary examination will be held at the Hall four times in the year—viz., on the third Friday in the months of January, April, July, and October, at two o'clock P.M. This examination will be conducted by graduates in arts of the University of Dublin, with assessors from the court of the Hall.

Unsuccessful candidates will not be re-admitted to examination until after six months.

Certificates in arts granted by any of the bodies named in the Medical Act, or by any educational institution approved of by the Medical Council, will be recognised.

THE PROFESSIONAL EDUCATION.

Every candidate for the licence to practice must produce certificates—1. Of having passed an examination in arts previous to professional study. 2. Of being registered as a student in medicine by one of the bodies named in Medical Act. 3. Of being twenty-one years of age, and of good moral character. 4. Of apprenticeship to a qualified apothecary, or of having been engaged at practical pharmacy with an apothecary for three years subsequent to having passed the examination in arts. 5. Of having spent four years in professional study. 6. Of having attended the following courses, viz.:—Chemistry, one winter session; Anatomy and Physiology, two winter sessions; Demonstrations and Dissections, two winter sessions; Botany and Natural History, one summer session; Materia Medica and Therapeutics, one summer session; Practical Chemistry, three months; Principles and Practice of Medicine, one winter session; Midwifery and Diseases of Women and Children, six months; Practical Midwifery at a recognised hospital (attendance upon twenty cases); Surgery, one winter session; Medical Jurisprudence, one summer session; Instruction in the Practice of Vaccination. 7. Of having attended at a recognised hospital the Practice of Medicine and Clinical Lectures during two winter and two summer sessions; also the Practice of Surgery and Clinical Lectures, one winter and one summer session.

CERTIFICATE OF ASSISTANT.

Candidates for the certificate of assistant to an apothecary must have completed at least three years of his apprenticeship or have a certificate from an apothecary of having been engaged at Practical Pharmacy for three years, together with a certificate of good moral character.

The examination of the intended assistant will be restricted to the British Pharmacopœia and to Pharmacy, scientific and practical, including the history and character of Medicines, their preparations, combination, and doses, and the translation of Latin Prescriptions.

THE PROFESSIONAL EXAMINATION

Will be held on the *first two* Fridays in each month, with the exception of the month of August, and will commence at Twelve o'clock Noon, by means of printed or written questions, to which written answers will be required. Each Candidate must have his paper completed (with his name affixed thereto) by the hour of Two o'clock, P.M., when the candidates will be examined *orally*.

Candidates who fail to pass the First Part of the Professional Examination will be remitted to their studies for *three months.*

Numerical values will be assigned to the Answers, both written and oral, in the several Examinations, and only Candidates who possess a certain proficiency of Medical knowledge in *all* the subjects will obtain "*The Licence to Practise.*"

Unsuccessful Candidates at the Pass Examination will not be re-admitted until after the expiration of *six months.*

Doctors of Medicine of any of the Universities in the United Kingdom, or Surgeons of any of the Royal Colleges of Surgeons whose qualifications as such appear in the Medical Registrar, and who, having first passed an Examination in Arts, have also served an Apprenticeship, or the required term at *practical* Pharmacy, to a qualified Apothecary, may obtain the Licence of the Hall by undergoing an Examination—the former in Pharmacy and the latter in Medicine and Pharmacy ; in either case the Candidate will be subjected only to *one* day's Examination.

Candidates for the *Licence* must lodge their Testimonials and enrol their names and address with the Clerk at the Hall, in Dublin, a week prior to the day of Examination.

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Regulations and Bye-Laws of Licensing Bodies in Scotland.

UNIVERSITY OF EDINBURGH.

THIS is a teaching as well as a qualifying body, and the other faculties are as complete as that of medicine. The University confers the degree of M.D., and M.B., as well as that of C.M., and so affords its graduates the opportunity of obtaining, at the same time, a Surgical, in addition to the Medical diploma. The C.M. is not conferred on any one who does not take at the same time the M.B. For the degrees of M.B. and C.M., four years of professional study must be completed after passing a preliminary examination recognised by the Medical Council. A degree in arts in any British University exempts from the preliminary examination. Of these four years, one must be passed in the University of Edinburgh, and one other either in that or some other University entitled to confer the degree of M.D.

The University recognises the courses of lectures of extra-academical teachers in Edinburgh subject to certain regulations.

The following regulations respecting the examinations for the degrees of M.B. and C.M. are now in force :—

Every candidate must deliver, before the 31st March:—

1. A declaration, in his own handwriting, that he has completed his twenty-first year, and that he will not be, on the day of graduation, under apprenticeship. 2. A statement of his studies, as well in Literature and Philosophy as in Medicine, accompanied with certificates.

2. Each candidate is examined, both in writing and *viva voce*, —1st, on Chemistry, Botany, and Natural History ; 2ndly, on Anatomy, Institutes of Medicine, Materia Medica, Pathology; 3rdly, on Surgery, Practice of Medicine, Midwifery, and Medical Jurisprudence ; 4thly, clinically on Medicine, and on Surgery in an hospital.

3. Students are admitted to an examination on the first division of these subjects at the end of their second year.

4. Students who have passed their examination on the first division may be admitted to examination on the second division at the end of their third year.

5. The examination on the third and fourth divisions cannot take place until the candidate has completed his fourth *annus medicus*.

6. Candidates may be admitted to examination on the first two of these divisions at the end of their third year, or to the four examinations at the end of their fourth year.

7. A candidate found unqualified cannot be again admitted to examination unless he has studied during another year two of the prescribed subjects.

8. After the candidate has satisfied the examiners, he will be summoned, on the 31st day of July, to defend his thesis; and finally, if the Senate think fit, he will be admitted on the 1st of August.

DEGREE OF M.D.

9. The degree of Doctor of Medicine may be conferred on any candidate who has obtained the degree of Bachelor of Medicine, and is of the age of twenty-four years, and has been engaged, subsequently to the degree of Bachelor of Medicine, for two years at an hospital, or in the Military or Naval Medical Service, or in medical and surgical practice: the Doctor of Medicine must be a graduate in Arts of a University, or shall, in addition to the preliminary branches of extra professional education required for M.B., have passed a satisfactory examination in Greek, and in Logic or Moral Philosophy, and in one at least of the following subjects—namely, French, German, Higher Mathematics, and Natural Philosophy.

10. Persons who began medical studies before 1861, are entitled to graduate under the system in force before or after that date.

N.B.—No candidate can appear for his final examination for M.D., who has not deposited his thesis with the Dean on the 31st of March. This statute will be rigidly enforced.

CANDIDATES FOR GRADUATION WHO COMMENCED BEFORE 1861.

	£	s	d
Total Fee for M.B. Diploma, . . .	£15	15	0
Additional Fee for C.M. Diploma, . .	5	5	0
Additional Fee for M.D. Diploma, . .	5	5	0
Government Stamp-duty for M.D. only, .	10	0	0

Note.—Total Fees and Stamp for graduating as M.D. only, by Regulations for Students commencing before February, 1861, £25. In conformity with the desire expressed by the Privy Council, it has been resolved that any candidate for a degree in Medicine, must produce, at his final examination, a certificate from a dispensary or other public institution where vaccination is practised, attesting that he has been practically instructed in the operation, and is acquainted with the appearances which follow its performance.

N.B.—These are only required for the degree of M.D., and none are now required for the degree of M.B. Those who have, under former regulations, given in Theses when taking the degree of M.B. require no Theses for M.D.

Preliminary Examinations in Arts, .	20th and 21st Oct. 1868.
" " .	23rd and 24th March, 1869.
First Professional Examination, .	24th October, 1868.
" " .	1st April, 1869.
Second Professional Examination, .	7th and 8th July, 1868.
" " .	8th and 9th April, 1869.
Final Professional Examination, .	2nd and 3rd June, 1868.
Defence of Theses, ...	31st July.
Graduation, ...	1st August.

For further particulars see advertisement.

UNIVERSITY OF GLASGOW.

This is a large teaching as well as examining body. The same degrees are conferred as in the Universities of Edinburgh and St. Andrews. The course of study regulations to be observed by candidates are the same as those of the University of Edinburgh (which see), the Dean's compulsory residence at the University of Glasgow being required instead of at Edinburgh. The examinations are conducted by the Professors of Medicine, together with the three Assessors appointed by the University Court. The present Assessors are Dr. John Coats, Dr. J. G. Fleming, and Dr. Andrew Anderson. The term for conferring degrees is on the first day of May. Fees for degrees:—M.B., £15, 15s. (being £5, 5s. at each of the three examinations); C.M., £5, 5s. (in addition to the fees for M.B.); M.D., £5, 5s. (in addition to the fees for M.B.); and £10, 3s. for Government stamp. The lectures qualifying for the degrees are delivered by the Professors in the University, and the hospital practice is attended at the Glasgow Royal Infirmary.

Winter Session.

Anatomy—Demonstrations, &c.—Dr. A. Thompson, 11 o'clock.
Chemistry—Dr. T. Anderson, at 10 o'clock.
Materia Medica—Dr. Cowan, at 11 o'clock.
Institution of Medicine—Dr. Buchanan, at 4 o'clock.
Medicine—Dr. Gairdner, at 12 o'clock.
Surgery—Mr. Lister, at 1 o'clock.
Midwifery, &c.—Dr. Leishman, at 3 o'clock.
Medical Jurisprudence—Dr. Rainy, at 4 o'clock.
Lectures on the Eye—[vacant] (in summer).

Summer Session.

Practical Anatomy and Demonstrations—Dr. Thomson, at 11.
Botany—Dr. Alex. Dickson, at 2, and half-past 6 o'clock.
Practical Chemistry—Dr. Anderson, at 10; Lab. 9½ A.M. to 4½ P.M.
Natural History—Dr. Young, at 10 o'clock.

HOSPITAL PRACTICE—GLASGOW ROYAL INFIRMARY.

Physicians—Drs. Gairdner, Leishman, Steven, and Perry, at half-past 8 o'clock.
Surgeons—Drs. E. Watson, Dewar, Macleod, and Mr. Lister, at half-past 8 o'clock.
Assistant-Surgeons—Dr. Dunlop (one vacant).

PRIZES, SCHOLARSHIPS, AND EXHIBITIONS.

Brisbane Bursary, value £50 per annum; Logan Bursary, value £15 per annum; Walton Bursary, value £20 per annum; three Armagh Bursaries, value £25 per annum.

The Introductory Lecture will be delivered on the 27th October, 1868, by Professor Lister.

TERMS OF EXAMINATION AND GRADUATION, FEES, &C.

The examinations in general education take place twice yearly—viz., in October and April. Those who intend to present themselves for either of these examinations are required to send in their names to the Registrar on or before the 13th October, or the 6th of April. The professional examinations are held at the following periods—viz., the first in October; the second and third in April.

UNIVERSITY OF ABERDEEN.

This is a large teaching body, as well as one entitled to confer degrees in all the faculties. The curriculum required for medical degrees is the same as that of the University of Edinburgh (which see). Thus, four years of professional study, after passing a preliminary examination, is essential. One year must be passed at Aberdeen. The lectures qualifying for this and other examining bodies are delivered by the professors in the university.

Winter Session.

Anatomy, Dissections, &c.—Dr. Struthers, 11 and 9 to 4.
Chemistry—Mr. Brazier, at 3.
Materia Medica—In summer.
Physiology (Inst. of Medicine)—Dr. Ogilvie, at 4.
Medicine—Dr. Macrobin, at 3.
Surgery—Dr. Pirrie, at 10.
Midwifery, &c.—Dr. Dyce, at 4.
Medical Jurisprudence—Dr. Ogston, at 9.
Natural History—Mr. Nicol, at 2.
Natural Philosophy—Mr. Thomson, at 9.

Summer Session.

Practical Anatomy and Demonstrations—Dr. Struthers, 9 to 4.
Botany—Dr. Dickie, at 9 A.M.
Histology—Dr. Struthers, at 2 P.M.
Comparative Anatomy—Mr. Nicol, at 11.
Practical Chemistry—Mr. Brazier, 10 A.M.
Materia Medica, &c.—Dr. Harvey, at 3.

HOSPITAL PRACTICE—ABERDEEN ROYAL INFIRMARY.

Physicians—Drs. Harvey, J. F. Smith, A. Reith, daily at 12.
Surgeons—Drs. Keith, Pirrie. Kerr, Fiddes, Wolfe (ophth.), Mr. Williamson (dental), daily at 12.
Clinical Medicine—Drs. Harvey and J. F. Smith, at 1.
Clinical Surgery—Drs. Keith and Pirrie, at 1.

For further particulars see advertisement.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

THE FELLOWSHIP

Is conferred only on persons who have obtained a diploma from this or one of the Colleges of Surgeons of England or Ireland, or the Faculty of Physicians and Surgeons of Glasgow, and who are 25 years of age. At the election, three-fourths of the votes are required to be in the candidate's favour, and he has to promise to maintain the privileges of the College and obey its laws. Fellows are forbidden to keep open shops, to be connected with secret remedies, or to suffer their names to be used in indelicate advertisements or publications.

THE LICENCE.

The regulations are the same as those for the Joint Examination, given below, by the Colleges of Physicians and Surgeons, with the following exceptions: Botany is not required. A second course of Medicine is not required.

The first Professional Examination embraces Anatomy, Physiology, and Chemistry. The second Surgery and Surgical Anatomy, also Medicine, Midwifery, Materia Medica, Medical Jurisprudence, and Clinical Surgery.

Registered medical practitioners, whose degree or licence in Medicine dates prior to October 1st, 1861, are exempt from the first Professional Examination.

Fee for the diploma, £10.

For further particulars see advertisement.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

This, like its London sister, is exclusively a licensing body, though, since the arrangement for the double qualification has been carried out, it may possess some additional control over the teaching at Surgeons' Hall. By this arrangement students who have fulfilled the prescribed curriculum may pass the joint examination of this college and the Royal College of Surgeons, and obtain the two diplomas. They can thus at once register both a medical and surgical qualification.

THE FELLOWSHIP.

This is conferred only by election, and no one can be ballotted for until he has been a member for one year.

THE MEMBERSHIP

Is conferred on licentiates of a college of physicians, or graduates of a University, who are 24 years of age and satisfy the College of their knowledge of medical and general science.

THE LICENCE.

The regulations are the same as those for the joint examination. For the Scotch Double Qualification, see below, with the following exceptions:—Anatomy, Practical Anatomy, and Surgery, six months; Clinical Surgery, three months.

Candidates for the Licence of the College who already possess a qualification from a recognised licensing body, or who have passed the first Professional Examination before a qualifying body, will not be required to be re-examined in Anatomy, Physiology, and Chemistry.

The following are the Fees, payable in all cases in advance:—

By a Licentiate, Ten Guineas. By a Member, Thirty Guineas.

When a Licentiate shall be raised to the rank of Member, Twenty Guineas.

See advertisement of Colleges of Physicians and Surgeons.

FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

ABSTRACT OF REGULATIONS FOR THE LICENCE.

Course of Study.—1. Anatomy, two courses, six months each. 2. Practical Anatomy, twelve months. 3. Chemistry, one course, six months. 4. Practical or Analytical Chemistry, one course, three months. 5. Physiology, not less than fifty lectures. 6. Practice of Medicine, one course, six months. 7. Clinical Medicine, one course, six months. 8. Principles and Practice of Surgery, one course, six months. 9. Clinical Surgery, one course, six months. 10. In addition to the above courses of Surgery and Clinical Surgery, one six months' course of either of these at the option of the candidate. 11. Materia Medica, one course, three months. 12. Midwifery, &c., one course, three months. 13. Medical Jurisprudence, one course, three months. 14. Practical Midwifery, attendance on at least six cases of labour. 15. Pathological Anatomy, three months' instructions in the *post-mortem* room of a recognised hospital. 16. Hospital Practice, twenty-four months' attendance on the practice of a public general hospital, containing on the average at least eighty patients.

A certificate of proficiency in Vaccination, from a Vaccine Institution, will be required of every candidate.

Candidates commencing professional study prior to 1st Oct., 1865, are admitted to the final examination after four sessions, or three winter and two summer sessions' attendance at a regular medical school.

Candidates commencing professional study on, or subsequent to the above date, must have been engaged in professional study during four years, which shall embrace four winter sessions or three winter and two summer sessions at a medical school.

Candidates are required to be registered in the form prescribed by the General Medical Council at the commencement of their professional study.

Candidates are subjected to two professional examinations; the first embraces Anatomy, Physiology, and Chemistry, and cannot be undergone before the end of the second winter session of study.

The second embraces Surgery and Surgical Anatomy, Medicine, Midwifery, Materia Medica, and Medical Jurisprudence, and cannot be undergone before the termination of the full period of study.

Intending candidates for the second examination must produce evidence—1. Of being 21 years of age.—2. Of having passed the first examination.—3. Class and hospital certificates. They will also write out a tabular statement of their whole course of study, for which the secretary, on application, will supply candidates with printed forms.

The fee for the diploma is £10; £4 payable at the first, and £6 at the second examination.

First examinations will be held on the second Tuesday of each month. Second examinations will take place, the written and Clinical parts, on each of the above days, and the oral part on the succeeding day.

Candidates who possess a Qualification to practise, are admissible to the Second Professional Examination at the full fee.

In every case of rejection, £2 of the fee is retained, and the remainder is returned.

A candidate may be admitted to examination on a day specially arranged, on paying an extra fee of £3, which will be forfeited in the event of rejection.

DOUBLE QUALIFICATION.

The Faculty of Physicians and Surgeons of Glasgow, and the Royal College of Physicians of Edinburgh, while they still continue to give their diplomas separately, under separate regulations, have made arrangements by which, after one series of examinations, the student may obtain two separate licences; one in Medicine and one in Surgery. (See "The Scotch Double Qualification" below.)

The "Dr. James Watson Prize," of the annual value of ten guineas, is open to all students who have passed the First Examination of the Faculty, and who are not qualified at the date at which the pay is due.

Preliminary Examinations.—23rd October, 6th November, 1868; 1st April, and 23rd July, 1869. Subjects.—English, Latin, Arithmetic, Algebra, Geometry, and one of the following, at the option of the candidate, Natural Philosophy, Greek, French, and German.

First Professional Examination for the Diploma of the Faculty, on the second Tuesday of every month. Subjects.—Anatomy, Physiology, and Chemistry.

Second Professional Examination for the Diploma of the Faculty, on the second Tuesday and Wednesday of each month. Subjects.—Surgery and Surgical Anatomy, Medicine, Midwifery, Materia Medica, and Medical Jurisprudence.

First Professional Examination for the Double Qualification, granted conjointly with the Royal College of Physicians of Edinburgh, on the second Thursday of October, January, April, May, July, and August. Second Examination on the same days.

For full particulars see advertisement.

THE SCOTCH DOUBLE QUALIFICATIONS.

As already stated the Royal College of Physicians of Edinburgh have made arrangements with the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow, by which, after one series of examinations, the successful candidate receives two diplomas, and is thus able to register a medical and a surgical qualification under the Medical Act, thus :—

Lic. Roy. Coll. of Phys. Ed., and Lic. R. C. S. Edin., or Lic. R. Col. of Phy. Ed., and L. Fac. Phys. and Surg. Glas., as the case may be.

The principle on which the joint examinations are conducted is a simple compromise by which the College of Physicians takes exclusive charge of the examination in medicine; the College of Surgeons or the Glasgow Faculty, as the case may be. of the examination in surgery; while the examination in subjects common to both medicine and surgery is conducted by a board, in which each of the bodies is represented.

It is proper to state that such arrangements as those were contemplated by the Medical Act and authorized by Section XIX., while these under consideration were sanctioned by the Medical Council on the 7th August, 1859.

Candidates for the double qualification having fulfilled the prescribed curriculum are subjected to two professional examinations. The preliminary examination for future students must be passed before commencing professional study, and in other respects be in accordance with the recommendations of the Medical Council.

The following courses of lectures must be attended :—Anatomy, two courses, six months each; Practical Anatomy, twelve months; Chemistry, six months; Practical or Analytical Chemistry, three months; Materia Medica, three months; Physiology, fifty lectures; Practice of Medicine, six months; Clinical Medicine, six months (in addition to the above courses of Practice of Medicine and Clinical Medicine, one course of either, at the option of the student); Principles and Practice of Surgery, six months; Clinical Surgery, six months (in addition to the above courses of Surgery and Clinical Surgery, one course of either at the option of the student); Midwifery and Diseases of Women and Children, three months; Medical Jurisprudence, three months; Pathological Anatomy, three months (or attendance on post-mortem examinations at a hospital). Candidates must have attended six cases of labour, either in a maternity hospital, or a dispensary where midwifery cases are admitted, or in private practice, and must produce a certificate to that effect. Also three months practical pharmacy under an apothecary or a member of the Pharmaceutical Society, or a chemist and druggist recognised by either college, or in a hospital or dispensary, or as assistant to a registered practitioner.

The candidate must have also attended, for twenty-four months, a public general hospital, and for six months a public dispensary, recognised by the college; or for six months as visiting assistant to a registered practitioner.

A certificate in vaccination, signed by a registered practitioner will be required.

Candidates for the first professional examination must apply on or before the Saturday preceding the examination, and produce certificates of all those courses of study which have reference to the subjects of that examination, and also a certificate of having passed the preliminary examination. Fee £6.

In case of a candidate being unsuccessful, £4 will be returned to him, the remaining £2 being retained.

SECOND EXAMINATION.

Candidates who have passed the first professional examination of any licensing board will be admissable to the second examination on producing certificates of the whole course of study, and paying the fee of £16. In conducting the examination, *none* of the subjects will be omitted. Unsuccessful Candidates will receive back £14.

The second examination shall embrace Medicine, Surgery, and Surgical Anatomy. Midwifery, Pathological Anatomy, Materia Medica and Pharmacy, and Medical Jurisprudence; and shall not take place before the termination of the last year of study. These examinations will take place immediately after the conclusion of the first professional examinations.

Every candidate must produce—1st. Evidence of his having attained the age of twenty-one; 2nd. The tickets and certificates of his classes; 3rd. The certificate of the first professional examination; and 4th. A tabular statement (for which a printed form will be furnished by the Inspector) exhibiting the full amount of his education. The tabular statment must be attested by his signature, and will be preserved as a record.

Unsuccessful candidates at either examination shall be remitted to their studies for a period, not in any case less than three months. Fee £10. In case of a candidate being unsuccessful, £8 will be returned.

Dissections and Anatomical Specimens, articles of the Materia Medica, Chemical Tests, the Microscope, Surgical Apparatus, and Pathological Specimens, will be employed during the examinations; and every candidate will be required to write prescriptions. The examination may also consist in part of the actual examination of persons labouring under disease.

Candidates who have been rejected by any examining board may not be admitted within three months.

The inspector and treasurer of the double qualifications is Dr. Gairdner, of 45, Northumberland street, Edinburgh, to whom all communications should be addressed, and who will furnish any further information.

UNIVERSITY OF ST. ANDREWS.

This University confers the Degree of Master in Surgery (C.M.), as well as the Degrees of Bachelor and Doctor of Medicine. For many years the University did not require residence, and large numbers of medical men resorted to it in order to obtain the Doctorship by examination only. In this the University closely assimilated itself to the University of London, which is exclusively an examining body. The large number of practitioners who obtained the Degree after an examination extending over three or four days, attests the wisdom of a policy which was almost reversed by the University Commissioners. Only ten persons per annum can now obtain the St. Andrews Degree without residence. There are not a few of the old graduates who look upon this policy as retrograde and illiberal. The University of London maintains its position without requiring academical residence, and no one can doubt that the University of St. Andrews might have pursued the same course with great success, and by so doing conferred a benefit on the profession. Those who have not now fulfilled their course in a University, must either go to the University of London or ferego a decree. The London University compels matriculation before commencing Hospital study. Only a relaxation of this rule can secure to all who desire it the opportunity of being examined for a degree. The following are the regulations actually in force:—

1. No one shall be admitted to the Bachelor of Medicine or Master in Surgery who has not been engaged in Medical and Surgical study for four years—the *annus medicus*, being constituted by two courses of one hundred lectures each, or by one such course, and two courses of fifty lectures each; but, in the case of the clinical courses, it shall be sufficient that the lectures be given at least twice a-week.

2. Candidates for the Bachelor of Medicine and Master in Surgery must produce certificates similar to those required by the University of Edinburgh.

3. No one shall be received as a Bachelor of Medicine or Master in Surgery unless two of his four years shall have been in one of the following, viz.,—the University of St. Andrews, of Glasgow, of Aberdeen, of Edinburgh, of Oxford, of Cambridge, Trinity College, Dublin; Queen's College, Belfast; Cork and Galway.

4. Every candidate for M.B. and C.M. shall lodge with the Senatus—A declaration, in his own handwriting, that he has completed his twenty-first year, and is not under articles of apprenticeship. A state of his studies in literature, philosophy and medicine with certificates. A dissertation, composed by himself, and shall be examined, both in writing and orally—first, on Chemistry, Botany, Elementary, Anatomy, and Materia Medica; secondly on advanced Anatomy, Zoology, with Comparative Anatomy, Physiology, and Surgery; and thirdly, on Practice of Medicine, Clinical Medicine, Clinical Surgery, Midwifery, General Pathology, and Medical Jurisprudence.

5. Students who offer themselves for examination on the first division of these subjects, at the end of their second year may be admitted.

6. Students who have passed on the first division may be admitted to examination on the second division at the end of their third year.

7. The examination of the third division shall not take place until the fourth year.

8. Candidates may be admitted to examination on the first two of these divisions at the end of their third year; or to the three at the end of their fourth year.

9. Rejected candidates shall not be admitted unless they shall have completed another year of study, or such portion of another year as may be prescribed by the Examiners.

10. Masters in Surgery must at the same time obtain the degree of Bachelor of Medicine.

11. There shall be paid for the degree of Bachelor five guineas for each of the three divisions, each such fee being payable when the candidate is examined in that division, and if the candidate desires to be admitted to the degree of Bachelor only, he shall not be required to pay any further fee to the fifteen guineas; but if he desires the degree of Master in Surgery he shall pay a further fee of five guineas; and every candidate for the degree of Doctor, being a Bachelor of Medicine, shall pay, in addition to the fees paid by him for the degree of Bachelor of Medicine, a fee of five guineas, exclusive of stamp duties.

ANDERSON'S UNIVERSITY, GLASGOW.

THIS is exclusively a teaching body. It offers excellent opportunities for acquiring a complete medical education, and the expenses are very much below those of any other institution. The fame of Glasgow as a place for clinical instruction has long been known, and this school affords the means of dissection, and the pursuit of other practical knowledge throughout the year. Hospital practice at the Glasgow Royal Infirmary. Every information will be given on application to Dr. George Buchanan, 193, Bath-street, Glasgow, both as to the University, the Hospital, and Diplomas.

Winter Session.

Anatomy—Dr. George Buchanan, at 5 o'clock.
Practical Anatomy—Dr. George Buchanan, at 1 o'clock.
Physiology—Dr. E. Watson, at 12 o'clock.
Surgery—Dr. G. H. B. Macleod, at 11 o'clock.
Chemistry—Dr. Penny, at 10 o'clock.
Practice of Medicine—Dr. M'Call Anderson, at 4 o'clock.
Dissection—Dr. George Buchanan, daily.
Materia Medica—Dr. Morton, at 3 o'clock.

Summer Session.

Surgical Anatomy—Dr. George Buchanan, at 12 o'clock.
Operative Surgery—Dr. G. H. B. Macleod, at 5 o'clock.
Midwifery—Dr. J. G. Wilson, at 3 o'clock.
Practical Chemistry—Dr. Penny, at 1 o'clock.
Botany—Mr. Hennedy, at 10 o'clock.
Medical Jurisprudence—Dr. Leishman, at 4 o'clock.

Glasgow Royal Infirmary.—See above.

Glasgow Eye Infirmary.

This Hospital contains 24 beds for in-patients, of whom 200 were treated during last year; 3000 out-patients were prescribed for at the dispensary; 197 operations were performed.
Consulting Surgeons.—Dr. H. Rainy and Dr. A. Anderson.
Surgeons.—Dr. Mackenzie, Dr. Anderson, and Dr. W. Brown.
Assistant-Surgeon.—Dr. George Rainy.
Junior Assistant-Surgeon.—Dr. Thomas Reid.

Glasgow Lying-in Hospital and Dispensary.

This Hospital contains 24 beds for in-patients. The average number of women delivered yearly is 800.
Consulting Surgeon.—Dr. George Buchanan.
Consulting Physician.—Dr. A. Anderson.
Visiting Physicians.—Dr. Tannahill and Dr. J. G. Wilson.
Physicians to Out-Patients.—Dr. Yeaman and Dr. Dewar.

Dispensary for Skin Diseases, 63, John-street.

Physician.—Dr. M'Call Anderson.
Number of patients annually, about 1200.

Practical Courses are held during the months of May, June, and July.

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London Hospitals and Schools.

ST. BARTHOLOMEW'S HOSPITAL.

THE great city hospital has always attracted large numbers of students from all parts of the country, so that the school is very flourishing. The loss of Dr. Martin made a change in the staff duly noticed in our columns during the year. Dr. Gee is the new Assistant-Physician. Special departments have been organised during the last year.

H.R.H. the Prince of Wales is the President of the hospital, which receives within its walls upwards of 5000 in-patients annually, and its out-patients and casualties amount to more than 100,000 annually. It contains 650 beds, of which 403 are allotted to surgical, including ophthalmic, orthopædic, aural, and syphilitic cases, and 247 to medical cases and diseases of women and children. One of the Assistant-Physicians sees the medical out-patients daily, between eleven and two; and one of the Assistant-Surgeons sees the surgical patients daily, between twelve and two.

Accommodation is provided for residence of students in the college connected with the institution, for which an entrance fee of £2, 2s., and a further payment of caution money, £3, 3s. are required. The cost of maintenance varies from 30s. to 33s. per week, payable in each term; and the term of residence is unlimited.

The introductory lecture will be delivered on October 1st at two P.M. by Mr. Thomas Smith.

PRIZES, SCHOLARSHIPS, OR EXHIBITIONS.

Jeafferson Exhibition, £20, tenable for two years. Scholarships, three of £50 each; one of £30; two of £25; one of £20; all for general proficiency in Medicine and Surgery and Midwifery, or Anatomy and Physiology and Chemistry; and the following foundation prizes—Kirkes' Medal; Bentley Prize; Hitchin's Prize; Wix Prize; Foster Prize; Treasurer's Prize.

For further information see Advertisement.

ST. THOMAS'S HOSPITAL.

THIS is the borough hospital which was removed for the Charing-cross Railway. The Surrey Hall affords temporary accommodation until the new hospital on the site at Stangate shall have been erected, when, we doubt not, a new impetus will be given to the charity and the school. During the year we have furnished our readers with an account of laying the foundation-stone (by H.M. the Queen) of the noble pile of buildings now rising so rapidly on the banks of the Thames. It is hoped by many that the new institution may be ready to open with the session of 1869.

Dr. Barnes will give the introductory address this year on the 1st of October.

There is accommodation for residence and free maintenance in the College-house for the two house-surgeons, resident accoucheurs, one dresser, one obstetric clerk, and assistant obstetric clerk, which appointments are awarded by competition. Very good lodgings are to be obtained at a reasonable rate all round the hospital.

PRIZES AND APPOINTMENTS FOR THE SESSION.

First year's students—College prizes of £30, £20, and £10.

Second year's students.—Prizes of £30, £20, and £10. The dresserships and the clinical and obstetric clerkship.

Third year's students—Prizes of £30, £20, and £10. The two house surgeoncies, the resident accoucheurship, two hospital registrarships at a salary of £40 each, or one at £80, are awarded to third and fourth years' students, according to merit.

The William Tite Scholarship, founded by William Tite, Esq., M.P., F.R.S., the proceeds of £1000 consols, tenable for three years, is awarded every third year.

The dressers are provided with rooms and commons free of expense. The Granger Testimonial Prize of £20, awarded biennially to third or fourth year's students, for the best physiological essay, to be illustrated by preparations and dissections. The Cheselden Medal, for Surgery and Surgical Anatomy. The Treasurer's Gold Medal, for general proficiency and good conduct.

FEES.

The hospital practice and lectures for the first and second year, each, £40; and £10 for each succeeding year; or £90 perpetual. For further particulars see advertisement.

GUY'S HOSPITAL.

THIS old favourite borough school still attracts as many students as ever. The hospital is, we believe, the largest but one in the metropolis, and from the excellence of its appointments, its situation, and superior staff, it still keeps up its old renown. In special departments, Guy's is the most advanced. This hospital has set the example of giving the appointments to its special departments to gentlemen not on the staff. This liberality has enabled it to secure the leading specialists of the country in its service, and has done more than all the other hospitals together to put down all improper coquetting with specialism.

Guy's is situated close to the London Bridge Railways. Hence, great facilities for getting to any part of London or the country. It is quite practicable for students to reside a little distance down either of the lines that converge at this point, and thus enjoy the benefit of country air during their hospital career. For those who wish to live close to the hospital, there are many lodgings to be had at a moderate price.

The Resident House Physician is appointed every six months.

House-Surgeons are appointed every four months from those students who have obtained the College diploma.

PRIZES.

Prizes, varying in value from £25 to £40 each, will be awarded at the close of each Summer Session for general proficiency—three at entrance; three at end of first year; two at end of second; two at end of third.

Two Gold Medals—one in Medicine, the other in Surgery—are given annually by the Treasurer at the end of third year.

A Voluntary Examination will take place at entrance, in Elementary Classics and Mathematics. The three first candidates will receive respectively £25, £20, £15.

The Introductory Lecture will be delivered on Thursday, October 1st, at 2 P.M., by Dr. Moxon.

For further particulars see advertisement.

THE LONDON HOSPITAL.

THIS large hospital is situated at the east end of London, in a district where accidents are of frequent occurrence, and as a field for the study of surgery has always been pre-eminent. It contains upwards of 500 beds; of these 160 are devoted to medical cases, and the remainder to surgery. About 200 are reserved for cases of accidents. The in-patients last year numbered 4334; the out-patients, 34,442. During the year special departments have been organised for diseases of the eye, ear, and skin. Special wards are also set apart for venereal and obstetric cases.

In our last Students' Number we noticed the changes consequent on the resignation of Dr. Ramsbotham, who has lately died, as noticed in our columns—viz., the election of Dr. Head (Obstetric Physician to the Hospital) to the chair of Midwifery in the College, for a second year, and of Dr. Prosser James to the chair of Forensic Medicine, also for a second year. These gentlemen have since been permanently appointed to their respective Professorships.

Mr. John Adams, Senior Surgeon of the Hospital, having, during the year, become an examiner at the Royal College of Surgeons of England, has resigned his Lectureship on Anatomy, which he had held for about 37 years, being, we believe, the oldest and most popular teacher of anatomy in the metropolis, if not in the Kingdom. He is succeeded by Mr. Walter Rivington, in consequence of which Mr. James Adams, son of the new college examiner, is in future to be assisted in the demonstrations by Mr. Waren Tay.

Dr. Tidy will continue to share the Chemical Course with Dr. Letheby.

An additional Assistant Physician and Surgeon have just been appointed to the Hospital.

PRIZES AND APPOINTMENTS.

The following prizes and appointments are open to pupils:—

1. Two Scholarships will be awarded during the next winter to first year's students. The first, value £20, to the best student in Human Osteology, &c. The second, value £25, to the best student in Anatomy, Physiology, and Chemistry.
2. The Duckworth-Nelson Prize, value £10, 10s., will be awarded in May, 1869, and is open to all students. The subjects will be Practical Medicine and Surgery.
3. A Hospital Scholarship, value £20, for zeal and proficiency in Clinical Medicine, and similar Scholarships in Surgery and Obstetrics.
4. A Resident Medical Officer, who resides and boards in the hospital, and receives £75, is appointed for twelve months. He is eligible for the further period of twelve months, and then receives £100.
5. Medical and Surgical Registrars are appointed annually, and receive £25 and £35 respectively.
6. Three House-Surgeons are elected every six months, without expense; they reside and are provided with commons. The house-surgeons are eligible for re-election for three months.
7. A Resident Accoucheur is appointed for six months, free of all expense, with residence and board. He is the assistant to the obstetric physician and the assistant-physician.
8. An Assistant Medical Officer is chosen from among the medical pupils. He remains in the hospital day and night, and is provided with board.
9. Prizes to the value of £60 are awarded to the most meritorious of the dressers.
10. Two Clinical Assistants are appointed for the medical out-patients, and receive salaries of £40.
11. Two Assistants are appointed for the surgical out-patients at £40.
12. Two Surgical Dressing Pupils, in rotation, remain in the hospital for a week, and are provided with board.
13. Special Certificates are given.

For further particulars see advertisement.

MIDDLESEX HOSPITAL.

THE hospital contains upwards of 300 beds, of which 185 are for surgical, and 120 for medical cases. There is a special department for cancer cases affording accommodation for thirty-three in-patients, whose period of residence in the hospital is unlimited. Wards are also appropriated for the reception of cases of uterine disease and of syphilis, and beds are set apart for patients suffering from diseases of the eye.

Special attention is bestowed on the clinical instruction of the students both in the wards and out-patients' rooms. Three clinical prizes, including the governors' prize of twenty guineas, are annually awarded to those students who pass the most satisfactory examination at the bedside, and in the post-mortem room. Class prizes are also given, and six resident clinical appointments are annually awarded after competitive examination, to students who have completed their education and complied with the regulations of the school. The officers thus appointed reside and board in the hospital free of expense.

The college tutor assists all general students free of charge, especially those who are preparing for examination, and his daily instruction is arranged with a view to avoid the necessity of students obtaining any private teaching apart from that of the medical school.

The fee for attendance on the hospital practice and lectures required by the Colleges of Physicians and Surgeons, and by the Society of Apothecaries is £90, which may be paid by instalments. The introductory address will be delivered by Dr. Burdon Sanderson, F.R.S., on Thursday, October 1st, at three o'clock P.M.

For further particulars see advertisement.

WESTMINSTER HOSPITAL.

THIS is near the Abbey and the Houses of Parliament, and will be found convenient for all in that neighbourhood. It is well appointed in every respect, and one of the most moderate in respect to fees. The whole course of study for the usual examinations may here be completed for seventy-five guineas, payable in instalments. The perpetual fee is only eighty guineas. Resident appointments, clerkships, and dresserships are all conferred without extra payments. Suitable lodgings may be obtained in the neighbourhood, and at not more than a quarter of an hour's walk from the Hospital.

PRIZES.

Resident appointments of House Physician and House Surgeon free of charge.

The Assistant House Surgeon receives his commons at the Hospital free of charge.

Clinical Clerks and Dressers are appointed from the students free of all extra fee; and the Clerk and Dresser for the week have lunch at the Hospital table.

A prize of books or instruments for each winter and summer course. Prizes of five guineas for Clinical Medicine and Surgery.

Chadwick prize of twenty guineas for general proficiency.

The examinations are held at the end of each winter and summer session.

Public distribution at the commencement of the summer session.

The introductory lecture will be delivered on Thursday, October 1st, at eight P.M., by Francis Mason, Esq., F.R.C.S.; after which a conversazione will be held in the board-room.

The students are enabled to attend the practice at the National Hospital for Epilepsy and Paralysis, and also that at the Royal Westminster Ophthalmic Hospital. A certain number of beds are set apart for special diseases of the skin, eye, &c.

For further particulars see advertisement.

UNIVERSITY COLLEGE AND HOSPITAL.

THIS is situated in a very central position, near the Gower-street Station of the Underground Railway, affording facilities for gentlemen residing in many parts of London. The College gives instruction in every department of knowledge, and specially prepares students for degrees in all the Faculties at the University of London. There is, however, no theological faculty, the College, like the University with which it is in intimate connection, being founded on the non-sectarian principle. The Medical Faculty and the Hospital are very complete and flourishing as educational institutions. The University College School specially prepares boys to be ready at a proper age to enter the College.

PRIZES.

Liston Gold Medal for Clinical Surgery. Dr. Fellowes' Medals for Clinical Medicine, two gold and two silver. Filliter Exhibition for Proficiency in Pathological Anatomy, £30.

An Atkinson Morley Scholarship for the promotion of the study of Surgery, £45 per annum, tenable for three years.

Entrance Exhibitions—Three Entrance Exhibitions of the respective value of £30, £20, and £10 per annum, tenable for two years, are awarded, upon examination, to gentlemen who are about to commence their first winter's attendance in a Medical School.

The Examination, by written papers, will be in Classics, Elementary Mathematics, Natural Philosophy, and in either French or German, at the option of the candidate, and will take place at the College on Wednesday and Thursday, the 24th and 25th September.

There are numerous private boarding residencies and lodging-houses in the neighbourhood of the College, and a register of them is kept in the office of the College, which gives full information as to terms, &c.

The Introductory Lecture will be delivered on Thursday, 1st October, 1868, by Professor Erichsen.

For further particulars see advertisement.

CHARING-CROSS HOSPITAL.

THIS hospital, though one of the smaller ones, derives from its situation great advantages. It is in one of the most central positions in London, where there is constant communication with every part. In connection with it the practice of the Royal Western Ophthalmic Hospital, close by, affords an excellent opportunity for the study of that branch of the profession. Other special departments have been established, and the authorities seem to have the courage to establish them on a liberal basis, the hospital staff not monopolizing these appointments.

APPOINTMENTS OPEN TO STUDENTS.

The office of Registrar and Pathological Registrar, tenable for two or three years, for which the Council award an annual stipend, is open to all matriculated students who have obtained their qualifications.

The offices of resident medical officer, resident surgical officer, and Physician Accoucheur's Assistant, with six months' residence at the hospital, are awarded to senior matriculated students after a competitive examination.

A feature of this school deserving of particular notice is the existence of free scholarships. These candidates are sons of professional men, of reduced circumstances and position, or of gentlemen, and are to have had a classical education, who have already commenced study, and, from unforseen circumstances, be unable to complete their professional education with such assistance.

Application must be accompanied by the official certificate of the candidates having passed the preliminary classical examination either of the London University, of the College of Physicians, the College of Surgeons, or of the Society of Apothecaries.

The Llewellyn Scholarship of £25 is open to all matriculated students who have just completed their second academical year.

The Golden Scholarship of £15 a-year, tenable for two years, is open to all matriculated students who have just completed their first academical year.

The following medals are awarded annually:—

The Gold Medal, for general proficiency.

The Governors' Clinical Silver Medal.

Silver Class Medals, on all the subjects of the lectures.

Bronze Class Medals, on all the subjects of the lectures.

For further particulars see advertisement.

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Provincial Schools of Medicine.

MANCHESTER ROYAL SCHOOL OF MEDICINE.

THE Winter Session will commence on Thursday, October 1st, at 12 o'clock, when an Introductory Address will be delivered by Dr. Simpson, after which the Scholarships and Prizes for the past session will be distributed.

SCHOLARSHIPS AND PRIZES.

In addition to three Scholarships, of the value, respectively, of £20, £15, and £10, for Perpetual Students, Prizes for General Proficiency have been substituted for Class Prizes, in accordance with the suggestions issued by the Royal College of Surgeons. At the end of the Sessions, Certificates of Honour will be awarded for regularity of attendance upon Lectures, and general good conduct.

Winter Session.

Anatomy and Physiology.—Mr. Smith, Tus. Wed. Thur. at 12.
Anatomy, Descriptive.—Mr. Lund, Tu. Wed. Th. Fri. at 8·45.
Anatomical Demonstrations.—Mr. S. M. Bradley.
Chemistry.—Mr. D. Stone, Tues. at 1, Wed. at 11, Fri. at 1.
Medicine.—Drs. Roberts and Morgan, Mon. at 1, Wed. at 2, Fri. at 1 o'clock.
Surgery.—Mr. G. Southam, Mon. Tues. Thur. at 2 o'clock.

Summer Session.

Materia Medica.—Mr. A. Somers, Tues. Wed. Fri. at 12.
Midwifery, &c.—Dr. Thorburn, Mon. Wed. Thur. Fri. at 9.
Botany.—Mr. Grindon, Mon. Wed. Thur. at 2 o'clock.
Med. Jurisprudence.—Mr. Harrison, Mon. Wed. at 1, Fri. at 1·30.
Practical Chemistry.—Mr. D. Stone, Tues. Thur. at 1 o'clock.
Comparative Anatomy.—Mr. Bradley.
Pathology and Morbid Anatomy.—Dr. Simpson, Mon. Thur. at 12 o'clock.
Ophthalmic Surgery—Mr. Hunt, Mon. Sat. at 8·45.

HOSPITAL PRACTICE—MANCHESTER ROYAL INFIRMARY.

Daily, 10 to 12 o'clock.

Physicians.—Drs. E. Wilkinson, Watts, Browne, Roberts, Simpson and Morgan. Dresserships, full period, £21.

Surgeons.—Messrs. Beever, Smith, Dumville, Southam, F. Heath, and Lund. Dresserships, full period, £31, 10s.

Fee for all the Lectures required by the College and Hall, £42. Ditto and for Hospital, Medical and Surgical Practice, —For further particulars see advertisement.

LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE.

This School is in connection with the Royal Infirmary, a very large and important institution, containing nearly 300 beds, in which the opportunities for obtaining practical knowledge are very extensive.

The introductory lecture will be delivered by Dr. Roberts, on Thursday, October 1st, at 3 P.M.

PRIZES.

Scholarship, value £42, consisting of a gold medal, value £10, 10s., and six months' free board and residence, with dressership and clerkship in the Royal Infirmary. In case the scholarship is gained by a resident pupil, six months' payment (£31, 10s.) will be returned to him.

Four exhibitions, value £41, 10s. each, consisting of free board and residence in the Royal Infirmary for six months, with dressership on award of the Medical Board.

FEES.

For Six months' medical and surgical practice, £10, 10s.; twelve months, do., do., £12, 12s.; perpetual, £31, 10s. Students are admitted to the practice of the Lock Hospital attached to the Royal Infirmary; fee, £3, 3s. per annum; six months, £2, 2s. Fee for all the lectures required by the College and Hall, £42.

A prospectus may be obtained from the registrar, Mr. Harrison, 51, Rodney-street.

For further particulars see advertisement.

BIRMINGHAM.

SYDENHAM COLLEGE.

Sydenham College was established for the purpose of affording a complete Medical education. It is governed by a Council composed of seventy eminent practitioners in the Midland Counties, and affords every facility for the study of medicine. A Classical and Mathematical Department has also been added, with special reference to the preparation of students for their preliminary examination.

PRIZES.

The Warneford Scholarships: four scholarships of £10 each, held for two years, conferred for diligence and good conduct. The Warneford Gold and Silver Medals for essays of a religious as well as a scientific nature. The Founder's Scholarship, conferred on a first year's resident student after examination at the end of the summer session. Honorary medals and certificates of honour are annually given. The Percy and Clay Prizes of five guineas each, in books, for proficiency in the German and French languages respectively.

THE QUEEN'S HOSPITAL.

The hospital has lately obtained, by Act of Parliament, separation from the Queen's College, and will now be open on equal terms to the students of both the medical schools. Each physician and surgeon visits his wards with the students on an appointed day in each week, and special courses of lectures are given by each of the officers in succession. By these arrangements the students can follow the practice of each physician and surgeon during the whole of the Winter and Summer Sessions and in the same periods attend the special courses delivered by each clinical professor.

HOSPITAL PRACTICE—QUEEN'S HOSPITAL.

Physicians.—Dr. A. Fleming and Dr. Foster.
Surgeons.—Messrs. West, Gamgee, and F. Jordan, Mr. Wilders (*asst.*) Dr. Suckling and Dr. Earl (*obst*).
Fees for all the lectures required by the College and Hall.
Ditto, and for Hospital Medical and Surgical Practice, £68, 5s.

BIRMINGHAM GENERAL HOSPITAL.

Physicians.—Dr. G. F. Evans, Dr. Bell Fletcher, Dr. James Russell, and Dr. W. F. Wade.
Surgeons.—Mr. D. W. Crompton, Mr. Alfred Baker, Mr. O. Pemberton, and Mr. T. H. Bartleet.
Resident Physician and Tutor.—Dr. Wyllie.
Resident Surgeon.—Mr. Addenbrooke.

For further particulars see advertisement.

SHEFFIELD SCHOOL OF MEDICINE.

The next Session will commence on October 1st, when the Introductory Lecture will be delivered by H. Clifton Gorley, Esq., F.R.S.

Winter Session.

Anatomy.—Mr. Skinner and Mr. W. J. Le Tall.
Demonstrations of Anatomy.—Messrs. Skinner, Jackson, and Woolhouse.
Physiology.—Mr. Thomas Leeds.
Medicine.—Dr. Frank-Smith.
Surgery.—Mr. W. F. Favell and Mr. Parker.
Chemistry.—Mr. Allen.
Clinical Medicine.—Dr. de Bartolomé, Dr. Elam, and Dr. Law.
Clinical Surgery.—Mr. Barber, Mr. Favell, and Mr. Parker.

Summer Session.

Midwifery and Dis. of Women.—Drs. Keeling and Hime.
Materia Medica.—Dr. Young.
Medical Jurisprudence.—Mr. A. Jackson and Mr. Baker.
Botany.—Mr. Birks and Dr. Mason.
Practical Chemistry.—Mr. Allen.
Dental Surgery.—Mr. Merryweather.
Pathology and Microscopy.—Mr. Hardy Smith (at the Infirmary).
Operative Surgery.—Mr. Favell and Mr. Parker.

SHEFFIELD GENERAL INFIRMARY.

Physicians.—Dr. De Bartolomé, Dr. Elam, and Dr. Law.
Surgeons.—Mr. Barber, Mr. Favell, and Mr. Parker.
House Surgeon.—Mr. G. A. Brown.

SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY.

Physicians.—Dr. J. C. Hall, Dr. Law, and Dr. Frank-Smith
Surgeons.—Mr. Chesman, Mr. A. Jackson, and Dr. Keeling.

For further particulars see advertisement.

BRISTOL MEDICAL SCHOOL.

In this town there is ample opportunity of completing a medical education, and the western counties have long availed themselves of the instruction there to be obtained.

The Bristol Medical School educates the students who receive their Clinical instruction in either of the two large hospitals of the city—the Bristol General Hospital and the Bristol Royal Infirmary.

Prizes and certificates of honour are given after competitive examinations amongst students of the first, second, and third years respectively. The interest of £500 will be given to the prizeman of the third year who shall have been educated at the infirmary, and can produce certificates of good conduct and moral character. The prizeman of the third year who shall have been educated at the General Hospital will receive, in addition to the school prize, the sum of twenty guineas, given by the committee of that institution.

HOSPITAL PRACTICE.

The General Hospital, founded in 1832, is situated in a populous district near the docks, colleries, manufactories, and railway stations, from which sources the wards are supplied with a great variety of important cases.

The present building was completed and occupied in 1858. It contains 130 beds.

FEES.

Six months, £6; one year, £10; perpetual, £20. Library, £1, 1s. per annum. Dressership or clinical clerkship, £5, 5s., for six months. Two scholarships of £15 each are awarded annually, and a prize of twenty guineas is given to the hospital student who is successful in the third year's competition at the school. Dressers reside in the hospital in weekly rotation free of expense.

THE ROYAL INFIRMARY.

This infirmary was founded in the year 1735, and is therefore one of the oldest provincial hospitals. It contains 242 beds.

FEES.

Surgeon's pupil, first year, £12, 12s.; two years, £21; three years, £26, 5s. Dresser (extra free), one year, £12, 12s.; two years, £21; three years, £26, 5s. Physician's pupil, six months, £8; one year, £15; eighteen months, £20; perpetual,

£25. Each pupil is required to pay an entrance fee to the infirmary of £5, and a subscription of £1, 1s. per annum to the library, which numbers about 2700 volumes. The dressers reside in the infirmary in weekly rotation.

Fees for all the Lectures required by the College and Hall, £47, 5s. Ditto, and for hospital practice, £87, 5s.

PRIZES.

Suple Prize.—A gold medal, value £5, 5s., with £7, 7s. in money is given annually to each of the two successful candidates in each of the medical and surgical examinations. Clark's Prize. See advertisement.

HULL AND EAST-RIDING SCHOOL OF MEDICINE AND ANATOMY, KINGSTON-SQUARE, SESSION 1868-69.

The Winter Session will commence on Thursday, October 1, 1868. Anatomy, Physiology, and Pathology, by Mr. R. M. Craven and Mr. Rudd. Anatomy and Anatomical Demonstrations, by Mr. Nicholson. Principles and Practice of Medicine, by Dr. Elliott. Principles and Practice of Surgery, by Dr. King. Chemistry, by Mr. Walton.

The Summer Session commences May 1, 1869. Midwifery and Diseases of Women and Children, by Mr. Henry Gibson. Materia Medica and Therapeutics, by Mr. Holden and Mr. Henson. Forensic Medicine, by Dr. Munroe, F.L.S. Botany, by Mr. Niven. Chemistry, by Mr. Walton. Perpetual fee to all the Lectures except Chemistry, £42.

The Hospital contains 152 beds, and is recognised by all the Examining Boards. Clinical Lectures are given at the Hospital twice a week: on Medicine, by Sir H. Cooper, Dr. Daly, and Dr. Elliott; on Surgery, by Dr. Lunn, Mr. Craven, and Dr. King. Perpetual fee for attendance on the Medical and Surgical Practice, £21. Clinical Lectures, £1, 1s. Application for tickets may be made to Mr. R. M. Craven.

For further particulars see advertisement.

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Irish Schools of Medicine.

SCHOOL OF PHYSIC, UNIVERSITY OF DUBLIN.

This School was established by Act of Parliament 40th George III., and is under the joint government of the Board of Trinity College and the King's and Queen's College of Physicians.

Institutes of Medicine, Professor Law. Materia Medica and Pharmacy, Professor A. Smith. Surgery, Professor R. Smith. Anatomy and Chirurgery, Professor MacDowel.

Its Medical School is at Trinity College, where a spacious Dissecting-room has recently been erected. Information as to the Medical Scholarships and Exhibitions in this School will be found amongst the regulations of the University of Dublin.

SCHOOL OF SURGERY, ROYAL COLLEGE OF SURGEONS.

This school is under the superintendence of the Council of the College, who appoint the professors. The Introductory Address will be given on Monday, October 26, by Mr. Hargrave. The Professor of Physiology will commence his course with a series of twelve lectures on Comparative Anatomy—free to the public. The dissecting rooms have been recently much enlarged. Arrangements have been made to give increased facilities for instruction in Operative Surgery and Chemical Analysis. Prizes in Anatomy and Physiology, and Surgery, will be awarded at the end of the Winter Session. The Junior Surgical Society meets fortnightly in the school, and several prizes have been offered for the best essays read during the Session.

Winter Session.

Anatomy and Physiology, and Comparative Anatomy.—Dr. E. D. Mapother—Daily, 2 o'clock.

Descriptive Anatomy.—Dr. Bevan and Mr. Morgan—Daily 12 o'clock.

Demonstrations.—Drs. Croly, Stoney, M'Allister, Hewitt, Roe, S. Hewitt, Stoker, Kelly, and Scott—Daily, 8 to 4 o'clock.

Surgery.—Mr. Hargrave and Mr. Hughes—Tuesday, Thursday, and Saturday, 3 o'clock.

Practical Medicine.—Dr. Benson—Mon., Wed., and Fri., at 3.

Chemistry.—Dr. W. Barker—Mon., Wed., and Fri., at 1.

Summer Session.

Materia Medica.—Mr. Macnamara.

Medical Jurisprudence.—Dr. Geoghegan.

Midwifery.—Dr. Sawyer.

Botany.—Dr. H. Minchin.

Hygiene.—Dr. Cameron.

Fees.—£3, 3s. 0d., for each Course—Comparative Anatomy and Hygiene, Free.

For further particulars see advertisement.

THE LEDWICH SCHOOL OF MEDICINE, PETER-STREET.

This school, claiming priority of foundation before any of its kindred unchartered institutions were projected, was established in 1810 by J. Kirby, and has, since then, under the energetic administration of the Messrs. Ledwich and Dr. Mason, maintained a very high prestige as an educational institution. It is situated next door to the Adelaide Hospital in Peter-street, about five minutes' walk from the Meath Hospital, Royal College of Surgeons, and Mercer's Hospital, and the Coombe Lying-in Hospital, and ten minutes from the Catholic University School, the University and the City of Dublin Hospital. The hospital in most immediate connexion with it is Mercer's.

For further particulars see advertisement.

STEEVENS' HOSPITAL SCHOOL.

This hospital is conducted on the plan of the London Hospital Schools, combining, in one establishment, all the departments of medical education. Situated in the centre of a district, occupied by some of the largest manufacturing concerns, its beds are constantly filled with accidents of a serious nature. Immediately adjoining is St. Patrick's (Swift's) Asylum for the Insane, Dr. Croker, consulting physician, being one of the medical attendants. All morbid specimens are most carefully examined and preserved by the curator, who is an officer regularly appointed and paid by the Board of Governors.

There is accommodation for residence of seven surgical and four medical residents; besides whom the Resident-Surgeon receives house pupils. The fees payable for the privilege of residence are 21 guineas, winter; 15 guineas, summer, six months; including hospital ticket; students have apartments, coal, gas, and furniture.

Accommodation outside the hospital, in the neighbourhood, is arranged by the hospital authorities.

PRIZES.

3 Cusack Medal and Exhibition, of £8, £5, £3; 2 Midwifery Assistants, £30 each; 1 Medical Clinical prize, £10, 10s.; 1 Surgical prize, £10, 10s.

The session opens with distribution of prizes in the first week in November. For further particulars see advertisement.

THE CARMICHAEL SCHOOL OF MEDICINE.

The various lectures are now delivered, and the dissections carried on in the new building, which the munificence of the late Surgeon Carmichael has given to the Proprietors. As the building was designed with special reference to the requirements of a large medical class, every convenience is afforded to the student in the prosecution of his studies.

The proximity of the School with the House of Industry Hospitals, and its connection with these Institutions as well as with the Mater Misericordiæ, Meath and Jervis-street Hospitals, through its teachers, insures equal opportunities to the pupils of becoming thoroughly acquainted with the more immediately practical part of their profession.

Arrangements have now been completed for rendering more available the Carmichael premium bequest, which will henceforth enable the Proprietors to distribute prizes to the amount of £60 yearly; and the Scholarship, value £15 yearly, which the friends of the late Dr. Mayne have founded in his name, will be allotted at the termination of the Winter Session.

For further particulars see advertisement.

THE MEDICAL SCHOOL OF THE CATHOLIC UNIVERSITY

Occupies a central position, and is within a short distance of the principal hospitals of the city; it possesses a complete Laboratory for the study of practical and experimental chemistry; the dissecting room is lighted with gas for the convenience of industrious students; there are class rooms for private tuition on the premises, likewise a reading-room, and a college for the residence of medical students has been specially provided, containing a library of the most approved class-books. Two exhibitions, each of the value of £20, are offered for competition in the ensuing year—viz., one in the combined subjects of chemistry, physiology, miscroscopic anatomy, and botany; and one in surgery, medicine, and midwifery. A gold medal of the value of £7 is likewise offered in materia medica, medical jurisprudence, and practical chemistry in the ensuing summer session. The students of the physiological and botanical classes are instructed in the use of the microscope, and how to recognise the various animal and vegetable tissues, and fluids.

There is accommodation for residence of students in connection with the institution which will accommodate at least 40 students.

The fees payable for the privilege of residence are from £7 to £10 the academic year.

The arrangements and cost of maintenance are by a club, voluntarily constituted, and the officers of which are annually elected by the students.

The term of residence is nine months.

Prizes and Exhibitions.—Two Exhibitions of £20 each, and one gold medal of the value of £7, besides two class prizes in each class of the respective value of £3 and £2, for which the examination takes place on the first week in April and the first week of July.

The introductory lecture will be delivered on the 2nd of November, at 3 P.M., by Dr. Lyons.

For further particulars see advertisement.

THE CITY OF DUBLIN HOSPITAL.

This hospital is situated in Upper Baggot-street, about ten minutes' walk from the Royal College of Surgeons and the medical school of Trinity College, and twelve from the Ledwich Schools and the School of the Catholic University. Physicians, surgeons, and assistant-physicians are, with three exceptions, either Professors or Demonstrators in the School of the Royal College of Surgeons in Ireland. The hospital contains 104 beds and accommodates about 800 intern patients annually. There are special wards for ophthalmic diseases, on which subject a special course of lectures is delivered by Dr. Jacob, and for diseases of children. A new wing has been lately opened for the reception of fever and other infectious diseases. The "Purser" Studentship of £20 per annum (with apartments) is obtainable by competitive examinations by all students, and a special certificate is granted. The fees for hospital attendance are—Nine months, £8, 8. Six months, £6, 6s. Summer 3 months, £3, 3s. Perpetual, £21.

For further particulars see advertisement.

THE MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.

Since our last Students' Number, Mr. William Stokes has retired from this hospital, and James W. Stronge, A.M., M.B. Univ., Dublin, L.R.C.S.I., has been elected in his place.

This hospital is situated about a quarter of an hour's walk from the University, and within a few minutes of the College of Surgeons and the Ledwich Schools of Medicine; affords every facility for the treatment and study of disease. Its salubrious position and long established character call for constant admission to its accident, chronic, fever, surgical, and children's wards, which are thus constantly occupied with cases illustrative of medicine and surgery.

Four prizes will be given at the termination of the Winter Course to the best answerers in their respective classes.

The office of Resident Pupil is open to pupils as well as apprentices.

Further particulars, with complete list of physicians and surgeons, will be found in our advertising columns.

ST. VINCENT'S HOSPITAL.

This Hospital was established in 1834 by the Sisters of Charity, some of whom had studied the system of the Parisian Hospitals, after which it was modelled. Dr. O'Ferrall was the original medical officer. The ward for "*Enfans Malades*" is an interesting feature. The hospital has over a hundred beds constantly full, and each sister has charge of about twelve patients. In connection with it a Convalescent Home was established two years since at Stillorgan, and the greatest benefit in the way of rapid recoveries and convalescence after acute attacks has followed. These institutions are wholly supported by voluntary contributions. The clinical instruction in medicine and surgery is given by Dr. O'Ferrall, Dr. Quinlan, Dr. Mapother, Mr. O'Leary, and Dr. Cryan. Prizes are awarded at the end of the Winter Session.

For further particulars see advertisement.

THE ADELAIDE HOSPITAL

Is in Peter-street, next door to the Ledwich School. From the 1st of October, the Physicians and Surgeons will visit the Wards, and give instruction at the bed-side, at the advertised hours, and the course of Clinical Lectures will be commenced in the beginning of November.

For further particulars see advertisement.

SIR PATRICK DUN'S HOSPITAL,

Founded on the endowment of Sir Patrick Dun, and for many years receiving nothing but purely medical cases, has been lately reconstituted as a Medico-Chirurgical Hospital. It is in immediate connection with the School of Physic, and its physicians and surgeons are all professors in that school. The university requires nine months' attendance at this hospital from candidates for the M.B.

Hospital fee for twelve months, including nine months, clinical lectures:—First year, 12 guineas; second year, 9 guineas; third year, 6 guineas.

For further particulurs see advertisement.

THE MATER MISERICORDIÆ HOSPITAL,

Situated in Eccles-street, is a new and handsome building, and, when it is completed, will be one of the finest charitable institutions in Dublin.

Fees.—Nine months, £8 8s.; six months, £6 6s.; three months, £3 3s.

For further particulars see advertisement.

MERCER'S HOSPITAL

Is situated within a few minutes' walk of the Royal College of Surgeons, Ledwich School, Trinity College, and Catholic University School.

Two new wards for the reception of Fever and Contagious Diseases, are now open, in addition to the previous accommodation of the Hospital.

Terms of Attendance.—Six months, Six Guineas; Nine months, Eight Guineas; Perpetual Pupils, £21.

For further particulars see advertisement.

JERVIS-STREET HOSPITAL.

This Hospital is situated in the neighbourhood of the Carmichael and Catholic University Schools, and in a part of the city not otherwise provided with Hospital relief.

For further particulars see advertisement.

ROTUNDO LYING-IN HOSPITAL.

This well-known institution is the largest and oldest maternity hospital in the United Kingdom, and the repute in which it is held attracts students from all parts of the world. It accommodates an average of 1500 intern patients, and is under the care of the master, who is elected every seven years, and two assistant masters, who hold these appointments for three years. The mastership is at present held by Dr. Denham, and the assistant masterships by Dr. T. More Madden and Dr. Beatty. A student entering for the practice of the hospital pays a fee of £10, 10s. for six months' practice. During that period he is required to attend at least thirty cases, either within the walls of the hospital or at the homes of patients who may apply for assistance. For this course of study a certificate is given, which is received as a qualification in Midwifery in the public services.

Students are admitted to reside in the hospital, for which they pay a fee of 20 guineas for six months.

THE COOMBE LYING-IN HOSPITAL.

This hospital was founded in 1826, but it was not until 1867 that it was incorporated by Royal Charter, which enables its medical officers to issue Diplomas qualifying the holders to practice Midwifery. By a clause in the charter the Diplomas issued antecedent to its date have been made of equal force and value with those issued subsequent thereto. This hospital divides with the Rotundo, almost the entire of the obstetric hospital practice of Dublin. It is situated in the centre of a district densely populated by the lower orders, and thus affords the amplest opportunities for practice. It accommodates about 600 labour cases within its walls, while those attended as externs amount to nearly double that number. Moreover, the chronic ward for the reception of cases of the diseases of females, gives admission to about eighty patients annually. Its wards are in the charge of Dr. Ringland and Dr. Sawyer, as Masters, and Dr. Roe, as Assistant-master, whilst the chronic ward for the diseases of females is under the charge of Dr. Kidd, the obstetric surgeon of the institution. The fee for attendance is £4, 4s. for six months as extern, and £10, 10s. as intern pupil. During that period the student attends on a given night in each week, or oftener, if circumstances permit, and takes charge in his turn of any cases which may be admitted to the Labour wards, or may call for his assistance outside. In difficult cases he has the superintendence of the resident-medical officer, and of the Masters when necessary. An annual examination is held in May and November, at which prizes of considerable amount are awarded, and certificates of good answering granted. Two paid resident Pupil Midwifery Assistantships are obtainable annually by competitive examination, for which all pupils who have obtained their Midwifery Diploma are eligible.

For further particulars see advertisement.

Provincial Colleges of Ireland.

QUEEN'S COLLEGE, BELFAST.

THE first Matriculation examination will commence on the 22nd October. There will be additional Matriculation Examinations on the 14th November for those who have not been able to present themselves at the first. Lectures will commence on 1st November. No student can be permitted to enter after the 14th November. Two junior scholarships, value £25 each, are awarded to matriculated students commencing the first year of their study. The examination for these will take place immediately after the first Matriculation Examination. Two of similar value to students of the second year, two to students of the third year, and two to students of the fourth year.

For subjects of examination and other information see Queen's College Calendar for 1865. At the termination of the session prizes will be awarded for proficiency in the several classes.

The trustees of the "Charters' Educational Fund" grant annually, for ten years, a sum of £50, for the purpose of establishing an exhibition in connection with the Belfast School of Medicine. The competitive examination for this exhibition will be held at the end of the session, at which all medical students can compete.

Fees.—Practical Chemistry, £3. Anatomy and Physiology, first course, £3; subsequent course, £2. Anatomical Demonstrations and Practical Anatomy, each course, £3; for subjects each session, 15s. Other medical lectures, first course, £2; each subsequent course, £1.

BELFAST GENERAL HOSPITAL.

This Institution is the only Hospital for the reception of Injuries and Surgical Diseases in Belfast, and contains 150 beds.

For further particulars see advertisement.

QUEEN'S COLLEGE, CORK.

MEDICAL SCHOLARSHIPS.

FIRST YEAR—One to the candidate who shall have most distinguished himself at the examination for science scholarships of the first year in Arts, and one to the candidate who shall have most distinguished himself at the examination for literary scholarships of the first year in Arts. Candidates for these scholarships shall have previously declared themselves, and have matriculated as medical students.

Subjects for the Second Year—Anatomy and Physiology, Chemistry, General Physics, Zoology and Botany, the French language.

Subjects for Third Year—Anatomy and Physiology, Practical Anatomy, Materia Medica, Practical Chemistry.

Subjects for Fourth Year—Anatomy and Physiology, Practical Anatomy, Therapeutics, Pathology and Morbid Anatomy, Surgery, Midwifery.

The fees, whether matriculated or non-matriculated, for attendance on lectures, are £1 for each course, when attended for the first time, and £1 for each re-attendance on the same; except that the fee for Anatomy and Physiology shall be £3 when attended for the first time, and £2 for every subsequent attendance; and that for Practical Anatomy or Practical Chemistry shall be £3 for each attendance.

HOSPITAL ATTENDANCE.

South Charitable Infirmary and County of Cork General Hospital.

Physicians.—W. K. Townsend, M.D.; E. R. Townsend, Jun. A.B.M.D.

Surgeons.—W. K. Tanner, M.D.; T. Gregg, M.D.; T. Curtiss, L.R.C.S.I.

North Charitable Infirmary and City of Cork General Hospital.

Physicians.—E. Finn, A.M., M.D.; John Popham, A.M., M.B.; P. Goolding, M.D.

Surgeons.—Samuel Hobart, M.D., T. C. Shinkwin, M.D.; N. Y. Hobart, M.D.

Fees for six months, £5, 5s., and for twelve months, £8, 8s.

For further particulars see advertisement.

QUEEN'S COLLEGE, GALWAY.

FACULTY OF MEDICINE.

The College Session.

THE College Session is divided into three Terms. The First Term commences October 15, and ends December 23, 1867.

Matriculation.

The Matriculation Examination is held at the commencement of the first Term; but additional Examinations are held before the close of the Term. The last Matriculation Examination is held on the 15th November. Each candidate before being admitted to Examination, must pay a fee of ten shillings, which will be returned to such as fail to pass.

Attendance on Lectures.

All Students shall pay the College Fee, and a moiety of their Class Fees, and enter their names with the Registrar, before they are admitted to the classes of the several Professors. No Student shall have his name replaced on the rolls at the second Term who has not paid the second moiety of his Class Fees. No Student shall be regarded as having kept a Course of Lectures who has not attended two-thirds of the entire number.

Examinations.

A Sessional Examination is held at the close of each Session in the subjects of Lectures. There is also a Supplementary Examination on the same subjects at the commencement of the following Session.

Scholarships.

Eight Junior Scholarships, of the value of £25 each, are awarded to Students pursuing the Course for the Degree of M.D. The Examinations for Junior Scholarships are held at the commencement of the First Term. Junior Scholars are exempted from one moiety of the Class Fees. The College is empowered to award Exhibitions, varying in value from £10 to £18, at the same Examinations as the Scholarships, and to be held upon the same terms.

For further particulars see advertisement.

MEDICAL EDUCATION.

WE are reluctantly compelled to omit from our Students' Number extracts from the Carmichael Prize Essays of Dr. Mapother and Dr. Ashe, which we had hoped to have laid before our student readers. In their absence we can but advise our readers to refer to the Essays themselves, the contents of which will be found advertised in another part of our issue.

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Those Gentlemen who have so kindly forwarded us information and corrections, will please receive our best thanks.

Several Original Papers, Correspondence, Hospital Reports, Notices of Books, and other matter, must unavoidably stand over.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 23, 1868.

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Lecture.

LECTURES ON VENEREAL DISEASES

DELIVERED IN

DR. STEEVENS' HOSPITAL.

LECTURE IV.

By ROBERT McDONNELL, M.D., F.R.S.,

ONE OF THE SURGEONS TO STEEVENS' HOSPITAL.

(Continued from page 237.)

I APPROACH the subject of the use of mercury with some diffidence, not because I have not made up my mind upon this point, but because I feel that I cannot convey to you my convictions upon this important subject. My convictions are founded upon facts and observations witnessed by myself. You have merely my testimony, and you have on the other side the testimony of persons quite as trustworthy, and as anxious to teach what they believe to be true. You are placed in the centre of a dilemma; you can only get out of it by keeping your eyes open and observing for yourselves: observing cases not for a few weeks or months as you usually see them in hospital, but for years; observing in short such cases (as everyone has some opportunity of watching) as are likely to come in your way again and again through life, and noting whether those treated by mercury are, after two, three, four, or five years, *better men* than those treated without it.

My experience has led me to assume these two propositions as true—

1st. Upon most men mercury acts in a way very detrimental to the constitution.

2nd. In the majority of cases true syphilis can be cured without it.

Hence it follows that I have recourse to mercurials as little as possible.

Now, gentlemen, as regards the first of these propositions, I am aware that you will find many persons, who have used mercury a good deal in their practice, who will assure you that it does no harm. That is not my experience. Let me call some witnesses, whose evidence will weigh with you as though it were given on oath from the witness-box:—

Sir Astley Cooper—"It is lamentable to think on the number of lives which must have been destroyed by phthisis and otherwise in consequence of the imprudent administration of mercury which prevailed among the older surgeons. The health of a patient is perhaps irremediably destroyed by this treatment."

"Q. Have you ever been able to trace any connection between the excessive use of mercury and those symptoms which are generally designated tertiary syphilis?

A. (Mr. Hilton)—I have; and I think it is the deterioration of the health by the medicine, and not by the disease: that is my belief.

Q. Have you seen bad effects from pushing the mercurial course too far?

A. (Mr. Paget)—Yes; and I believe the worst thing syphilis can produce is produced with the help of mercury. When the latter is carried too far, or so given as to injure severely the system of the patient, the effects are much worse than would be produced by syphilis if left alone.

Professor Syme, of Edinburgh—I regard mercury, not in all constitutions, but in many, as a poison. A very small quantity may be sufficient for the purpose. I believe that the modified use of mercury has perhaps done more, or as much, harm as the profuse administration of it.

Q. Have you noticed the effects of syphilis on persons in after life, and do you believe, that it tends to depreciate the health in after life?

A. That is a question, I think, of whether it is syphilis or mercury. I shall not say which, but undoubtedly people who have suffered from these two retain through life a peculiarity in appearance and a proclivity to disease very different from their neighbours.

Q. You used mercurials in your practice in early life. Having tested it fairly, were you induced to forego it as an anti-syphilitic agent, and to rely upon simple remedies?

A. Yes. I think that mercury frequently relieves the existing symptoms of the disease, but it seems to have an effect upon the constitution which exposes the patient to some subsequent attack in a more aggravated form."—*Vide Report of Venereal Committee.*

I think, gentlemen of the jury, I need call no more witnesses to prove that mercury is a rather dangerous weapon to handle: that he who would not "push it too far" had better not use it at all in cases of "vérole faible"—in cases which can certainly be cured without it.

Mercurials used in the treatment of syphilitic, as well as other maladies, are sometimes given as alteratives—that is, in the hope of putting the patient in a better condition of health, but without producing any marked mercurial effects. Sometimes they are given with the intention of producing in a more or less decided degree the peculiar effects known as mercurialization.

Besides these effects, it appears to me that some mercurial applications are only local in their effects. These actions of different mercurials, or of mercurials used in different methods, must be carefully discriminated from each other. To one of them only can we assign any of that influence which has been called, and is still regarded by many, as specific.

I have stated in a former lecture that I have never known anything like constitutional mercurial action from the use of calomel ointment; yet this is a very useful ointment in many skin affections—syphilitic and other; its action seems to be local. Citrine ointment may also be used, more or less diluted, and rubbed extensively over the body. I think it is of real service in clearing away various eruptions, but I have never known it produce any affection of the gums. The ointment of the red iodide of mercury, so useful in lupoid ulcerations, also appears to have only a local action.

Extensive condylomata, by cleanliness and dusting the surface with powdered calomel, are quickly cured; yet, here also, there seems to be nothing more than a local effect. Possibly the sublimed calomel of the calomel vapour-bath, on which I have already given my opinion, may have some similar local effect.

Administered as an alterative, many mercurials are given internally at considerable intervals, sometimes combined with aperients, or more frequently and in small doses.

Corrosive sublimate is much used in this way. It forms the mercurial ingredient in the pill of Dupuytren,[1] the liquor of Van-Swieten,[2] and the decoction of Zittman.[3] In the treatment known in Germany as the Dzondi method, the same preparation is used, but is rapidly increased in quantity. Thus, twelve grains of the sublimate are made into 240 pills. Four pills are given the first day, and every second day they are increased by two, until it becomes thirty a day.

Of Zittman's decoction the mercurial action is certainly nothing more than alterative. Although it is calomel which is used in making it, yet the prolonged boiling with the other ingredients causes a small quantity of this to be dissolved in the form—as I am told by Dr. E. Davy, who examined it for me—of corrosive sublimate.

I have seen very good effects from the so-called Zittman treatment. Mr. Erasmus Wilson speaks very highly of it. His evidence, in answer to the Venereal Committee, is as follows :—

"Q. Have you any experience of the Zittman treatment ?

A. Yes.

Q. What is the result of your observations upon that?

A. The result is that a patient with the very worst form of syphilis, the most irritable form in which mercury cannot be given, seems to be entirely cured at the end of ten days.

Q. You say "seems to be ?"

A. I would say cured, because I have known instances in which the disease has never returned. Sometimes it is necessary to repeat the Zittman treatment a second or third time after an interval of some months."

The exact decoctions, according to Zittman's formulæ, are so troublesome to prepare that I have adopted the following, in imitation, as being more convenient :—

℞ Extracti sarsæ liquidi, ℥ij.
Syrupi sennæ, ℥i.
Anisi essentiæ, ℥ij.
Extracti glycerrhizæ, ʒi.
Aquæ fœniculi, ad. ʒviij.
M. Bene, fiat mistura.
Mark No. 1.

℞ Aluminis, ʒss.
Corrosivi sublimati, gr. ij.
Glycerini, ℥j.
Aquæ, ad. ℥iij.
M. et solve.
Mark No. 2.

We begin on the first day with a purge of compound colocynth pill.

Every morning the patient takes, in half a pint of hot water, one tablespoonful of No. 1 and one teaspoonful of No. 2 bottle.

In the afternoon he takes, in one pint of cold water, half a tablespoonful of No. 1 and one teaspoonful of No. 2 bottle.

In the evening he takes the same dose as in the morning, but cold.

He keeps his bed and continues this treatment for four days ; on the fifth he takes only another purge ; then recommences for four days more as at first, and again on the fifth another purge.

Treatment is then stopped for one week, at the end of which time it is again resumed, if necessary.

The patient should, during treatment, remain in bed, and make no unnecessary exertion. He is allowed a cup of tea and dry toast for breakfast; the same in the evening; a cutlet or mutton chop, with a little vegetable and bread, for dinner.

Mr. Erasmus Wilson says that he has found persons so fascinated by this mode of treatment that they have put themselves under it without his knowing anything about it, and that in very bad cases indeed.

It owes its merits to its sweating, purging, and diuretic action; and certainly does not debilitate at all so much as one might expect.

As regards the administration of mercury given with the intention of producing marked mercurial effects on the system, the world has seen divers methods. In the good old times there was "the great mercurial unction," and "the mild mercurial unction." You should read Astruc's account of these, written something more than a century ago. He says—"1st. Of the great mercurial unction."

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[1] Formula for Dupuytren's pill :—
R. Corrosivi sublimati, gr. 1-5th or ¼.
Extracti opii aquosi, gr. ¼ or ½.
Guiaci resinæ, gr. iv.
M. Fiat pilula.

[2] Formula for the liquor of Van Swieten :—
R. Corrosivi sublimati, gr. viij.
Spiritus rectificati, ℥iss.
Aquæ distillatæ, ℥xivss.
M. From two to four drachms daily, divided into three or four doses, and given in milk or decoction of sarsaparilla, with some syrup of poppies, if it causes any pain in the bowels.

[3]. Formula for "Zittman's decoction" :—

DECOCTION NO. 1.

R. Radicis Sarsæ, ℥xij.
Aquæ, lb. xxiv.

Boil for a quarter of an hour, and add the three following substances tied up in a muslin bag :—
Aluminis, ℥iss.
Calomelanos, ℥ss.
Hydrargyri sulphureti, ʒi.
(Cinnabar.)

Boil until the whole is reduced one-third, and add—
Fol. sennæ, ℥iij.
Rad. glycerrhizæ, ℥j.
Anisi seminum.
Fœniculi fructus, aa., ℥ss.

Infuse for a few minutes, and strain.

This decoction is called the "strong decoction."

DECOCTION NO. 2.

Add to the residue of No. 1 decoction—
Radicis sarsæ, ℥ij.
Aquæ, lbs. xxiv.

Boil and add—
Limonis cort.
Cannellæ albæ cort.
Cardamomi seminum.
Rad. glycerrhizæ, aa., ʒiij.

Infuse for a few minutes, and strain.

This is called the "weak decoction."

The first day the patient takes a purge ; every morning he takes half a pint of decoction No. 1 ; he drinks it hot and remains in bed. In the afternoon he takes a pint of decoction No. 2, and in the evening half a pint of decoction No. 1 ; these doses are taken cold.

He continues this for four days, and on the fifth takes another purge ; then resumes the decoctions as before for four days, and follows on the fifth with another purge.

After a week of repose this treatment is again resumed, if necessary.

During the treatment a strict regimen is enforced.

"A full regular spitting being once raised, the second stage of the cure commences, of which we shall now speak.

"We call that a full regular spitting in which a thick, tenacious, viscid, and pituitary saliva flows out of the mouth to the quantity of five or six pints in twenty-four hours. But I would not be understood to mean this at the beginning or at the end of a salivation, when the spitting is not in so great plenty, but at the height of the ptyalism, when I think the regular discharge ought to be from three to six pints. If the discharge is less than three pints it will be too small and not conquer the disease, unless it be continued beyond the usual number of days. If it exceeds the bounds of six pints it will be too violent, and not to be borne by the patient for a sufficient time to get the better of the distemper. If the ptyalism keeps within due bounds it is neither to be encouraged or restrained, but to be kept to the same height for fifteen, eighteen, twenty or twenty-five days, as it shall be more or less plentiful."

2ndly, of the gentler method of mercurial unction:—

"Whereby the disease is cured by a very gentle salivation; you should proceed slowly and cautiously through the whole course of the cure, with gentle unctions used at due intervals, taking care that no bad accident may happen by the bringing on a violent and too precipitate ptyalism. But if you find it necessary the dose of ointment may be increased, or the intervals between the frictions shortened in such a manner that after the fourth or fifth friction a salivation may be raised, not a precipitate tumultuous one, bringing on a sudden swelling upon the face, head, and neck, inflammatory, burning, ulcerous, irrestrainable, immoderate, in which the discharge of saliva amounts every day to eight, nine, or ten pints—such a one as is frequently produced by the greater method of unction, by which many patients are suffocated, and most are brought into manifest danger of their lives; but, on the contrary, a slow, gentle spitting, easy to be managed, attended with no swelling of the head, a very gentle inflammation, and a moderate discharge, which never exceeds the quantity of a pint or two in every four-and-twenty hours. The spitting is kept up to the same height during the whole course of the cure."

Some highly esteemed practitioners in the present day have recourse to treatment which is virtually the same as Astruc's milder unction; they would hesitate to use such plain and vigorous language in describing it, but, effectively, it is the same. The system of Ricord is, however, now-a-days, more the fashion.

Ricord adopts a less severe but much more prolonged method of exhibiting mercury. When the chancre is indurated he gives it from the first, and prefers its internal administration; when this is inadmissible he employs inunction or fumigation. He does not desire to salivate, but continues the mercurial treatment for months, stopping it for a time if salivation comes on, and arresting this with chlorate of potash, given in doses of from 40 to 60 grains a-day. The mercurial course is followed by one not quite so long of iodide of potassium, in doses of from 20 to 60 grains a-day.

Some persons agree with Mr. Syme in thinking that the tedious process of introducing mercury into the system adopted by Ricord and his followers injures the constitution as much, if not more, than the short, sharp, and decisive salivation of Astruc and his school.

I have myself seen several cases in which, unintentionally or by accident, a "full regular spitting was raised," producing a marvellous effect upon symptoms which seemed only aggravated by the milder method.

A female convict, under the care of the late Dr. Banon, was a victim to aggravated syphilis. She had, among other symptoms, an extensive and painful ulceration of the perinæum, engaging the fourchette and verge of the anus. During three weeks she had taken iodide of mercury with opium; her gums were sore. When she came under my care she had mercurial diarrhœa, and the sore was very irritable; she shrieked with pain when the dressing was removed from the ulcer, so exquisitely sensitive were some portions of its edge; it showed no sign of healing. In short, as Dr. Banon admitted, it had made no progress for some weeks. This patient was ordered an enema of starch and laudanum, and black-wash for the sore. By a mistake on the part of the attendant, the black-wash was thrown into the rectum along with the enema. The result was a profuse hyper-salivation, and as if by magic the ulcer healed, and remained healed.

I have said that I have seen several cases like this. I recollect M. Paget mentioning to me a case like the foregoing, which by a somewhat similar accident had occurred in his practice; I have also seen cases in which there was no reason to suspect any syphilitic taint where an unintentional hyper-salivation produced great and prompt benefit.

A woman was extensively scalded in the back and shoulder, after the sloughs had separated, a large and exquisitely irritable ulcer remained; exuberant flabby granulations rose from its surface; it was directed to be dressed with black-wash; after some days of this application, to so large a surface, the patient was found to be profusely salivated. At once the entire character of the granulations altered, the sensibility diminished, and the ulcer healed rapidly.

I learned that some months before, this patient had been mercurialized for an injury to her eye; she denied ever having had syphilis; was married to a respectable man, and was the mother of three healthy children.

Such cases are instructive; yet we should not think of adopting the practice of salivation for ulcers resulting from burns; no more should I advocate a return to the method of Astruc for treating venereal ulcers.

Some one of you has asked me this very practical question: how do the bulk of practitioners in the present day treat venereal ulcers on the genital organs? Now, this question embraces all sorts of sores, both simple and syphilitic, and I think I may answer it in a double fashion.

1st. I may speak for the mass of practitioners spread over the length and breadth of the land. 2nd. For those who, in large cities, connected possibly with medical schools and hospitals, or as specialists, may be supposed to be on the whole more intimately acquainted with the subject.

From my own experience, I unhesitatingly say that the first class, as a rule, give mercury in some form in the treatment of all venereal ulcers. This is not to be wondered at; the great mass of practitioners carry through life much of what they picked up as students; they follow the dicta of their most respected masters, hence we see the practice of such a man as Colles living long after him; lasting in fact longer than it would, had he lived to modify it according as advancing science shed more light upon the subject. Even the illustrious Colles could not know what was not known in his time; viz.—that the simple and syphilitic sore are quite distinct; that the former is much the commonest, and does not need mercury either to cure it or to prevent the secondary affections, which under no circumstances would succeed to it. He, as a rule, gave mercury to all, so do his pupils, and they still fancy that they are in many cases preventing the occurrence of constitutional symptoms, when in reality it is the nature of the disease that no such symptoms ever follow it. They do what we are all prone to do, they attribute to the action of their mercurial course what is really simply due to the non-infecting character of the complaint. But, gentlemen (setting aside my own personal views), I think that it is to the practice of the second class that you should look for the real answer to the question; to the practice of those whose position makes it, in fact, necessary for them to be acquainted with the teachings of modern science on this subject. Now, perhaps, the best reply I can give to this question is again to call some witnesses from among those examined before the Venereal Committee, and letting them speak to you for themselves.

Let me first call Thomas Byrne, Esq., F.R.C.S.I., a gentleman whose name is well-known to you, and who has had the vast experience, arising from over 32 years connection with the Westmoreland Lock Hospital in this city.

"Q. Do you employ mercury in the treatment of both sores?

A. I never use it for the soft sore.

Q. Do you give mercury in every case of indurated chancre?

A. I do.

2nd. William Acton, Esq., formerly extern to the Venereal Hospital in Paris, and who may be taken as representing the views of the school of M. Ricord.

Q. Do you give mercury for primary sores?

A. When I have well ascertained that a sore is an indurated chancre I do immediately.

3rd. George Busk, Esq., F.R.S., surgeon to the *Dreadnought* hospital ship.

Q. Do you ever treat the primary sore with mercury?

A. Yes; at any rate, all indurated sores.

4th. Victor De Meric, Esq., Surgeon to the Royal Free Hospital.

Q. Do you treat the primary sore with mercury?

A. I treat the primary indurated sore with mercury. I do not wait until the so-called secondaries have appeared.

5th. Langston Parker, Esq., Surgeon to the Queen's Hospital, Birmingham :—

I should abolish the treatment of a soft chancre by mercury altogether as a rule. In a sore specifically indurated I should give mercury with one object, not to prevent the secondary taint which should follow, but to heal the ulcer itself, which will not heal sometimes without mercury.

6th. Jonathan Hutchinson, Esq., Surgeon to the London Hospital.

Q. I believe you do not treat the primary sores with mercury?

A. The indurated sores I do.

Q. But not the soft sores?

A. No.

Q. Do you treat the indurated sore invariably with mercury?

A. I do. I may state that I treated for two years, at the Metropolitan Free Hospital, all indurated sores without mercury; for the sake of the experiment I systematically desisted from the use of it, but I have now gone back to the use of mercury. I now always prescribe it for a primary indurated sore.

7th. Sir William Ferguson, Bart., F.R.S., Professor of Surgery and Surgeon to King's College Hospital.

Q. How do you treat the common soft sore?

A. With plain water, a bit of lint and water locally applied, a little attention to the general health, keeping the bowels regular, and the skin in correct condition, also paying attention to the habits of the patient and the diet.

Q. How do you treat the primary hard sore which we should all deem to be syphilitic?

A. I would still, whatever sore it might be, go on with the water dressing, until I saw that the hardness was fairly developed; after that, if I had not already used any specific remedy (that is to say, a remedy to have a specific effect on the constitution, such as blue pill in moderate quantities, or iodide of potassium), I would then begin one or other of these. I should very likely start with a little blue pill, thinking that it would probably put the patient into a better state of health, and I should proceed moderately with that, using it as an alterative and not with a view of producing any very marked effects of mercury. If I were satisfied that the patient were in a better condition and in good health, with the exception of the sore, I should not use this remedy long, but very likely administer iodide of potassium, sarsaparilla, or some other agent that would have a beneficial effect on the system.

8th. James Paget, Esq., F.R.S., Surgeon to St. Bartholomew's Hospital.

Q. Do you use mercury largely in the treatment of primary sores, taking first the soft sore?

A. Never in the soft sore, unless I found after a long time that all other means failed, and I thought that I had made a mistake with a primary hard sore; then, assuming the condition of the patient to be such as would fairly bear a careful use of mercury, I should always give it."

You will naturally attribute much weight to the testimony of such witnesses. You perceive that there is considerable unanimity among them; they all attach great importance to the hardness—this symptom is that which determines mercurial treatment. The simple venereal sore they cure without it. Syphilitic sores, without hardness, they deal with on expectant principles.

A few practitioners of note, as Mr. Erichsen, give mercury for both sores. He says, "Both in the soft and hard sores I give mercury." But we have to set against such persons the highly valuable testimony of some of the most distinguished of our military surgeons, whose peculiarly extensive opportunities of studying accurately these complaints, gives much authority to their evidence.

9th. "Thomas Longmore, Esq., Professor of Military Surgery at the Army Medical School, Netley.

Q. Including the entire class of cases based on deposit more or less hard, do you, as a rule, employ mercury, either local or through the constitution, for the primary treatment of the sores?

A. Not for the primary treatment; I have given up that for years.

Q. What is your reason for relinquishing it?

A. It is, that I have been taught by experience not to believe that the development of secondary symptoms is prevented by giving mercury, and my impression is that the secondary symptoms are more tractable, if it be not given for the treatment of the primary sore.

10th. George E. Blenkins, Esq., Surgeon-Major Grenadier Guards.

Q. I think you stated that you did not treat either the primary or secondary manifestations of the disease with mercury?

A. For the last 26 years I have not done so. For the first year of my experience in the Guards I adopted the same practice that I found every one else pursuing to a large extent, but I saw so many bad forms of the so-called tertiary syphilis where the bones became carious, that I was inclined to follow the treatment that I heard had been pursued in the army before Sir James M'Gregor's cases were made known. Ever since that period, 26 years ago, I have adopted that plan rigidly, and have never swerved from it, although it has been attempted to laugh me out of it, and I have been almost told that I have been doing what was incorrect. But I have invariably pursued one system of treatment, and I am perfectly satisfied that in the long run I have been the gainer, and the patient too.

11th. Dr. Jeffery Marston, Assistant-Surgeon Royal Artillery, Portsmouth.

Q. Do you consider it necessary to give mercury in all cases of primary sores based on thickening or induration?

A. No.

Q. Do you observe that the administration of mercury has an effect on the period required for the healing of the primary sore?

A. In some cases it has, but sores often heal by local remedies only.

Q. You cannot lay down a rule as to the administration of mercury?

A. No. There are many things to be taken into consideration. I do not now commonly give mercury in the primary stage unless the induration be dense or large."

I feel justified, therefore, upon the whole, in stating in answer to the question which I have been asked, that the vast majority of well-informed practitioners in the present day do not give mercury until they are certain that the case is one of true constitutional syphilis.

All doubtful cases are watched; they are treated with simple measures and surveillance.

I have already said that the hardness is an important but by no means absolutely constant symptom of a syphilitic sore; when it does occur it is regarded by most practitioners as the first proof that the case is one of constitutional syphilis. They wait, however, until this or some other unmistakable symptom leaves no doubt that the case is one of constitutional disease ; then, and not till then, do they give mercury. To use a homely phrase, they do not take off their hats to the devil, until they are quite certain that he has come in sight. A few like M. Diday, and I may say myself, if his highness keeps at a distance (only appearing in the form of a " vérole faible"), forego the honour of saluting him, even although we may catch a glimpse of his formidable person. While one or two staunch heroes like Mr. Blenkins sternly refuse to pay their homage under any circumstances.

Such is, I believe, a true statement of the actual practice of the present time as regards the use of mercury.

You will perceive, gentlemen, at a glance, that since the close of the last century, king mercury has lost much of his temporal power. He then with the aid of a great Lieutenant-General John Hunter ruled despotically over three races. A great territory, a land flowing—but not with milk and honey—the land of gonorrhœa was beneath his sway. The rest of his people, although as different in race as the Christian from the Jew, dwelt together, as we may say, in the same cities and bowed beneath his sceptre. " Chancrelles" and " chancres" alike submitted to him.

The first revolution deprived him for ever of gonorrhœaland. The second was the revolt of the chancrelles ; this was headed by the Garibaldi of venereal revolutions, the illustrious Ricord, who in his earlier days had struck the last blows which had liberated gonorrhœa from the yoke of the tyrant. This second revolution may now be said to be accomplished. Ricord has won the freedom of the chancrelles. The mercurial despot of former times is now reduced to the condition (pardon me for saying it) of a *constitutional* sovereign ; he reigns only over the true chancres ; even among these there is an agitation going on, and a popular demagogue with wonderful powers as a " mob orator," named Paul Diday, bids fair to gain great privileges if not absolute manumission for the section known as the " Véroles Faibles."

In medicine, as in politics, there are party struggles, defeats, and victories ; we have our conservatives and our reformers, those who look always back to the " good old times," fearing changes and shaking their heads at any departure from ancient rules of practice, those who are prone, too prone, perhaps, to adopt new ideas, and turn their backs on what time and experience has sanctified.

Between the two we make progress. Syphilis is a subject which has drawn to itself the attention and study of some of the greatest minds the world has ever produced : that our knowledge of it has advanced so slowly is the surest proof of what difficulties and obscurities surround it. He who has done ought to penetrate this obscurity ; to let into the darkened chamber one ray of light, so as to give the physician armed with a club a better chance of striking the disease and avoiding nature, has achieved much for mankind. Among these it is with pardonable national vanity, that I point to Colles, Carmichael, and Wallace.

Original Communications.

MORBID CONDITIONS OF THE THROAT IN THEIR RELATION TO PULMONARY CONSUMPTION : THEIR DIAGNOSIS AND TREATMENT.

By S. SCOTT ALISON, M.D. Edin.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, LONDON, AND PHYSICIAN TO THE HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, BROMPTON, AND THE SCOTTISH HOSPITAL.

No. VII.

The treatment of throat disorders simulating pulmonary consumption, although properly a secondary object in a paper more particularly devoted to diagnosis, deserves some notice here. It may be observed generally that the treatment of cases of simulated consumption when judiciously suited to the various conditions, both local and constitutional, which are present, is remarkable for its very happy results. The general health is restored, and the local sufferings are, in the majority of cases, speedily mitigated and ultimately abated.

The plan of treatment, or *ratio medendi*, may be divided in most cases into three parts—1st., that directed to the remedying of the general effects of the local disease upon the body ; 2nd, that directed to the correction of the associated morbid habits of body, or cachexiæ, which frequently prevail in such cases, and play an important part in the origin of the local disorders, and in their persistence; and 3rd, that pointed to the local management of the throat disorders.

On all these heads a few words may be usefully expended. Local treatment alone in some cases is nearly all that is required ; treatment directed to the correction of taint is the paramount consideration in some cases, such as the scrofulous and the syphilitic, and the constitutional treatment for the correction of grave injuries of the general health is a leading demand in cases of throat diseases of long standing, that have been misunderstood, and that have given rise in the mind of the patient to grave alarm lest the loss of life should be the result.

The local treatment which I have found useful in disorders of the throat simulating pulmonary consumption, includes surgical means, the direct application of various agents in the solid form, in the liquid form, in the form of vapour and spray, the application of galvanism, of heat and cold, and the external use of liniments and fomentations and other means.

The surgical interference which I have found to be most useful has included the excision of the enlarged and over-active tonsil by the scalpel or the guillotine ; the scarification of the tonsils in minor cases ; the scarification of the pharynx and the amputation of the over-vascular and elongated uvula. These operations have frequently proved the effective means of at once bringing about a cure of the suspected disease of the lungs, and a total and immediate removal of all the symptoms which have annoyed and alarmed the patient.

The application of solids to the morbid parts of the upper air-tube apparatus has been most useful in the treatment of the cases of throat disorders simulating pulmonary consumption. In old standing cases of enlarged tonsil, in chronic pharyngitis with enlarged glandules, associated with morbid and excessive secretions, the application of the solid nitrate of silver has proved of immense service. It has also proved of great value when the uvula has been found long, large, and flabby.

The exhibition of troches, containing respectively tannic acid, bismuth, and chlorate of potash has been found very serviceable. In cases of relaxation, with flabby conditions and with excessive secretion, the tannic acid lozenge has done great service. When there has been a fair amount of secretion, or a little excess, with nervous irritation and tickling sensation, the bismuth lozenge has given good results ; and when there has been hypertrophy, with congestive action, over-vascularity, and reduced secretions, the chlorate of potash lozenge has rendered pre-eminent service. Morphia and opium, which are frequently prescribed in throat disorders, I have not employed in the cases under consideration, for these agents are calculated to impair digestion and the nutritive functions already frequently in fault, and when given in the shape of lozenge are liable to be taken in dangerous excess. I deprecate the use of such important medicines in so familiar a form as a lozenge. The gum and the tragacanth lozenge are safe, and may be given almost *ad libitum* in cases marked with constant irritative hemming ; they are perfectly safe in the hands of the patient. Perhaps it is not trifling to say that, the various preparations of chocolate have been at once grateful to the patient, sedative and nutritious. The lozenge of the French Company, to be obtained of Fortnam and Mason, Piccadilly, is worthy of recommendation.

Agents in the liquid form have been found very serviceable. These have been employed, firstly, in the form of gargle; secondly, they have been taken into the mouth and slowly swallowed; and, thirdly, they have been applied by means of brushes and sponges. Gargles of chlorate of potash and borate of soda have proved of great use. They have imparted a healthy action to weakly congested tonsils and to the pharynx, and have promoted the healthy secretions of these parts. Gargles of tannic acid, of oak-bark decoction, of hydrochloric, and of sulphuric acid, have given tone to the parts affected with old standing congestion, with over secretion, and with varicose veins. Gargles of honey and acetic acid, and of honey and citric acid, or lemon juice, have also proved of use in promoting tone and healthy secretion, as well as in allaying over sensibility, and they have this negative advantage, that they may be used pretty largely without any injury or the risk of injury even with young patients. I have found them perfectly innocent.

Linct, usually composed of medical agents of an innocent nature, and of treacle, or honey, or sugar, are frequently found of use; they have proved of decided service in many cases treated by myself. In this form the agent is applied for some time to the parts and ultmately allowed to pass down the œsophagus. The most useful has been composed of nitric acid, sulphuric acid, acetic acid, and phosphoric acid.

Glycerin, used after this fashion, has proved of great use in many cases marked with sense of dryness and tickling. Oil, employed in the same manner, is useful, and it may be sometimes advantageously conjoined with honey.

Solutions of many agents, and liquids have been largely and beneficially employed by myself in cases of throat disease, simulating pulmonary consumption, applied by means of sponges and brushes. The sponge has been fixed, as usual, to the end of a whalebone-stem, variously bent, and the brushes have been of various sizes, generally large, and having handles bent so as to reach, conveniently, the parts most affected. The brushes have been generally composed of camel-hair, but a very useful brush, remarkable for cleanliness, is made of spun-glass, and may be procured of our best chemists.

The familiar solution of nitrate of silver, long applied in this manner by the profession, has afforded to my patients great alleviation of irritation and congestive action, and has imparted a healthier condition to the morbid parts. In the same manner, the solution of bichloride of mercury has been used, especially in syphilitic cases. In my little work on the Medication of the Larynx and Trachea, published in 1853, I recommended the application, in this fashion, of oil, glycerin, cod liver oil, mucilage, and some active agents, and I have found their employment, in the class of cases under consideration, very useful.

Inhalations have been largely employed in the treatment of cases of throat disease simulating pulmonary consumption coming under my care, and they have proved of great service when the disorder has been seated low down in the trachea.

The vapour of hot water, perhaps, has been the most generally useful of all the inhalations which I have employed. It has been in cases of constriction or coarctation of the trachea, deficient secretions and moderate spasmodic action, that this form of application has been most serviceable. The vapour has been clearly inhaled through various inhalers, such as those of Nelson, Edwards, and Maw, but I have found excellent results from the employment of a common earthenware jug with a narrow mouth covered with a handkerchief of muslin or cambric.

The inhalations of chloric ether, conium, hops, as prescribed in the Pharmacopœia of the Consumption Hospital, Brompton, have been most useful when irritant spasmodic action has suggested the use of sedatives. The inhalation of camphor with the vapour of hot water has been found of use when moderate stimulation has been indicated.

The inhalation of the vapour of some hot mineral waters chiefly sulphureous, is calculated to be useful in some cases. Sprays have also proved of great use in cases of disease situated low down. The agents I have employed have been solutions of nitrate of silver, tannic acid and acetate of lead. The instruments employed have been those of Biegele.

The spray of sea-water, as naturally found in the atmosphere of the coast in stormy weather, has proved of use in some cases of throat disease marked by atony in debilitated and scrofulous patients. The spray of mineral waters has likewise proved of use in some cases. The sulphureous waters have been useful in this way.

Galvanism applied to the larynx and trachea has proved of some advantage, but chiefly in cases of atony of the muscles of the larynx, and attended with moderate aphonia, and free from ulceration, in hysterical girls.

I cannot say that the results have in general been equal to the expectations of patients, but sudden cases do occasionally occur.

The instruments best suited for the application of galvanism, are those of Dr. Morell Mackenzie; it is with his instruments that I am most conversant.

The management of the trachea and larynx in vocal and respiratory exertions is not to be disregarded in the treatment of throat affections. Hurried respiratory efforts are generally to be avoided, loud and protracted and rapid speaking is usually hurtful, and singing particularly at a high pitch is often highly injurious.

Besides the application of agents directly made to the interior of the throat, &c., I have largely employed agents addressed to the exterior, and this branch of treatment is one of very considerable importance, and will in practice prove a valuable co-operative agency in the treatment, and should not be lost sight of by the practitioners.

When the disorder of the throat has given signs of activity with congestion and swelling, together with a reduced amount of secretion, the local application of fomentations prove useful. I have largely employed them in such affections, more particularly when developed in the larynx, the narrows, or angustiæ of the trachea, and at its bifurcation. The linseed cataplasm has given relief, and this may sometimes be the most available means, but it has the disadvantage of weight, and unless covered up with flannel is, in this climate, particularly in winter, liable to become soon cold. The fomentation of sporigo piline made to fit to the front of the neck, and it may be to the upper part of the chest at the sternum, is more convenient, and may be kept applied for almost any length of time. I have found the very greatest advantage from this application. When a little stimulation of the skin is desired, the hot water in which the sporigo piline is to be soaked may be faintly coloured with mustard flour, a small teaspoonful of the flour being added, say to half a pint of water. With children such a stimulant must not be applied too strong or for a length of time, and diligent attention is necessary with this as with everything relating to the medical treatment of young subjects.

Blisters applied to the throat have been generally condemned by the profession on account of the danger of inflammatory action caused by the application spreading to the interior of the air-tube. I have not employed them nearer than the upper part of the sternum. At that part a small blister, the size of a crown piece, in the case of adults, and of a shilling in the case of children, applied for an hour or two, has done good service in obstinate cases of vascular over-action of the narrows of the trachea.

Some degree of counter-irritation of the neck and of the upper sternal region, I generally employ in *all* cases of serious implication of the throat, whether merely simulating consumption or accompanying it, except in the dying state. I generally paint with iodine on either side of the trachea to the extent, in the adult, of an inch in length, and half an inch in breadth, and over a space about the size of a florin at the upper part of the sternum. I avoid painting over the larynx lest chaffing should give rise to sores, which I have sometimes seen produced to a troublesome extent. When the pharynx and tonsils are affected I sometimes paint the nape of the neck to the extent of a florin. The strength of the iodine paint I have employed for adults has been twenty grains to half an ounce of rectified spirits of wine. This produces a sense of heat, a blush around, and a weakly state of the skin some hours after, which continues for days, from a quickened production of the epidermis. The application is renewed in a day or two, according to the effects produced.

For children, the paint should be weaker, and it is desirable to bear in mind that the skin at the front of the neck is more sensitive than the skin at the nape, or at the upper part of the chest.

Liniments, in cases of throat disease, render good service. In cases of general tenderness of the throat, the patient attains relief by the general aid and gentle application of such liniments as those of chloroform and of soap. It is necessary to apply them gently; but they may be freely used as regards space, back and front, and also over the upper part of the chest.

I have found exhausted and dying patients suffering from dysphagia to experience great relief from the chloroform liniment, and indeed it has in some such cases proved the only external breast application that the patient could tolerate.

The mustard liniment of the British Pharmacopœia, applied to the lower part of the neck and over the upper part of the sternum, has produced in some cases immediate and beneficial stimulation of the skin.

The abstraction of blood to a limited extent from the neck or upper part of the chest will only seldom be desirable; but I have met with cases of active congestion of the larynx and trachea simulating, and also accompanying pulmonary consumption, in which the application of leeches has not only appeared to be indicated, but in which the loss of blood through their means has been very useful. It has relieved symptoms immediately, and has appeared to produce that local state of things necessary for the early and full beneficial effect of other means. This application of brushes will be found admissible in cases marked with urgent dyspnœa, hot skin, and full, quickened pulse. I have known the best results to follow the application of one or two leeches to the lower part of the neck or upper part of the chest. A point at the upper part of the sternum is a good one; no risk of inflammatory action of the skin need be apprehended, and the sternum offers a good means of resistance should pressure be required to bring excessive oozing of blood to an end.

The anæmic and scorbutic habit, and the morbid condition, offer, of course, difficulties to this practice; but the sanguine and full habits, on the other hand, give facilities for its adoption.

ARTIFICIAL RESTRAINTS ON POPULATION.

By HENRY MAC CORMAC, M.D.

I cannot enough commend your remarks on this subject in The Medical Press and Circular, of September 2. Until mankind reach a certain pitch of moral elevation and refinement, they seek enjoyment without counting the cost. Nothing, I believe, can be had for which a price has not been paid. If we do not pay the price we must, as defaulting debtors, incur the penalty. Nature, in other words the providence of God, will not remit our indebtedness. The gospel of moral obligation is one which cannot have too many teachers. It extends to all things. It is just as peremptory now as it was in all past times, and will be in all times to come. The world is not over-peopled, and probably will never be so. But many places are relatively over-peopled. Universal self-denial, as adjusted to times and places and circumstances, is incumbent on every one. It is incumbent in thought as it is incumbent in deed. We have only to look around to be made aware of the evils that flow from the violation of the principle. It is conspicuous in others, it is only too obvious among ourselves. I was talking one day, some years back, to a German married lady, who had resided for some time in France. "French women," said she, "have small families." "*Comment,*" said I. "*Elles prennent des precautions,*" was the reply. I did not ask her what the precautions were. But any precautions that impugn the Divine law—the law of purity and truth—will be productive of evil. There can be no violation of this law which is attended with impunity. We might as well, as some one has said, try to cut one end off a stick, as hope for it. There is an immense amount of insane speculation among all classes. There are books extant replete with doctrines, with inculcations which, could they only be carried out, would multiply current disorders a thousand fold. Man is the god of woman's idolatry. And, yet, she should look to a higher worship. When this is realised, woman will cease to be the victim and the plaything of man. She will prove the incitement and the incentive to pure and holy action, instead of its violation. I do not for a moment presume to level imputations against the species at large of either sex. I only desire to advert to infractions when they subsist, I only wish to be understood as speaking of those—whether ourselves or others—who are capable of perpetrating them. And I look upon it as one of the duties of the profession to stand up for honest, truthful speculation, and action conformable.

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Hospital Reports.

DR. STEEVENS' HOSPITAL.

CHRONIC LARYNGITIS : TRACHEOTOMY : RECOVERY.

Under the care of R. L. SWAN, F.R.C.S.I.,

RESIDENT SURGEON, DR STEEVENS' HOSPITAL.

R. P., aged 47, was admitted into hospital, July, 1868. He had been a considerable time suffering from disease of the larynx, presumptively of syphilitic origin, which affection he had contracted ten years ago. He had lately been under the observation of Mr. Wilmot, and during that time coughed up small pieces of cartilage on a few occasions, after which he experienced relief.

On admission, he presented the following symptoms:—General debility indicated by pallor and emaciation; voice hoarse, or sometimes complete aphonia; respiration loud and embarrassed, amounting occasionally to orthopnœa, influenced by changes of weather, and more difficult at night; pain on manipulating the laryngeal region. Paroxysmal attacks of cough frequent, with expectoration of sanguinolent mucus. Lungs healthy, as far as could be determined from the confusion of sounds heard through the stethoscope; percussion natural; no pain in deglutition. Appetite bad; pulse 100; tongue tremulous and furred.

He states that he suffered on one occasion from enlargement and induration of the cervical glands, and nodes on the frontal bone, which subsided under treatment. The neck is short, the shoulders elevated, the cicatrix of an old abscess is visible above the sternum.

Ordered—A small blister on each side of the larynx; bromide of potassium internally. Nutritious diet.

August 10th.—No improvement. Breathing more difficult; nights are spent in a sitting posture without sleep. Ordered mercurial fumigation.

15th.—The fumigation has been repeated, the gums are now slightly affected, but the disease has remained unchecked. It was at this period intended to have a consultation on the following day, as to the propriety of opening the trachea, and giving the larynx rest.

11.30 P.M.—The nurse on duty in the ward came to my residence stating that he was much worse. I then found him in the following alarming condition:—Respiration gasping, loud, and resembling an indistinct whistle; face and trunk covered with a cold sweat; extremities frigid; posture, sitting erect; countenance indicative of the utmost distress. Having made those observations, I determined that relief must be afforded without delay, and so informed him. He immediately acquiesced, and with difficulty stated that as he then was he could not exist ten minutes. Having obtained the assistance of Dr. L'Estrange, Army Medical Staff, now residing in the hospital, and Mr. Rathborne, the diligent dresser on duty, and surrounded the bed with a large screen, I made an incision through the integuments, an inch long, just above the sternum. I here found that owing to the old abscess in this situation, the skin and subcutaneous tissues were condensed, and adherent to each other; the extreme shortness of the neck likewise gave considerable annoyance, and, worse than all, the extension of the neck, which might have counteracted this defect, caused an apparent cessation of respiration, so that I was constrained to relinquish that position. I was now obliged to bend the director, in order to raise the tissues overlying the trachea, which I had soon the pleasure of seeing at the bottom of the wound. Having seized it with a hook, and cut out an oval portion the size of a fourpenny piece, I introduced the double canula. The air was now breathed with great force, for the space of half a minute, and then, at once, an alarming state of collapse ensued. I may, with truth, assert that all the signs of death were preseut. Respiration ceased, the eyes became apparently glazed, and that peculiar appearance so well-known, yet so difficult to describe succinctly, became visible in the countenance. Artificial respiration was immediately vigorously resorted to, and after some time I had the satisfaction of seeing that he breathed again. The paroxysms of cough were at first violent, but soon abated; there was no hæmorrhage of any consequence.

Ordered—Hot jar to the feet and legs; several vessels of boiling water to be placed around the bed, to moisten the air and elevate its temperature; to get a teaspoonful of brandy and water occasionally, and a little warm beef-tea at intervals.

4 A.M.—Feels comfortable; breathing natural; has had some sleep; feet and legs have become warm.

18th.—Removed the tube this morning, and introduced another with a wide and flexible phlange, as I found that the ordinary instrument had a tendency to sink into the incision, and thus cause irritation. During the adjustment of the tube the observation of Majendie was fully borne out. When the curved extremity was directed upwards toward the larynx, violent irritation and coughing was produced; on the contrary, when passed downwards toward the lungs, no uneasiness whatever occurred.

From this period the patient has progressed favourably. Pathognomonic changes are still evidently going on in the larynx, small portions of cartilage having been coughed up on a few occasions.

It is well to mention that he experiences much comfort from the use of a vulcanized gutta-percha tube, which he now wears in preference to a silver one. The appetite is good; the strength improving. He is using a nutritious and tonic *regimen.*

ST. GEORGE'S HOSPITAL.

DR. OGLE'S CASES OF ABDOMINAL TUMOURS.

(Continued from page 230.)

CASE XI.—PECULIAR THICKENING OF THE WALLS OF THE ABDOMEN OWING TO FIBRINOUS EXUDATION BENEATH THE MUCOUS AND SEROUS SURFACES; PLACENTA-LIKE MASS FORMED BY SIMILAR DEPOSIT IN THE GREAT OMENTUM. PERITONITIS; PHTHISIS.

R. B., æt. 35, was admitted February 21, 1855. He said that he had lived freely, and that about five months before admission he became subject to griping pains in the umbilical region, with tenderness over the part. His appetite failed, and he had feeling of weight after eating. There was no swelling about the abdomen, and no vomiting of food, but often violent retching. The tongue was coated; bowels costive. He said he had had but little sleep for three weeks. Under the use of aperients, with hydrocyanic acid and soda, the vomiting was to some degree stayed; but it became worse, attended by more pain in the abdomen; and he had blood-stained muco-purulent expectoration. He got low and weak and desponding. The expectoration, which became profuse, somewhat ceased under the use of acetate of lead and opium. Stimulants were tried, but without effect; he sank, and died March 31st.

Post-mortem examination.—The right pleural cavity was full of yellow fluid, and the pleura puckered and thickened. Both lungs contained miliary scrofulous deposits, and much carbonaceous matter on their surfaces; the latter was quite prominent in places, mapping out the lobules. The heart was natural. On examining the abdomen much yellow fluid existed in the general peritoneal cavity, and the intestines were of a very dark purple (almost black) colour, the various convolutions being adherent to each other by soft fibrin, and looking like the coils of a speckled snake; their surfaces were roughened, and in places had quite a reticulated character, owing to effused fibrin upon them. The great omentum was contracted and drawn up, and reduced to a small placenta-like hard mass. The peritoneum everywhere was much thickened, and especially about the mesentery and the stomach, which was reduced much in size, and very much thickened universally by a fibrinous exudation deposited to a slight degree under the peritoneal, and to a greater degree under the mucous surface, which was in places roughened, the various folds being almost obliterated. In places the peritoneal surface was studded with white deposits. The lymphatic glands were indurated and enlarged.

CASE XII.—TUMOUR IN THE ABDOMEN, CLOSE TO THE BRIM OF THE PELVIS, FORMED BY SCIRRHUS OF THE PYLORUS OF THE STOMACH, WHICH WAS ENORMOUSLY DILATED.

S. R., a woman, æt. 33, was admitted November 7, 1866. She had been gradually losing flesh for nine months, and the catamenia had been absent seventeen months. She had become worse three months before admission, and suffered from severe sickness and slight and scanty action of the bowels. On admission she had constant vomiting. A large hard tumour could be felt very prominently, close to the brim of the pelvis, on the right side, and almost in the pelvic fossa. An apparent obstruction was found on introducing the long O'Beirne's tube into the rectum, which could not be overcome. Afterwards a small amount of fæcal matter was passed. Stimulants were given, and the bimeconate of morphia injected subcutaneously with great relief. She grew weaker and thinner, and died November 18.

Post-mortem examination.—It was found that the tumour felt during life was the displaced pyloric extremity of the stomach, which was so contracted as scarcely to admit a goose-quill, and surrounded by a mass of scirrhus to the extent of an inch. The stomach was enormously dilated. The large intestines were contracted in one or two places, but no carcinoma of their valves existed. The other abdominal organs were natural. The lungs were very œdematous; heart healthy.

CASE XIII.—TUMOUR FORMED BY A MASS OF EXTRAVASATED BLOOD, SITUATED BENEATH THE PERITONEUM, AND HANGING BY A PEDICLE FROM THE TRANSVERSE COLON.

H. B., a female, æt. 25, was admitted June 11, 1858, with evident disease of the brain. Delirium, strabismus, and other symptoms set in, and she died June 17.

Post-mortem examination.—Softening of the central part of the brain, and effusion of serum on the surface and in the ventricles of the brain, were found; also psoas abscess, connected with caries of the bodies of the fifth to the ninth dorsal vertebræ. The intestines were tympanitic, and hanging from the transverse colon, about midway between its attached border and the omentum, was a mass of extravasated blood, covered by the peritoneum, and attached to the intestine by a narrow pedicle.

CASE XIV.—SWELLING OF THE RIGHT ILIAC REGION IN CONNECTION WITH CANCEROUS DISEASE OF THE CÆCUM, IN WHICH WAS AN ULCERATING CAVITY, HAVING THE STOMACH AND SEVERAL PORTIONS OF THE SMALL INTESTINE COMMUNICATING WITH IT.

J. P., æt. 31, was admitted December 6, 1865, having had diarrhœa, attended by pain and swelling in the right iliac region for four months. On admission there was a hard diffused swelling in the right iliac region, very painful on pressure, but the skin over it was not red or painful: the bowels were quite regular. After admission, the pain greatly abated, and the tumour subsided, and the patient improved much in health. About the end of January the swelling and pain returned, and pus was gradually approaching the surface, when suddenly there was an *evacuation of purulent fluid by the rectum*, and the tumour somewhat subsided. He now rapidly emaciated, and his face assumed a cachectic appearance. The right leg became œdematous, and its superficial veins enlarged. Early in April he had an attack of lung-congestion, and he sank, and died April 15th.

Post-mortem examination.—A very large ulcerating cavity was found within the abdominal cavity, surrounded by a mass of intestines adherent to each other and to the abdominal walls. This ulcerating cavity was evidently of a carcinomatous character, and formed chiefly at the expense of the cæcum, and into it opened laterally the small intestine and other parts of the large bowel. The stomach, which was adherent to the mass, also communicated with it at its pyloric end. The liver contained carcinomatous deposits. The lumbar glands were not enlarged. Adhesions and fluid were found in the pleural sacs, in addition to collapse of one lung. The heart was small, and the mitral valve slightly thickened.

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Foreign Medical Literature.

RECENT CONTRIBUTIONS TO THE THEORY OF THE INNERVATION OF THE HEART AND BLOOD-VESSELS.

(REPORTED BY DR. CHRISTIAN LOVEN.)

Translated from the *Hygiea* for March and April, 1868, by

W. D. MOORE, M.D.Dub. et Cantab., M.R.I.A., L.K.Q.C.P.I.

HONORARY FELLOW OF THE SWEDISH SOCIETY OF PHYSICIANS; OF THE NORWEGIAN MEDICAL SOCIETY; AND OF THE ROYAL MEDICAL SOCIETY OF COPENHAGEN; SECRETARY FOR SWEDEN, NORWAY AND DENMARK, TO THE EPIDEMIOLOGICAL SOCIETY OF LONDON.[1]

(Continued from page 145.)

SUCH a special investigation, whose results, precisely with reference to the hypothesis just mentioned, are of great interest, the same author has, with the employment of the above-described method and apparatus, himself instituted in Claude Bernard's laboratory in Paris.[2]

The object of the author in this investigation was to study the influence which carbonic acid and oxygen exercise on the heart of the frog, when separated from the body. To bring the heart into contact with the agents named, the serum of the rabbit, with which both the heart and the artificial vascular system connected with it were filled, was saturated alternately with carbonic acid and oxygen, and the various curves drawn by the manometer, indicated the alterations in the activity of the heart which occurred in each case. The experiment showed that contact of the inner surface of the heart with a serum saturated with carbonic acid produces a sudden arrest of the heart in diastole. The drawing off of this serum, or changing it for one impregnated with oxygen, brought the movements of the heart again into play. The following facts show, that the arrest in question is produced by irritation of the terminal organs of the pneumogastric nerves in the heart:—(1.) The sudden arrest in diastole. (2.) The possibility of producing, during the same, isolated contractions by local stimulation of the heart. (3.) The rapid return of the movements after the removal of the serum saturated with carbonic acid. (4.) The character of these new movements. They were, in fact,—just as after irritation of the nervi vagi—considerably more extensive than before, and were, moreover, separated by comparatively long pauses. Furthermore, it was shown that if the carbonic acid serum were mixed with a strong dose of curare, which poison, as has already been stated, paralyses the peripheral extremities of the nervi vagi, the arrest did not take place, but the cardiac movements became extremely feeble, and often even peristaltic and irregular. Also in this case the serum impregnated with oxygen again produced regular contractions. This latter indicates that the preceding irregularity in the movements was caused by want of oxygen, which was confirmed by some experiments, in which the heart was both filled with a serum saturated with a neutral gas, nitrogen, and was at the same time surrounded with an atmosphere of the same gas to prevent an absorption of oxygen through the outer surface. In this case the heart stopped after some feeble contractions.

It was of consequence, also, to determine how far the presence of oxygen is necessary for the development of the motor forces themselves, or whether it rather plays the part of a stimulant of the heart's motor ganglia. In this respect Hermann's[1] investigations have shown that oxygen is not directly necessary for the contraction of muscles in general, and that the carbonic acid thereby formed is not, as was before believed, the product of an oxidation, but of a decomposition of certain of the constituents of the muscle. It, therefore, remains only to assume that the presence of oxygen is necessary to excite the motor ganglia of the heart, in opposition to the carbonic acid, which constitutes a stimulant of the heart's regulating or restraining central organs.

A totally different theory of the cause of the heart's movements from that above described, is put forward by Eckhard.[2] This investigator considers that we ought not to look upon the heart as an ordinary striated muscle, wholly dependent for its contractions on certain ganglia, but as a mass of contractile tissue, which contracts in a quite peculiar manner, though under an obscure influence of its nervous constituents. It will be seen that this theory is directly opposed to that above advanced. But how little support it finds in the facts lately observed, appears at once from a closer investigation of the reasons on which the author bases it. These are principally three: 1. That in the heart (at least in vertebrate animals) actual tetanus cannot be produced. The untenability of this argument is proved by Cyon's investigations above quoted, according to which the heart, on a sudden elevation of temperature, from 32° to 104° Fahr., passes into a state of tetanus, lasting from 15 to 30 seconds, and still more from the fact that a local irritation of a heart, which is quiescent at a warm temperature, produces a tetanus, which lasts so long as the irritation continues; 2. That a portion of the ventricle, in which no ganglia can be discovered, is thrown by the most inconsiderable mechanical irritation, not into local contractions, but into regular pulsation; and 3. That portions of the ventricle, perfectly free from ganglia, when traversed by a constant electrical current, exhibit a series of regular pulsations.

From Friedlander's investigations, above quoted, it is evident how difficult it is, without special precautions, to assure one's self of the absence of ganglionic cells, even in very small portions of the heart, and, therefore, no value is to be attached to those postulates, least of all ought we to build upon them a theory so opposed both to the results of anatomical investigation, according to which the muscular structure of the heart, with all its peculiarities, must be considered as actual muscular tissue, and to our ideas based upon other facts as to the physiological properties of nerves and muscles in general.

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[1] The delay in the appearance of the second part of this paper is caused by the fact that the numbers of the *Hygiea* for April, May, and June did not reach me until the month of September, after I had received the July number.—TRANSLATOR.

[2] De l'influence de l'acide carbonique et de l'oxygène sur le cœur; par M. E. Cyon. Comptes Rendus, Tome LXIV, No. 20, p. 1049, 1867.

[1] L. Hermann, "Untersuchungen über den Stoffwechsel der Muskeln ausgehend vom Gaswechsel derselben." Berlin. 1867. Pp. 67 and 92.

[2] "Experimental physiologie des Nervensystems. Giessen. 1866. Reviewed in the *Journal of Anatomy and Physiology*. No. II. May, 1867. P. 354, where this theory of the heart's action is warmly advocated.

We now pass to the question of the dependence of the cardiac movements on the cerebro-spinal nervous system. It has been stated above that the Brothers Weber, by their discovery of the influence of the nervus vagus on the heart, afforded the first incontestable experimental proof of such a direct dependence. The latter, however, is of a totally different nature from what had been supposed. Thus, from the most remote ages, the tendency was to assume such a dependence, principally in the direction that the heart's pulsation should be, if not entirely caused, at least quickened and increased in intensity through the influence of the cerebro-spinal central organs. Such an idea was maintained, and was tolerably general in spite of the authority of Haller. But all the innumerable experiments which, up to the latest period, have been instituted by various investigators for the purpose of deciding this important question, have been incumbered with so many sources of error, and have yielded such contradictory results, that no definite conclusions can be drawn from them.[1]

Von Bezold published, in 1863, in a voluminous work, a number of investigations, by means of which he believed he had established the existence of a distinct "exciting cardiac nervous system," whose filaments had their central point in the medulla oblongata, and thence passed through the spinal cord and sympathetic nerve in many ways to the heart. He based this view principally upon the fact, that division of the cervical medulla immediately produces a very considerable depression of the force of the blood with diminution of the frequency of the cardiac pulsations, while direct electrical irritation of the spinal cord below the seat of the division, raises to an equal extent the arterial blood pressure and the frequency of the pulse. The importance and value of the reasons on which von Bezold based his assumptions were, however, destroyed, or at least diminished, by the experiments made upon frogs by Goltz,[2] but especially by the masterly researches of Ludwig and Thiry.[3] These showed in an incontrovertible manner, that the phenomena which von Bezold considered as results of a direct influence on the heart, for the most part depended only on an indirect influence, as they were, in fact, a consequence of the opposite effects produced, by the division and irritation on the nerves, which cause the contractions of the small arteries, therefore in the former case, a paralysis of the "vasomotor" nerves with consequent relaxation and dilatation of the arteries; and in the latter an irritation of the same nerves, producing contraction of the vascular muscles. That the force of the blood in the former case must increase, in consequence of the augmented resistance in the course of the current, and in the latter diminish, is self-evident, and the authors mentioned showed moreover, completely to exclude all idea of a direct effect on the heart, that this happened also, if all the nerve filaments connecting the heart with the rest of the nervous system, were destroyed by the galvano-caustic apparatus. As to the frequency of the pulse they found, that on irritation of the spinal cord it at one time increased, at another diminished, and the same took place also in those cases where the cardiac nerves were destroyed. The above-mentioned increase of the pressure of the blood produced by irritation of the spinal cord was equal to that produced by artificial compression of the thoracic aorta and of the innominata and subclavian artery; on the contrary, compression of the abdominal artery below the renal arteries was followed by only a very inconsiderable increase of pressure—facts which prove on the one hand what extreme influence the contractility of the small arteries has in the production of variations in the pressure of the blood with its results, on the other, what a capacious reservoir of blood the vessels of the abdomen, properly of the intestines, form—a capacity, which goes so far, that these vessels under certain circumstances (for example when the vena portæ is tied), can take up almost the entire stock of blood in the body.

Through Ludwig's and Thiry's investigations it now, for the first time, became evident where the errors were to be sought, which made all the experiments instituted for the purpose of demonstrating the existence of the excitant cardiac nervous system unreliable and deceptive. These authors themselves left the question undecided, but it was plain from their researches, that if it should be possible to solve it experimentally, this must be done by elimination of the vasomotor nerves.

Such a course was made possible by a new and important investigation of Ludwig in concert with E. Cyon.[1] In their essay these writers make us acquainted with a distinct hitherto unknown nervous apparatus, through which the heart itself has the power of, so to speak, regulating the resistance which obstructs its work. This takes place through a nerve, which in the rabbit arises by two roots—one from the superior laryngeal branch of the vagus, and the other from the vagus itself—runs down into the chest and enters into the cardiac plexus. This nerve is sensory. After it has been divided, irritation of its peripheral extremity produces no effect, but on the other hand irritation of the central end constantly gives rise to a very considerable depression of the general force of the blood, and the authors propose, therefore, to call this the nervus depressor. The diminution of the pressure of the blood varies, in different animals, between 50 and 70 mm. of quicksilver, or to 0·70 and 0·45, but may even reach to merely 0·27 of the normal pressure, so that it can be even distinctly observed in diminution of the volume of the exposed aorta.

At the same time that the pressure of the blood begins to sink, a diminution occurs also in the frequency of the pulse, but this usually returns to the normal standard so soon as the pressure of the blood has reached its minimum. The lowering of the frequency of the pulse depends on a reflex action on the vagus, for it does not take place when both vagi are divided, whereby it is, moreover, plainly shown that the lessening of the pressure of the blood is independent of any change in the rapidity of the pulse. The effect on the pulse, just described, is further characteristic of any sensory irritation, as the author found in his investigations on this subject.[2]

The authors, moreover, satisfied themselves that no movements in the thorax occasioned the change in the pressure of the blood above mentioned, for this occurred equally in animals, in whom the thorax was opened, or in whom all muscles except those of the heart and blood-vessels were paralysed by poisoning with curare. Of course in such instances artificial respiration was kept up. Only two possible cases, therefore, remained to explain the phenomenon—either a diminution of the force of the heart, or a diminution of the resistance in the small arteries. That no reflex action on the heart was exercised by irritation of the central extremity of the nerve in question, was proved by experiments in which all nerves connecting the heart with the brain or spinal cord were divided: the diminution of the pressure of the blood took place as fully. An observation which, however, indicated that it is not in the heart we have to seek the most direct effect of irritation of the depressor nerve was, that by promoting the flow of blood to the heart we can, while the irritation continues, at least for a moment, bring the pressure of the blood up again to its normal height; for example, if we strongly stroke and press the abdomen with the hand from the pelvis upwards towards the liver. This shows that the heart works with undiminished force.

Thus, it remained only to refer the abatement of the pressure to a diminution of the resistance. It has already been stated above what an enormous influence the condition of contraction or relaxation of the abdominal vessels exercises on the pressure of the blood in the aorta. It was therefore even *a priori* probable that the irritation of the depressor nerve should have a decided influence on the diameter of this vessel. To ascertain this the authors undertook first some experiments, by which they proved that the nerve filaments innervating the vessels having the greatest influence on the pressure of the blood, are contained chiefly in the splanchnic nerves, for on dividing one of these nerves the pressure sank immediately from 30 to 50 mm. beneath the normal amount, and on subsequently dividing the other it sank further from 8 to 10 mm., while, on the contrary, by irritating the peripheral extremity

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[1] "Untersuchungen über die Innervation des Herzens," 1863. 1. Von dem Einfluss des Nervus vagus auf die Herzbewegungen; 2. Von dem Einfluss des Halssympathicus auf die Herzbewegungen; 3. Ueber ein neues "excitirendes" Herznervensystems im Gehirn und Rückenmark der Säugethiere. [On the Influence of the Vagus and Cervical sympathetic on the cardiac movements; on a new "exciting" cardiac nervous system in the brain and spinal cord of the mammalia.]

[2] Ueber den Tonus der Gefässe und seine Bedeutung für die Blutbewegung. Virchow's Archiv. Bd. 29, p. 394.

[3] Ueber den Einfluss des Halsmarkes auf den Blutstrom. Sitzungsberichte der Wiener Akademie. XLIX Band. II., pp. 421-454, 1864.

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[1] "Die Reflexe eines der sensiblen Nerven des Herzens auf die motorischen der Blutgefässe." Arbeiten aus der Physiologischen Anstalt zu Leipzig vom Jahre 1866, mitgetheilt durch C. Ludwig.

[2] "Ueber die Erweiterung von Arterien in Folge einer Nervenreizung." Von Dr. Christ. Lovén i Arb. aus der Phys. Anst. zu Leipzig, 1866, p. 6, Hygiea, 1866, Nov. p. 430. See an Abstract in the *Journal of Anatomy and Physiology*, Cambridge and London, Nov., 1867, p. 194.

of the divided nerve the pressure of the blood was again rapidly driven up to a higher value than it had before the division.

The authors now irritated the depressor nerve in animals, in whom either the splanchnic nerves were divided, or the aorta was tightly compressed below the diaphragm. In both these cases the irritation spoken of had, as was to be foreseen, only an extremely inconsiderable influence on the pressure of the blood, yet in the former case so much as to show plainly that this influence extends beyond the circuit of the splanchnic nerves.

As a result of the author's investigations, it clearly follows that irritation of the central extremity of the divided depressor nerve produces, by reflex action, paralysis of the vasomoter nerves, with consequent dilatation of the small arteries, and diminution of resistance in the course of the blood. This effect is most conspicuous in the region supplied by the splanchnic nerves, as being in this respect the most important vascular nerves. Of this the authors satisfied themselves by direct observation, as they distinctly saw the exposed kidneys, when they had previously been pale, on irritation of the depressor nerve constantly assume a deep red colour, and again grow pale on the cessation of the irritation. By separate experiments it was shown that the depressor nerves, as is not the case with the vagus, are in a constant state of stimulation (tonus).

The authors finally direct attention to a contradiction discovered through their observations in the phenomena exhibited by the heart on irritation, which can be solved only by more accurate investigations of the arrangement of these nerves in the heart itself. It is, namely, that while direct stimulation of the heart quickens the pulsations of that organ, central irritation of the depressor nerve, which must be considered as a sensory, or at least as a reflex cardiac nerve, on the contrary produces diminution of the frequency of the pulse.

At the same time, and, as it appears, independently of these researches, v. Bezold and Bever[1] subjected the splanchnic nerves to accurate experiment, by which their immense importance as the principal vascular nerves of the body is fully established. Division of both splanchnic nerves produces almost as considerable a diminution of pressure in the arterial system, as division of the spinal cord on a level with the second dorsal vertebra. By different experiments the authors ascertained that the most important vascular nerves, that is those which principally enter into the splanchnic nerves, leave the spinal cord between the second and eleventh dorsal vertebræ. The importance of these nerves to the normal course of the vital process can no longer be mistaken, and in truth they deserve the close attention of pathologists. V. Bezold says on this point, "these two nerves, so minute in the rabbit, are of the greatest importance to the normal continuance of life. It is certain that their paralysis through the great diminution of the arterial blood pressure, and in a certain manner through an internal hemorrhage, gives rise to insufficiency in the circulation of the blood, which in a shorter or longer time must prove fatal. The paralysis of all the vascular nerves running in the splanchnic induces, as certainly as paralysis of the respiratory nerves," though it may be somewhat more slowly, the destruction of the organism. The author points out at the same time what important consequences a morbid change in each of the nerves running in the splanchnic nerves may have on the several abdominal organs supplied by them, for their functions are certainly at least in mediate dependence on the condition in the branches of the splanchnic nerve which they acquire.

(To be continued.)

AT a bazaar held at Rowfant, Sussex, the seat of Sir Curtis M. Lampson, Bart., for the benefit of the Cottage Hospital, East Grinstead, on the 5th and 7th instants, the sum of £250 was received. This included £20 sent as a donation by George Peabody, Esq.

THE IRISH OYSTER CULTURE.—Her Majesty's government, on the representation and urgent request of Mr. Blake, intend issuing an unpaid royal commission, with a view to the encouraging and promoting of the Irish oyster interest, and of extending their growth and improving their culture. Evidence will be taken in various places in Ireland, England, and France by the commissioners. Mr. Blake will be the chairman, and amongst the other commissioners will be Mr. Francis Francis and Mr. Hart, manager of the Hayling Island Oyster Fishery.—*Irish Times.*

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[1] *Von den Wirkungen der Nervi splanchnici auf den Blutdruck im Aortensysteme.* Unters. aus d. phys. Laborat. in Würzburg, 1867.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 23, 1868.

THE PURGATORY OF LONDON HOSPITALS.

WE have been accustomed to regard our Metropolitan Hospitals with singular pride. In them, charity of the noblest kind has found full exercise in the relief of suffering, and professed philanthropists have been able to offer no suggestions for improving them. Even those terrible people who amuse themselves by visiting workhouses and other institutions, from the resorts of casuals upwards for the sake of describing in sensational articles the horrors of pea-soap baths, and bedfellows of the insect tribe, have hitherto treated our hospitals with respect. In fact, they have referred to them as the palaces of the sick poor, and such they no doubt are.

Is the *Commissioners'* trade exhausted? or has a bolder commissioner than all forsaken the well-worn paths, and struck out for himself a new one? or has some member of that singular *genus* determined to out-Herod Herod? Whatever the cause, we feel it necessary to note the fact that the London Hospitals have been put on trial.

The ninth number of a periodical we have already commended—the *Public Health*—opens with an article entitled "a fortnight in a London Hospital." The writer draws a picture that will astonish many and excite incredulity in the great majority.

After reading it we cried, can these things be? and we could speak from large experience of most of the hospitals in London. Yet there is an air of truth about the article, and *Public Health* has been too respectably conducted at present to let us imagine that some enquiry was not made before admitting such a contribution.

The writer complains of being compelled, though suffering much, to crawl to a bath which "was repulsive, having a dirty, greasy, covering over the paint, which felt sticky to the touch," &c. Then he had no sufficient covering on his bed to keep him warm after this bath, so he "shivered with cold."

A "female cerberus" ruled the room, imposed tasks on the patients, took bribes, nay, exacted presents of various kinds, and otherwise acted in a manner that would have secured her instant dismissal had her conduct been known to the committee of any hospital. The matron's visits, like those of angels, of a better sort, were few and far between, and brought only "cold, disdainful glances along both sides" of the wards.

Worse than all this, the professional staff of the hospital is also assailed. The Surgeon under whose care the writer was placed—at the request, be it observed, of one of that gentleman's private patient's who had given the letter of admission—according to what this author could pick up, "was a first-rate surgeon where the use of knife or saw was requisite, but that he was fond of showing his dexterity, and liked to make a display of his skill and knowledge, or rather seemed to treat the patients like playthings."

Read, mark, learn, and inwardly digest that, ye modern Surgeons, who sacrifice health and comfort, for the sake of gratuitously attending our hospitals. That is the laurel you strive for—the dead leaves of patient's gratitude, by which you hoped to attain your ambition. Worse than this, the Surgeon in question, at a later date, evinced more care. The writer says that then "Mr. ——, learning that I had influential friends, was extremely polite, and examined me in private."

Although personally acquainted with most of the Hospital Surgeons of London, we must confess ourselves quite unable to guess who could be the one alluded to. There is no body of men that does its work more kindly and more thoroughly, and is less influenced by such motives as those insinuated than the honorary staffs of our hospitals; and we are driven to the conclusion that the patient who here relates his experiences, has permitted his judgment to be warped by the illness under which he laboured. We all know how irritable and unreasonable some persons become from physical suffering; and this may be a case in point.

The Chaplain comes in for an equal condemnation.

Now, we shall not be suspected of any leniency towards the clergy. The Chaplains of hospitals are all paid officers. Children of light are in this instance, at least, wise in their generation. They consider themselves worthy of their hire, whereas the medical men are content to give their services. Yet we do not like the tone of the following observation:—"He went through the service in the most listless and indifferent manner, more like an automaton than a man. Whilst on his knees, reading the prayers (*praying* he was not), he held the book in one hand, while the other was occupied with his watch-chain and trinkets."

Such is a summary of the statements put forth as to an hospital "considered one of the best, if not the best, in London."

For this vague description, we should much have preferred the name of the hospital being given. If half the allegations are true, we may be sure that the governors would be too glad to be informed of the defects of their charity; and the medical staff, and, we may add, the students, must be very blind never to have discovered any imperfections. If not strictly correct, an undeserved suspicion is cast by this publication on the noblest institutions of the land.

The key to the whole complaint seems to lie in the conclusion where the writer says that though good for the poor, "those occupying a higher social sphere, who are reduced to avail themselves" of hospitals, find it "very distressing to their self-esteem." Exactly so—this writer's "self-esteem" does not seem to have been satisfied by the surgeon until he had made a private examination.

How great that self-esteem must have been we may guess from his conclusion. He says, "every day spent in hospital might take at least a year from purgatory."

Notes on Current Topics.

University of Cambridge.

The Professors of Medicine and Natural Science, having found the time which has been usually allotted to their lectures in each term insufficient, intend to begin their courses in the ensuing terms earlier than has hitherto been the custom. The courses in Anatomy and Chemistry will accordingly begin on the 12th of October, and on the 18th of January.

It is expected that examinations in Natural Science for scholarships will be held in the several Colleges, as follows:—Sidney, Oct. 7; St. John's, in April or May; Downing, in May; St. Peter's, in May; Trinity, on Easter Monday. That in Trinity is open to all undergraduates of Oxford or Cambridge. The others are open to all students (whether they are members of the Church of England or not) who will not have commenced residence in the University at the times of the respective examinations.

Information may be obtained from the tutors of the several Colleges, and notice is given beforehand in the *Times* and other newspapers, under the head of "University Intelligence."

Lord Amberley and the Fenians.

One of the "Young Ireland" journals—a paper called the *Irishman*—has been turning to account in the Fenian direction, the views of Lord Amberley on over-population, and the proposals of his Lordship to make things pleasant for prolific mothers, which were lately made public through the columns of our journal, and which have, as might be expected, excited no little disgust in the English moral mind. The *Irishman*, in a paroxysm of capitals and notes of admiration, rankles the little ante English canker on which its proprietors maintain themselves, into a perfect agony of irritated torture, and calls upon its literary disciples to "come out of" contact with the upper ten thousand Saxon Amberleys and abortionists. It is a pity the nourished venom of the representative of Irish disaffection should be wasted, for the *Irishman* divides its expletives between the Liberal Lord who utters the condemned sentences and the Saxon journal which prints them, and it pays our contemporary, the *Medical Times and Gazette*, the compliment of mistaking it for The Medical Press and Circular.

We really cannot allow another periodical to wear our laurels, and the honour of being denounced by the *Irishman* we cannot consent to part with. The Saxon journal which has, as the *Irishman* would say, "besmirched the already corrupt morality of the Saxon," is, unfortunately for the force of the argument, The Medical Press and Circular, whose connection with Ireland is well-known.

We advise the *Irishman* not to waste its invective unless the object is suitable.

An Insulted Coroner.

The fearful catastrophe at Abergele has given rise to many painful reminiscences. Amongst these we cannot forget the overbearing and insolent behaviour of that member of the aristocracy who succeeds to the title of Lord Farnham. Never, perhaps, in any court did any one indulge in such impropriety. One would have thought that the filial feelings even of a person who had come to a peerage through the accident, might have restrained his temper within reasonable bounds. It is a disgrace to a large part of the press that his conduct has not been denounced as it deserved. Reporters, who seem to have been dazzled by the live lord, testify to enough to shock us. The coroner would have been justified in committing the man who set himself up to bring his legal office into contempt. We regret that, for example's sake, he did not follow this course, and we commend the true Christian charity with which he bore with men on the ground of their sudden bereavement. Still the coronetted recalcitrant should have been sternly taught that his whims are not to supplant English law.

The coroner has issued a printed statement, which for its moderation will entitle it to consideration, and which clearly proves his fitness for the office he holds, and in doing the plain duty of which he was rudely assailed.

Full Dress and Disease.

THE late cab-strike in London dealt a severe blow on one of the most immodest and disease producing absurdities of fashionable dress. The manager of the Lyceum Theatre, as its patrons depend on cabs to reach it, very sensibly gave notice that evening dress was dispensed with. Numbers of people did actually walk through the streets in order to reach the theatre where they could sit at ease in modest attire. It is really astonishing that ladies of any sense and propriety should willingly expose themselves in a condition which would be pronounced horrible in a man. No wonder that sore throat, bronchitis, and all the diseases that arise from catching cold are so common, when people who shut themselves up in warm rooms, half undress themselves to go out. The theatres could be more safely frequented by ladies, were they to act as rationally as young men in this particular. Fewer colds would result even to the most delicate were cabs and carriages discarded altogether, and unless the distance were too great the walk to and from the place of amusement undertaken. Invalids might safely go out much more were they to try this plan. We put it as a mere question of health, and as such medical men may fairly form an opinion. Low dresses are dangerous.

We do not suppose our warnings will be minded. Other journalists have denounced in no measured terms the indecency of virtuous Englishwomen vying with the *demi-monde* in the display of what they are pleased to call "their charms." Yet the self-styled modest sex persists, and that too in places of public resort where the only passport to a seat is the price of a ticket. If young men conclude that the women of the day are not modest,—what wonder?

Register.

THE registration for the Scottish Universities closes on the 1st October. Some papers have stated that many graduates have neglected to enrol. There is just time for them to do so. They have only to send to the registrar of the university to which they belong their names, addresses, degrees, and year of graduation, requesting to be registered as members of the General Council. The letter must reach the registrar at the university not later than the 30th. The fee for registration is one pound, and must also be sent before the month closes. A post-office order is the easiest mode of remittance.

Lodgers and Graduates.

THE registration courts are the scene of a difficulty on the part of lodgers, from which university graduates had a narrow escape. A lodger must fill up and sign his claim. He has been required to give evidence of his signature and of the truth of the statements in that claim. This has given him much trouble. Our readers will remember that when the Scotch Reform Bill was under discussion it was proposed to make graduates sign their voting papers, and then have them presented by some one who could depose to the handwriting. This was nearly passing when a great opposition was raised. The Scottish Universities' Union took up the question warmly, memorialised government and appealed to Scotch members with success. The same society, we believe, had a committee constantly watching the cause of the graduates in other matters, for which it deserves the thanks of all concerned. The obnoxious claim was struck out of the bill, and the university electors are thus relieved from the annoyance that lodgers are now experiencing. We believe it was mainly in consequence of the representations of this association that the fee was reduced in the House of Lords from 30s. to 20s. The Duke of Argyle is President of the Union.

The Coming Medical Session in London.

THE class of students in London promises to be a large one this year, if we may judge by the number of candidates passed at the last preliminary examination of the Royal College of Surgeons. Two hundred and forty-seven students presented themselves for examination, of whom 215 passed, and 22 were rejected. One hundred and ninety-four of these candidates have qualified for the membership, and 21 for the fellowship, and it is to be presumed that the entire number will at once proceed with their four years of study.

Coombe Lying-in Hospital, Dublin.

THE Guardians and Directors of this institution have had under their consideration since the period of their incorporation by Royal Charter, towards the close of last year, recommendations made by the Masters of the Hospital for the more efficient working of its several branches.. They have accordingly, with this view, recently arranged, that while the responsibility and supervision of each and every one of the branches shall continue, as hitherto, solely with the masters, Drs. Ringland and Sawyer, each of the departments shall be respectively in charge of a district officer; and to this end have created a new office—that of Obstetric Surgeon—who is to have under his care the ward for the treatment of diseases of females, and the special dispensary held at two o'clock P.M., on Tuesdays and Fridays, for extern patients labouring under the like diseases; whilst the general dispensary for the diseases of females and children is to continue, as hitherto, in charge of the Dispensary Medical Officer, and the management of the midwifery patients, both intern and extern, has been, as before, invested in the hands of the Assistant to the Masters. The "Guardians and Directors" have likewise added to their staff an Analytical Chemist, whose duties will be not merely to make such analyses as the Masters and other Medical Officers may require, but also from time to time to examine the food, &c., supplied for the use of the patients, and report thereon as he may see fit.

Dr. George Hugh Kidd, F.R.C.S.I., who has been for many years the able and efficient Assistant to the Masters, has been appointed the Obstetric Surgeon; Dr. William Roe, F.R.C.S.I., has succeeded him as Assistant to the Masters, an office which, henceforward, under the provisions of the Royal Charter of incorporation, can be held for a term of only three years by the same person. Sir William Carroll, M.D., L.K. & Q.C.P.I., continues to be the able attendant on the general daily dispensary, Dr. Quinlan efficiently acting as his *locum tenens* during his year of office as Chief Magistrate of the city; and Dr. Charles E. Cameron, L.K. & Q.C.P.I., the City Analyst, has been elected to the office of Analytical Chemist of the institution.

THE foundation-stone of a new Cottage Hospital has been laid at Ilfracombe. The Cottage-hospital system steadily progresses.

THETFORD suffers from scarlet and other fevers, and an inspector has been sent down by the Privy Council.

WE remarked on the condition of the Navy Medical Service in our Student's Number. Six candidates lately went up for examination; three passed. What a state of affairs for the first naval power!

THE Poor-law Board is inclined to "cave in" about the increase of the salary offered by the Mile-end Guardians to their Medical Officers. It is done, however, with an ill grace.

MDLLE. GORTCHAKOFF has been admitted by the Paris Faculty of Sciences to the degree of Bachelierè-des-Sciences.

MR. RIDER's tender of £18,560 for enlarging the Essex County Asylum has been accepted.

ANOTHER attempt is being made to alarm bitter-beer drinkers, by stating that the "large brewers" are thinking of employing strychnine instead of hops. Whatever their iniquities in the way of adulteration, we cannot believe they would like to risk poisoning their customers, or ruining their trade, to say nothing of placing a halter round their own necks.

AN Association has been formed for promoting a system of constant water supply for the metropolis. If everything must be done by a society, or a limited company, better thus than not at all. But the water supply is a national concern, and we should be glad to see it looked upon as such. Constant service somehow must be had.

THE Social Science Congress opens on the 30th inst., at Birmingham. Dr. Rumsey will preside over the health section. The Secretaries are Mr. Clode and Dr. Hardwicke. The Local Secretaries, Dr. Bartlect, and Dr. Balthazar Foster.

DR. FRANK SMITH has returned to Sheffield, and reappointed to the Physiciancy of the hospital which he formerly held.

MR. HOLMES COOTE, in a practical letter to the *Times*, points out the rarity of hydrophobia. In another morning paper Sir R. Mayne receives credit for having cleaned the London streets of dogs. Twelve thousand of these wretched animals have been captured, and the great majority being unowned, were destroyed. No one can desire that the streets should be infested with half-starved dogs. The owners of valuable animals should not let them run loose about a great city.

THE *Liverpool Mercury* is responsible for the following incredible story. We sincerely trust the conduct of the surgeons applied to is not accurately described in the paragraph :—

"About eight o'clock yesterday morning a quarryman named Pennington, employed at the Kendalfell stone quarries, was seriously injured by an explosion of gun cotton. He was preparing a "blasting" charge, and while ramming home the gun cotton, which is now extensively used for such purposes in mines, the latter suddenly exploded, caused, it is supposed, in consequence of the boring rod being too small, and the stemmer, thus coming sharply in contact with the dangerous compound, acted as a sort of percussional explosive. A portion of one of Pennington's arms was blown almost entirely off, and the hand held only by a ligament; one of his eyes was also dangerously injured, and he was seriously burned and hurt about the head and face. He was at once removed to his home, and medical assistance was called in, but, although three doctors were one after another requested to attend, each declined—one because he had been up all night, another on the ground of "inability," and the third on account of being at his breakfast. Meanwhile, the unfortunate man was lying at home, his wounds unbound, and himself falling into a syncope through loss of blood. The accident caused the greatest excitement to prevail in the neighbourhood of Fellside, where Pennington resides; and when the refusal of the medical practitioners became known, a number of persons rushed into the main street, and for a time a commotion but little removed from an indignation riot prevailed. Ultimately, however, on the interference of the Mayor, who was applied to, a doctor was obtained, and the injured arm amputated. It is worthy of remark, as illustrating the dangerous, explosive nature of gun cotton, that during an experiment subsequently made it was found that by striking a piece sharply with a hammer it would explode with suddeness, a force, and a report each in every way similar to that of gunpowder."

WE read in a moring paper that the "Church of England includes a Brotherhood of St. Luke, a religious confraternity confined to members and students of the medical profession." We suppose this last development of religious and medical combination is prepared to show that its patron saint belonged to the Church of England. St. Luke's Hospital we have heard of. It is appropriated to lunatics, but what has that to do with the Brotherhood of St. Luke? Is the head office of this society in or near the hospital?

IT appears that the Spanish authorities were lately misled by our Registrar-General's returns. The number of cases of cholera reported in the summer were supposed to be of the Asiatic kind, and within a short period. Hence the imposition of quarantine which so astounded us. What a pity the Spaniards do not carefully study our *weekly* returns, and imitate our efforts at sanitary improvement. We should advise the Registrar-General to forward them regularly his *weekly* sheet.

THE *Pharmaceutical Journal* has a thoughtful article on the relation of pharmaceutists to medical men. The same journal contains an account of the adulteration of nitrate bismuth with phosphate of lime, from the pen of Professor Redwood.

THE *London Gazette* has announced the appointment of Professor Longmore, the Professor of Military Surgery at Netley Hospital, as Honorary Surgeon to her Majesty the Queen. This appointment contrasts most forcibly with the recent appointment of an ex-general medical practitioner to a similar post of honour in connection with the household of their Royal Highnesses the Prince of Wales and the Duke of Edinburgh. Professor Longmore richly merits the distinction, and his selection may, perhaps, serve to redeem the medical attendants of royalty from the slight on them conveyed by the last appointment.

Dr. Lory Marsh, the indefatigable honorary secretary of the Medical Club, which he originated, has been made a Justice of the Peace.

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Correspondence.

THE TITLE OF DOCTOR.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The letters of "M.D., L.S.A." and "A Member of Three Corporations," commenting on my remarks, having reference to the College of Physicians of London, in your issue of September 2nd, are of more than ordinary interest, inasmuch as they demonstrate the existence in the profession of a real and earnest desire to move onwards and upwards in the good spirit of the times.

I quite agree with "M.D., L.S.A." when he says that "the degree of Doctor of Medicine is only conferred by Universities;" however, his astonishment at my defence of men who have not an University degree assuming the title of Doctor will, without doubt, undergo some modification when he reflects on the fact that in the year 1839 the College of Physicians entered into an agreement *(bona fide)* to give the title of "Doctor of Medicine" to its members, whether they possessed a degree in Medicine or not; and that this same agreement or promise given to the medical public had the effect of inducing gentlemen practising purely either as surgeons or general practitioners to incur the cost and trouble of presenting themselves for examination at the said college. Further, "M.D., L.S.A." should bear in mind that in 1859 the College in Pall Mall resolved to recall or ignore the aforesaid "agreement" or "promise," or, in other words, to un-doctor its members—*i.e.*, those of them who for a period of twenty years had enjoyed "*summis honoribus, et titulis, et privilegiis, quæcunque nuc vel alibi Medicis concedi solent intra auctoritatis nostræ limites fonic dedisse.*" Now, it was this latter act of the governing body of the College of Physicians of London that I have condemned; whilst I have ventured to "defend" or fight the battle for those gentlemen (members) so illiberally, even unjustly treated.

Your correspondent will then, I feel sure, echo "the regrets" of "the College" for the "error" of its ways, sympathise with the said members, and feel no longer "astounded" at myself.

The result of the course adopted by me was, as my last letter affirms—each of the un-doctored gentlemen had restored to him "the title of doctor," with its ordinary advantages, and this after five years' degradation (?)

I come now to the second letter named. I *am* well aware of Dr. Prosser James' view of "reform;" and was much struck by it on reading that gentleman's address to the members of the two Scottish Universities. That each and all of the medical corporations must and will be, ere very long, re-modelled or reformed—*i.e.*, brought into harmony with reason and right is, to my mind, certain. That the "Medical Council" must and will be made subject to the same process, no one can doubt. Which one of the two plans named in the letter of your correspondent can be carried out the better, and the more quickly? The medical corporations and the Council I look on as parts of one medical whole. Shall we reform the first by means of the second, or conversely—the second through the first? For myself I dislike losing time. In the matter under consideration, I should prefer those means of a short, sharp, and decisive character, provided, of course, such are based on reason, precedence and equity.

The "completeness" of the plan of Dr. Prosser James is unquestionable; but I ask, will or will not reformers delay this completeness by seeking to reach the Medical Council through the Corporations?

This is the question.

At this present time my inclinations go towards the reformation of the Medical Council as the preliminary step. This Council has not had the very long time to rust as the several Colleges of Physicians and Surgeons up and down the country. Moreover, the profession has been very especially warmed towards the necessary and inevitable changes in regard to the said Council.

Inasmuch as "the representation of the registered practitioner in the Medical Council" stands No. 1 in "the special points" before the Medico-political Association, I feel somewhat committed to a line of conduct in this matter.

In conclusion, let me add, that I *am* quite as much inclined as "A member of three Corporations" is to "look upon medical reform" in the "larger sense;" but I cannot, at this time, and under present circumstances, feel so certain as he does of "the only plan that is both effectual and feasible."—Yours, &c.,

James G. Davey, M.D.

Northwoods, Bristol, September, 1868.

COMPOUND AND COMMINUTED FRACTURE OF THE PATELLA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I wish to lay before the profession the following very interesting and instructive case of conservative surgery, particularly as the recognised authorities lay it down that in similar injuries to large joints amputation should be had recourse to, in which, notwithstanding compound and comminuted fracture of the patella from direct violence, when the whole cavity of the knee joint was laid open from condyle to condyle of the femur, the limb has been preserved, and the patient has now perfect power of the leg.

The following is an abstract of the case taken from the Hospital records of this regiment:—

Private Denis Regan, aged 30 years, an Irishman, by trade a tailor; total service nine years, all in the Mediterranean; brought to Hospital at 1.30. p.m., on the 26th July, 1867, by the Civil Police, who found him lying in the ditch opposite the "Auberge di Bavaria." When admitted he was in a state of intoxication, and it was found that he had sustained a compound and comminuted fracture of right patella, laying open the knee joint, also a severe lacerated and contused wound of the integuments covering the lower part of os frontis, and left ala of the nose was split by direct violence, as when running away from the picquet he leaped over the bastion opposite the "Auberge di Bavaria" to affect his escape, sustaining a fall of about forty feet. I saw him in about half an hour after his admission to hospital, and found him in a state of great excitement from drink. When placed in bed it was found that the right patella was fractured perpendicularly into several small pieces, the knee-joint was laid open from condyle to condyle of the femur. It was found impossible to bring the lips of the wound together, as he kept violently and forcibly flexing the joint, and each time he did so the crucial ligaments were brought into view. He was seen by all the medical officers in the general hospital, Valetta, who strongly advised immediate amputation. Considering the saving of the limb hopeless, and that there would be less shock to his system by performing primary amputation, although he had received such a fearful injury, I determined to give him the chance of saving the limb. With this view he was restrained by the united power of relays of three men until the excitement from drink passed off. The limb was forcibly extended and placed loose in a fracture box; the lips of the wound were drawn together by four points of suture, and a compress of lint dipped in the blood from the orifice of the wound was placed over it. On the following day violent reaction was established, and considerable oozing of blood mixed with synovial fluid took place from each angle of the wound, the joint was also enormously tumefied, the limb was retained in the fracture box, and ice in a bladder suspended from the central ring of a cradle, so as to take off its weight, was kept constantly applied to the joint; the next day he had several rigors and a discharge of blood. Synovia and pus took place from the angles of the wound, accompanied with dusky redness of the surrounding integuments. On the 30th July the oozing of blood and pus ceased, the tumefaction abated, as also the discolouration, and the lips of the wound had united except at its angles, the points of suture were removed, and ice in a bladder as before, and poultices were alternately applied to the joint; he continued uninterruptedly to improve, and almost free from any constitutional disturbance. The external angle at the end of six weeks united, the internal one remained open until a month ago discharging an oily fluid very much resembling synovia from which several small pieces of dead bone, portions of the broken patella, have exfoliated. All the openings are now perfectly healed; the patient's general health is very good, he daily takes walking exercise in the open air without the trifling aid of a stick, and the power of flexing the joint is almost as good as in the normal state. I have no doubt in process of time, when the exuberant formation of callus thrown out in the union of the several broken pieces of the patella is absorbed, he will have a very serviceable limb.

He is now in this hospital, not for further treatment, but awaiting his discharge from the service, prior to which I shall have great pleasure in allowing any gentleman who takes an interest in such cases to examine him.—Yours, &c.

John Madden, M.B. T.C.D.,
Fellow Royal Coll. Surgeons, Ireland,
Surgeon-Major, 2nd Battalion, 8th Regiment.
South Camp, Aldershot, 12th Sept., 1868.

REPRESENTATION OF THE UNIVERSITIES OF GLASGOW AND ABERDEEN.

TO THE SECRETARY OF THE IRISH MEDICAL ASSOCIATION.

Dear Sir,—In your number of the 29th of last July, you kindly published a letter of mine headed—"The Representatives of the Scottish Universities." As no medical candidate seemed likely to come forward, I addressed a letter to the Lord Advocate, Edward S. Gordon, a copy of which, as well as his reply, I beg to enclose. I have just signified my intention of voting for the Lord Advocate.—I remain, dear sir, faithfully yours,

Charles Armstrong, Hon. Sec.
Cork, Sept. 12th, 1868.

To Edward S. Gordon, the Lord Advocate.

Sir,—The strange fact that, while all other interests are represented, the medical profession has no advocate in the House of Commons, urges me to ask that, in the event of my giving you my vote and support, as Parliamentary representative for the Universities of Glasgow and Aberdeen, will you afford the subject of the medical profession your serious consideration, the respectability of which is so much identified with the welfare of the community.

I beg your attention to an agitation, on behalf of which, an important deputation of the Faculty of Ireland lately waited, by appointment, on the Irish Government, the deputation seeking a retiring allowance for the Poor-law Medical Officers of Ireland, when, from infirmity and disease, after long and faithful service, they become incapacitated for more labour. Pray, may I ask your ideas, particularly on the latter subject? I seek no pledge.—I have the honour, sir, to remain, your obedient, humble servant,

Charles Armstrong, M.D.,
Hon. Sec. Cork Medical Protective Association.

To Charles Armstrong, M.D., Honorary Secretary, Cork Medical Protective Association.

Sir,—In the event of my being returned to Parliament for the Universities of Glasgow and Aberdeen, it will give me great satisfaction to take care that the interests of the medical profession are attended to.

I have on several occasions done my best to promote these interests. According to the opinion which I have at present formed, I think that the medical officers who are incapacitated for the discharge of their duties, by old age, or ill health, ought to be treated in the same manner as those officers who are engaged in the Civil Service, and ought to receive superannuation allowances, similar to those given in the Civil Service. I hope these views will be considered satisfactory by you.—I have the honour to be your obedient, humble servant,

Edward S. Gordon.

P.S.—Absence from home prevented my sooner replying to your letter.

E. S. G.

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Medical News.

The Public Health.—It appears from the return of the Registrar-General, that in the week that ended on Saturday, Sep. 12, 4214 births and 3003 deaths were registered in London and in 13 other large towns of the United Kingdom. The annual rate of mortality was 24 per 1000 persons living. The annual rate of mortality last week was 21 per 1000 in London, 27 in Edinburgh, and 22 in Dublin, 18 in Bristol, 23 in Birmingham, 29 in Liverpool, 34 in Manchester, 40 in Salford, 27 in Sheffield, 29 in Bradford, 37 in Leeds, 25 in Hull, 26 in Newcastle-upon-Tyne, and 25 in Glasgow. The deaths registered in London during the week were 1246. It was the thirty-seventh week of the year; and the average number of deaths is, with a correction for increase of population, 1284. The deaths in the present return are therefore less by 38 than the average of corresponding weeks, and are less by 106 than the number recorded in the preceding week. The deaths from zymotic diseases were 332, the corrected average number being 408. Six deaths from smallpox, 20 from measles, 57 from scarlatina, 7 from diphtheria, 15 from whooping-cough, and 64 from fever, were registered. The deaths of 91 children and 8 adults from diarrhœa were recorded. In the three preceding weeks the numbers were 246, 186, 173. Eleven cases occurred last week in the West, 23 in the North, 17 in the Central, 20 in the East, and 28 in the South districts. Cholera or choleraic diarrhœa proved fatal to 2 children and 3 adults. During the summer season diarrhœa and choleraic diarrhœa are generally to some extent prevalent in London, but although the temperature has lately been remarkably high, these diseases have not been epidemic. The mortality from diarrhœa and choleraic diarrhœa in the London waterfields to 100,000 living, was 4 in the New River, 3 in the Grand Junction, 4 in the Southwark and Lambeth, 4 in the East London and 3 in the Kent field of supply. 158 deaths occurred from phthisis, 61 from bronchitis, 40 from pneumonia, 47 from diseases of the heart, and 155 from diseases of the brain and nervous system.

Chancellorship of the University of Edinburgh.—We beg to remind our readers that the election to this office takes place at the end of next month, but only those who are enrolled in the new register now being made up, and which is closed for fourteen months on the 30th instant, will be entitled to vote. We therefore hope that none of the supporters of Mr. Gladstone, whose claims to the vacant office are so many and strong, will fail to secure their privileges by neglecting to register. We understand that it is not quite clear that persons claiming under the four sessions' clause of the new Act require to establish attendance for two sessions in Arts classes. We therefore strongly advise all those who before 1861 had attended four sessions at any classes in the Edinburgh University to send a matriculation and a class ticket and a certificate of attendance for each of these sessions to the Secretary of Mr. Gladstone's committee, at 5 St. Andrew-square, Edinburgh, in order that their claims may be submitted for adjudication by the University Court, upon appeal.

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NOTICES TO CORRESPONDENTS.

Mr. W. E. Monroe, F.R.C.S., Brighton.—Your letter shall appear in our next.

Compos Mentis.—I. Possible, but not probable. II. The effusion is a little *too savoury*, and were it to appear without your signature the authorship might be attributed to a certain irascible gentleman, whose writings are well-known in the profession.

A New Subscriber.—We candidly admit, "Students' Numbers" are not always acceptable to subscribers—especially where there are no sons for the profession—as they thereby miss the regular weekly summary of medical items, hospital reports, &c. But as this particular number is very useful in other respects, and widely used for reference, we must ask the indulgence of the few to whom it is of little service, in order to supply a public need.

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APPOINTMENTS.

William Roe, M.D., F.R.C.S.I., has been appointed Assistant-Master to the Coombe Lying-in Hospital.

R. George Fendick, Esq., was appointed one of the medical officers of the Bristol Dispensary, on the 31st of August.

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Birth, Marriage, and Death.

BIRTH.

Gibbon—On the 15th September, at 39, Oxford-terrace, Hyde Park, the wife of Dr. Gibbon, of a daughter.

MARRIAGE.

Johnstone—Halliburton.—At Brampton, on the 3rd instant, John Joseph Johnstone, Esq., Surgeon, L.R.C.S. Edin., to Amelia, daughter of the late Mr. John Halliburton, of Brampton.

DEATH.

Peirce—On September 18, at Newcastle, county Limerick, John Peirce, M.D., F. & L.R.C.S.I., aged 67 years.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 30, 1868.

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Original Communications.

MORBID CONDITIONS OF THE THROAT IN THEIR RELATION TO PULMONARY CONSUMPTION: THEIR DIAGNOSIS AND TREATMENT.

By S. SCOTT ALISON, M.D. Edin.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, LONDON, AND PHYSICIAN TO THE HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, BROMPTON, AND THE SCOTTISH HOSPITAL.

No. VIII.

Treatment addressed to the system for the correction of general evils and local disorders at a distance resulting from, or accompanying the local disorder of the upper air-tube apparatus, is in many groups of cases of the utmost importance. In some groups we find great constitutional disturbance, a febrile state, debility, nervous irritability, wasting, dyspnœa, dyspepsia, dysmenorrhœa, diarrhœa, or constipation of the bowels, and these evils must be duly dealt with. Besides this, medicines and other agents applied not merely *locally*, we know serve to abate *local* mischief, and therefore find a place in a comprehensive plan of treatment.

In cases of throat disorders, particularly those simulating pulmonary consumption, a febrile or quasi febrile state will be found one of the most important forms of general disturbance, and treatment addressed to this state not only immediately obviates it, but such treatment in some cases is almost immediately followed by the entire removal of the local throat disease. The treatment which has produced these results has included more particularly preparations of bismuth, potash, and soda. These have been given singly; but in combination, the happiest effects have resulted. When no flatus has oppressed the stomach and bowels, I have ordered these medicines—the two last in the form of bi-carbonate—to be taken with citric acid, so as to produce grateful effervescence. I generally order the citric acid in solution combined with syrup of tolu, of lemon juice, or orange peel; and when there is atony of the stomach, the tincture of nux vomica or the compound tincture of chloroform, these latter, viz., the nux vomica and chloroform tinctures being ordered in doses of 10 drops.

When in combination with the febrile state we have dryness of the [illegible]ges, ipecacuanha wine may be added in small doses; but I have found ipecacuanha to be very disagreeable to the patient from its tendency to produce nausea; and I may add the rather important fact that, the patient is often injuriously nauseated, injuriously chiefly to himself, no doubt, with the practitioner who has prescribed it. In short, he has become sick of the doctor.

General nervous irritability, common more particularly in females, has demanded the exhibition of hyoscyamus, extract of Indian hemp, camphor, ether, assafœtida, lavender and ammonia. Opium has been given occasionally to procure sleep, but its continuous employment has not been adopted except in rare cases, on account of the interference it causes with the functions of the stomach, bowels, liver, and kidney.

Wasting has been met by the exhibition of cod-liver oil in moderate doses. I have lately found Möller's to be very efficacious and as little disagreeable as any. Nourishing diet, including butchers' meat, potatoes, and butter, with milk and eggs, have reinstated many wasted hospital patients in their wonted condition.

The demulcent decoction of the slippery elm, a native of Canada, has proved an admirable vehicle for bismuth in cases of irritability of stomach, accompanied with pain and retching.

When severe vomiting has characterised throat disorders simulating or accompanying phthisis, great relief has been obtained by the exhibition of ice, lime water with cow or ass's milk, the effervescing draught of bicarbonate of soda, alone or combined with two or three drops of chloroform, or twenty drops of compound tincture of chloroform, or with ten drops of tincture of nux vomica. A good reserve has not unfrequently been found in the exhibition of one or more pills, each containing one grain of opium and one drop of creosote. Vomiting which had for weeks defied every usual remedy, has been at once and altogether controlled by the exhibition of one or two such pills. This has occurred in many cases.

Dyspepsia of an atonic character has been succesfully dealt with by the exhibition of vegetable bitters, such as cinchona, gentian, quassia, chirayta, cammomile, tannic acid, and cascarilla. Preparations of iron, bismuth, zinc, and the mineral acids, such as sulphuric, hydrochloric, and nitric, have been very useful. Phosphoric acid in combination with a vegetable infusion has done good service. Dyspepsia, with irritability, vomiting, and retching, has been dealt with very successfully with bi-carbonate of soda, bismuth, and magnesia, with water or a mild bitter infusion, and in combination with hydrocyanic acid.

Diarrhœa, constipation of the bowels, and dysmenorrhœa, have frequently demanded attention; and these disorders, if neglected, will interfere for the most part with any treatment that may be adopted, and of course with the recovery of the patient. The particular means adapted to these conditions are so obvious that they need not be detailed here. I would, however, utter a word of caution respecting the old-fashioned domestic, and now in some quarters the much extolled practice of administering castor oil in cases of diarrhœa. When no accumulation or irritant materials are present in the bowels, such treatment is simply illogical and calculated to be disagreeable and injurious to the patient. I cannot either approve of sulphuric acid, for I have found this to be a comparatively irritant, cold, and unkindly body.

In cases of irritability of the mucous membrane of the alimentary canal, either in part or in the whole of its course, the diet must be strictly directed. Beef, in the form of Liebig's Extractum Carnis, has been found most useful; and the farinaceous articles of diet, with milk and eggs, have proved of permanent value. Liebig's beef biscuits, prepared by Peak and Freen, have been tolerated in the stomach in a remarkable manner. I have lately made trial of Coleman's extract, biscuits and lozenges of beef, all prepared by Tooth, of Sydney, in Australia, and I have no hesitation in recommending them. I have myself prepared in one minute an admirable half-pint of beef-tea with half a teaspoonful of the extract: I have nowhere or at any time tasted its equal.

The temperature and purity of the atmosphere which the patient, suffering from throat disorder simulating pulmonary consumption, have been found to demand the utmost attention. In all cases of disease of this class, coldness of the atmosphere, alternations of the temperature, and impurities of the air which have been respired, have acted an important *rôle* in the production of the malady. Sometimes these have acted alone, and sometimes they have operated in combination with the morbid conditions of the general system, such as have already been mentioned. It is, therefore, obvious that, the atmosphere cannot with impunity be disregarded in our plan of treatment. It has been found necessary to withdraw patients from warehouses, shops, and factories where it has been impracticable to avoid impurities in those places; and under this arrangement the obstinate disease has become the tractable one.

The winter temperature of the atmosphere in this climate has been found to offer the greatest impediment to the cure of these maladies, and it has been necessary to send many private patients to milder climates at a distance. This has been the more necessary where a tubucular or strumous diathesis has increased the danger of the patient. Patients who have had that irritable condition of trachea, which has done best in an uniformly mild and equable climate, have found great advantage from a winter residence at Pau. Others, in whom there has predominated relaxation, with fair general health, free from febrile conditions, have derived great advantage from winter residence in Nice and Mentone. When the patient has suffered also from a herpetic diathesis, a sojourn for a few weeks in May and June at the Eaux Bonnes, in the Pyrenees, after spending the winter in Pau or the North of Italy, has seemed to give permanence to the advantages derived from an absence from this country during the winter. The irritable glottis, the congested larynx, and the narrowed and spasmodic trachea have in many cases been greatly improved by removal from the pungent cold of England's winter.

When circumstances have precluded removal to foreign places of residence, other means, though inferior, have done good service. A warm locality in this country on the coast, removal to a milder quarter of London than that previously inhabited, as to Brompton or Kensington, the warming of the house or apartment by means of *ample* fires, and the prevention of the entrance of *undue* quantities of cold air from the exterior, and even the warming by means of the respirator have contributed to disarm the winter cold of its previous injurious influence.

In many examples of throat disorder simulating pulmonary consumption, I have found the pure and mild atmosphere of the Brompton Hospital to produce the very best effects upon the patient during the short period he has been kept under inspection and medical surveillance. The patient, the subject of simulated phthisis, is seldom or never discharged after only one examination, but is kept a reasonable time for confirmatory evidence. In this way alone the Hospital has rendered services to the public of the greatest importance and contributed to the saving to society of many valuable lives. The atmosphere has been kept during winter at one uniform temperature of 60° Fahrenheit. One wing of the Hospital is warmed by means of heated air, and the other by means of hot water. This important fact, that the Brompton Hospital, in cases of throat disease simulating pulmonary consumption, has largely contributed to the cure of patients, will amply supply in the estimation of practical men an answer to the objection which may be started, that, in the treating of such cases the benefits of that institution ~~are~~ being diverted from the proper objects of the Hospital, which was founded for the purpose of treating those only suffering from consumption and other affections of the chest. In this matter we can only do what is possible. What human skill shall at once, in many instances declare with certainty the absence of tubercle? What an injury to the patient really affected with incipient tubercle of the lung to be turned away! What a discomfort to the physician of the Hospital such an occurrence would be,—what good cause it would give for regret on the part of the supporters of the institution! Better far that some patients suffering from only simulating consumption should be received, and be restored to health, than that one really consumptive person should be neglected!

In cases of great ulceration of the larnyx accompanying pulmonary consumption, the physician can seldom recommend residence abroad. Death is usually so near at hand as to forbid absence from home, relatives, and friends, I may even say from the tenderly loved parish churchyard, or the rural cemetery where rest the patient's kin, departed, not forgotten.

In the selection of a place of residence for winter the physician has to regard the usual habitat of the patient. Thus, a few days ago, I gave a preference in some degree to Algeria and the Canary Islands, because the patient was a Spaniard, the first place being accessible from Spain, and the islands being under the dominion of the Spanish Crown. Of course the medical requirements of the case ought to form the first element in our judgment, but other circumstances nevertheless are often important; for a few degrees of temperature, we would not wantonly separate a girl from her lover.

The summer climate for chronic cases of throat disease simulating consumption with general debility, may be found at Spa, in Belgium, the numerous sea resorts along the east and western coasts of England and Scotland; and the bracing and varied climates of a sea voyage around the British Isles, or along the coasts of Norway and Sweden, will frequently succeed in at once imparting tone to the throat and its appendages, and vastly improve the condition of the general health, and remove many associated local evils.

Lastly, I would press upon the practitioner that, the knowledge of the features of this or that health resort, and a loose general conviction of the nature or even the stage of the disease of the patient, will not suffice to make a good selection of climate. The actual position of the disease, its leading features, its probabilities, possibilities, and impossibilities, to be gleaned from its history, and from the knowledge of the lædentia, and adjuvantia, in the individual case, must be regarded quite as much as the average temperature and moisture, and the geological formations of proposed health resorts. We must bear in mind that the active case of to-day may become the passive one of to-morrow, that humid disease may rapidly become dry disease, and even dry disease humid disease; that the patient who has long derived advantage from residence abroad may at length become so greatly exhausted in vitality as to be grievously wronged by any removal whatever from his home.

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EXPERIENCES OF A REGIMENTAL SURGEON IN INDIA.

By C. A. GORDON, M.D., C.B.,
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Wounds and Injuries.

Wounds and external injuries are generally believed to constitute the especial province of the military surgeon. That soldiers are, from the nature of their life and the casualties in campaigns, more liable to injuries from external violence than persons in civil life appears self-evident, but that the proportion of deaths from this cause is not excessive when compared with that from the ordinary diseases incidental to a hot climate will be best illustrated by the subjoined table:—

	Wounds and Accidents.	Soldiers. Strength, 11,780.				Officers. Strength, 409.			
		Cases Ad-mitted.	Died.	Deaths per 100 Admitted	Cases per 100 Strength.	Cases Ad-mitted.	Died.	Deaths per 100 Admitted	Cases per 100 Strength.
1	Vulnus Sclopitoum ...	254	20	7·87	2·15	4	1	25	0·97
2	Vulnus Incisum	109	..	..	0·92	4	..	..	0·97
3	Amputatio	17	2	11·76	0·14	..	..	..	..
4	Fractura	22	..	..	0·18	4	..	..	0·97
5	Luxatio	6	..	..	0·05	2	..	..	0·48
6	Subluxatio	128	..	..	1·08	15	..	..	3·36
7	Contusio	338	..	..	2·86	34	..	..	8·29
8	Ambustio	23	..	..	0·19	1	..	..	0·24
9	Concussio Cerebri	1	..	..	..	..	..	..	..
	Total	898	22	..	..	64	1	..	..

The numbers of men and officers who have, on the various occasions when the 10th Regiment, in which I had the honour to serve, was engaged in action, been killed on the field are, as a matter of course, not included among the above. They will be more particularly alluded to in their proper place; but, for the sake of indicating side by side the rates of admissions and deaths from external injuries compared with but a small portion of diseases incidental to Europeans resident in India, let us briefly enumerate a few of the latter:—

Diseases.	Soldiers.		Officers.	
	Total Ad-mitted.	Died per cent. Treated.	Tota Ad-mitted.	Died per cent. Treated.
Pulmonic	1050	6·90	55	,,
Fevers	6273	2·88	283	1·41
Stomach and Bowels	3043	8·21	144	2·77
Liver and Spleen	871	6·19	29	10·34
Brain and Nerves	322	17·39	16	18·75
Wounds and Accidents ...	898	2·44	64	1·56

These figures show that external injuries do not by any means constitute so important a class of cases in India as might probably be supposed, and that, with the exception of the now happily rare occasions when our troops are called upon to take the field, surgery must be considered as holding in military practice a very secondary place to medicine.

Before entering upon the consideration of the statistics of the particular injuries, I would observe that there are some whose very absence must attract attention. Of these are punctured wounds, such as are caused by a bayonet thrust, and the various description of poisoned wounds.

The rarity of bayonet wounds in hospital is a general subject of remark by military surgeons in India, and must arise from one of two causes: either that the enemy does not often allow our white troops to come to hand-to-hand conflict with them, or else that the wounds inflicted by a bayonet are so generally fatal that the person injured dies on the field. The latter explanation is, I suspect, the true one, for in the battles that during the fifteen years, from 1842 to 1857, have taken place between our forces and Marhattas, Scindian, and Sikhs, there are numerous instances of our soldiers, when entering the enemies' batteries or storming fortresses, encountering the most desperate and deadly opposition. Under such circumstances the musket is comparatively little used, the bayonet being almost alone trusted to by the English, as the same weapon and heavy sword, or tulwar, have unquestionably been by those races.

With the exception of one of hydrophobia not another case attributable to poisoned wound is recorded. This is the more remarkable when we consider the abundance of venomous reptiles and insects that occur in India and that soldiers are so constantly unavoidably, or by their own want of care, exposed to danger from such sources. Although snake bites are conparatively rare among white troops, there is no doubt that many cases among all classes of persons in the regiment occurred, where injuries were inflicted, by the smaller class of such creatures as scorpions, centipedes, spiders, wasps, and mosquiteos, while I have myself seen vesication, attended by much pain and heat, of the part occur from a common wall lizard falling upon the uncovered skin of a person, as described by Hasselquist.*

On the 10th February, 1846, the 10th Regiment, consisting of 742 men and 34 officers, was present in the action of Sobraon. Of the men 29 were killed on the field, or a proportion of 3·87 per cent., 136 men were wounded, or 18·32 per cent., making the proportion of casualties among them 22·19 per cent.; of the officers 1 was killed, or a proportion of 2·94 per cent., and 2 wounded, being a ratio of 5·88, thus making the casualties among them 8·22, or 13·37 per cent. less than what occurred among the soldiers.

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* Ptyodactylus Gecko.

Among the affairs in which the regiment took part during the second Sikh campaign, was that of the 9th September, 1848, when a night attack was made with four companies upon one of the enemies' fortified outposts at Mooltan. This attack is stated to have, for the time, been unsuccessful, and we learn that of the men engaged 9 were killed and 33 wounded; 1 officer being severely wounded. The precise strength of this detachment does not appear, but it is fair to presume that the companies were made up to their full strength for the occasion, in which case there would have been 400 men and 13 officers.

According to these we should find the ratio

	Of Killed.	Of Wounded.	Of Casualties.
Among Men	2·25	8·25	10·50
Among Officers...	„	7·69	7·69

Here, again, we find the ratio of casualties in battle to be less among the officers than the men.

The assault was renewed shortly after day-light on the 12th September. Six companies of the regiment formed part of the attacking column, and, according to the report of the medical officer in charge at the time, "although hundreds of the enemy were slain, we yet had to lament the fall of many gallant and brave soldiers." Our loss consisted of 1 officer killed and 2 wounded, 5 rank and file killed and 29 wounded, so that if, as before, we suppose the companies complete, we shall have 600 men and 19 officers going into this action.

This would give us a ratio

	Of Killed.	Of Wounded.	Of Casualties.
Among Men	0·83	4·83	5·66
Among Officers...	5.26	10·53	15·79

Here we have the ratio of casualties among the officers nearly three times the amount among men.

At the battle of Goojerat, fought on the 21st February, 1849, the regiment had 7 men killed and 52 wounded, but the officers do not appear to have suffered at all on this occasion. We have reason to suppose that the regiment went into action at Goojerat 700 strong in men, so that, according to this, the ratio would be

	Of Killed.	Of Wounded.	Of Casualties.
Among Men	1	7·42	8·42

With regard to the precise nature of the wounds of men admitted into the field hospital during those operations we find the following to be an abstract; namely—

Stump cases	9
Injuries of the head.	2
„ „ neck	2
„ „ thorax	3
„ „ abdomen	3
Compound fractures	2
Injuries to joints	3
Wounds of soft parts	22
Simple and miscellaneous wounds . .	10
Incised wounds	7
Burns	1—64

That tetanus occasionally occurs among soldiers in India who are wounded, is well known, but that the affection is not so frequent as many persons believe appears in the fact that no case of it happened in any of the cases to which the above figures refer, neither did hospital gangrene show itself.

The surgeon remarks, on alluding to the absence of hospital gangrene, that he attributes this *to the great attention paid to cleanliness.* He also observes that during the campaign (Second Sikh War) the general health of the men was good, and this was in a great measure attributable to the attention that was paid to the clothing of the men, and to the adoption of flooring of wood in their tents while in a standing camp, by which the beds were kept raised from the cold ground. Here, then, we have the explanation of the general efficiency of soldiers in India on a campaign, the small per centage of sickness among them, and the favourable and rapid recovery of those who are wounded otherwise than very severely. These circumstances are in themselves so important that I recapitulate them:—

1st: Cleanliness.
2nd. Good clothing.
3rd. Elevation of beds from the cold ground.

We have in India two other valuable adjuncts for maintaining the health and efficiency of the men; namely, regular and well-cooked meals, prepared by people maintained for that particular purpose, and good and ample protection in the superior description of tents supplied by the local government to regiments; nor must I omit to observe that, during ordinary marches, an ample supply of straw is always available to be placed under the rugs on which the men in health sleep.

The cases of gun-shot wounds do not seem to have constituted one half the entire number of casualties that occurred among the soldiers at the battle of Sobraon, 55 men suffering from injuries of this description having been admitted out of a total of 136. Of these 55, six died shortly after being admitted, exclusive of those who underwent amputation.

At the affairs of 9th and 12th September, 1848, already mentioned, the gun-shot and incised wounds were in more equal proportions, and at Goojerat the wounds were almost entirely caused by gun-shot. The nature of the military tactics employed during an action influences the character of the injuries, inseparable from the engagement of an infantry regiment with the enemy. Thus at Sobraon, where the regiment was called upon to make a rapid advance and carry batteries, the celerity with which they charged the Sikh guns diminished the degree to which the men would otherwise have suffered from a heavy fire of artillery; but, in the hand-to-hand conflict in which they immediately became engaged while wresting the guns from their artillery, the wounds were almost all inflicted by swords.

In the night attack made on an out-post at Mooltan, on the 9th September, when our men were exposed to a heavy fire from walls, the mass of casualties consisted of musket and "zambouruk," or swivel gun-shot wounds.

On the 12th of the same month, when they captured the post, they had the same large proportion of wounds from fire-arms, prior to an entrance being effected; but after that, when they came to hand-to-hand conflict with the defenders, the injuries, as before, were from the "tulwars," or native sword.

At the battle of Goojerat, which, as is well known, was almost entirely decided by artillery, the nature of the wounds were all occasioned by grape and round shot.

If we draw our conclusion solely from the numerical return, we should be inclined to consider that because no death appears by it to have occurred from incised wounds, injuries of this description are, therefore, of inconsiderable danger. Actual experience, however, must convince us that they are far otherwise, for, while many cases of gun-shot wounds, of an evidently mortal nature, are brought to hospital, and thus included in the hospital returns, an incised wound of such a nature as to be mortal, usually terminates existence almost instantaneously, so that the majority that come under notice are mere cuts of the soft parts; sometimes of fearful extent, no doubt, and frequently implicating other tissues, but, nevertheless, in their nature comparatively free from actual danger to life. The vast majority of cases of this description healed without the occurrence of any untoward symptoms, and their treatment appears, as a general rule, to have been very simple.

The statistics regarding amputation are, it must be allowed, very incomplete; it is evident, however, that the majority of cases here recorded were instances of disease. It, moreover, would appear that in the hurry unavoidable in battle, some cases of amputations were not distinguished from the gun-shot wound that rendered the operation necessary.

We learn that among five patients, four of whom underwent primary amputation, three died. The one subjected to secondary amputation recovered; but this is manifestly too small a number to be brought forward for or against either of those measures.

Fractures and dislocations are by no means so frequent, apparently, among infantry soldiers in India as might be supposed. They occur under the same circumstances as in Britain; but there are some points with reference to fractures that deserve notice. When a person sustains an accident of this nature during the cold season, his general health being at the time unimpaired, and he so situated that he can be treated in his own regimental hospital, the progress of such cases is much the same, and his chances of a good recovery, similar to what they would be in the United Kingdom. If, on the other hand, the regiment is on a march, and the person has to be carried in a dooley a distance of ten to fifteen miles daily, it is clear that with the apparatus necessarily applied in such circumstances, there is not the same chance of good and straight union taking place that there would be under more favourable auspices. And again, when a person already debilitated by fever, or other endemic disease, meets with a fracture in India during the hot season, not only is he likely to suffer severely from sympathetic fever, and thus have his powers still more debilitated, but there may be insufficient action to carry on the process of reparation. Callus may not be thrown out at all, or if secreted in the first instance, may cease before it is sufficiently consolidated, and thus the solution in the bone remains unrepaired.

Sprains and bruises appear, as a rule, to be of less frequent occurrence among soldiers in India than in the United Kingdom; nor is this to be wondered at when we bear in mind how little inducement there is in India for the men to wander far from their barracks—they cannot mix with the residents as they do at home—and when indulging in their cups and quarrelsome, the violence they sometimes offer to the Asiatic is not quite so certain of being returned as it would be by the lower orders of most garrison towns in Britain.

The men of the 10th regiment were fortunate in escaping severe burns in action by the explosion of mines, tumbrils, &c.; but other corps have not been equally so, and when such injuries happen they constitute some of the most painful and terrible that have to be treated. The slighter kinds are often occasioned by trifling with gunpowder, or by the unexpected explosion of a musket; but, from the general want of fires in barracks in India, this class of accident is less common than they are in the United Kingdom.

It is now a tolerably well established fact that the destruction of one-third of the cuticular surface is sufficient to render death inevitable, and that cases of burn usually terminate fatally in consequence of the occurrence of exhausting diarrhœa.

The last accident recorded is concussion of the brain. It must be a matter of surprise how casualties of this description are so few as they are among bodies of troops in India. In fact, this very rarity is more deserving of remark than their occurrence, and this circumstance tends to show still more clearly the correctness of the remark already made—namely, that external injuries in India, even including those inseparable from engagements with the enemy, are a source of inconsiderable loss to a regiment when compared to the climaterial diseases to which it is constantly exposed during its service in that country.

THE SPINAL ICE-BAG IN THE TREATMENT OF DELIRIUM TREMENS.

By EDWARD HAMILTON, F.R.C.S.I.,
One of the Surgeons to Steevens's Hospital.

Attention having been directed to this practice by a communication made to the Surgical Society of Ireland in the past session by Dr. D. B. Hewitt, the following cases, in which this method was adopted with marked success, may not be uninteresting to the profession.

I was called to see Mr. T. S., the proprietor of a tavern in the suburbs, and found him with all the symptoms of *delirium e potu* well pronounced; he was in a state of great excitement and could with difficulty be controlled; pulse, 120, weak; hands tremulous; face pale; tongue large, soft, and creamy. He laboured under the hallucination that his wife's coffin was always beside him, and that he was himself dead and should be placed in it. In addition to this state of the nervous system, he suffered from very considerable derangement of the digestive organs, his eyes were icteric, he had vomiting and hiccup, with much tenderness over the right hypochondrium. He had been for some time an habitual tippler, but on the death of his wife, some short time previously, he took to drink continuously. Has had a slight attack before the present. He has had no sleep for the last three nights. A blister was applied to the epigastric region. He was ordered to take a draught every third hour, containing twenty drops of tincture of cannabis indica, two drops of dilute hydrocyanic acid in camphor water; by this treatment the vomiting was relieved, but the patient had no sleep; in the evening he was ordered two grains of watery extract of opium in a tumbler of brandy punch, to be repeated in six hours if sleep was not procured. The following morning I found him still labouring under great excitement, having had no sleep. The skin was clammy and bedewed with cold perspiration, the pupils were contracted, pulse 120, weak; it was evident that in his present condition narcotic treatment could not be further pushed with any degree of safety, and yet the exhaustion from want of sleep was sure to be fatal. Accordingly I procured one of Dr. Chapman's ice-bags, and, having filled it, applied it to the back from the occipital bone to the lumbar regions, having passed the elastic band round the forehead and secured the lower end with a bandage round the waist, giving directions that it should be renewed when the ice had melted. He was placed in bed, the room darkened, and strict quietness enjoined. In the morning, after the ice was applied, he became quieter and more manageable, being, as his attendant expressed it, "cooled down;" at the same time the temperature of the surface was sensibly raised. In a quarter of an hour after the second charge of ice was applied he fell into a deep sleep, which lasted for eight hours. On waking he expressed a wish for food; he had a broiled chop and some bread, and on my evening visit I found him again sleeping naturally. Abstemiousness quickly restored his digestive organs and brought him to his ordinary health.

I was requested by Mr. W., residing some distance from town, to see his head gardener, who was labouring under an attack of delirium tremens. I found him walking about his room in wild delirium; his brother, who was in attendance on him, found the greatest difficulty in restraining him, as he made violent efforts to escape from the room. I had seen him in two similar attacks, but in neither was the excitement so great as on the present occasion. The plan of treatment which was adopted in his previous illness was resorted to: he was given a dose of castor oil and turpentine, and at night, three grains of watery extract of opium in a glass of punch; on this occasion it was not so successful. I was sent for to see him again the next day, as he had no sleep in the night, nor for the three nights previously, and was stated to be much worse, the opiate had rested on his stomach; but I found him still violent, pulse 100, skin clammy, pupils contracted; his bowels had been well cleared out. I resolved to try the ice to the spine, but not having the India-rubber bag with me, although ice was easily procurable, I obtained the trachea of a cow from a butcher in the adjoining village, and it answered the purpose admirably—the ends were plugged with cork and lapped over with twine. It was applied to the nape of the neck and down the back. After the third application he fell into a sound sleep, which lasted for six hours, and was followed by complete recovery in a few days.

J. H., proprietor of a public-house in Dublin, usually of moderate habits, became much depressed at the death of his brother, to whom he was greatly attached, and took to drink. He was a man of weak constitution and delicate, although not subject to any special ailment. I found him suffering under great depression; pulse 60, skin cool and moist, tongue peculiarly furred in patches, stomach instable. No sleep for the last two nights. He was rational, except at intervals, but was not violent. He was ordered tincture of cannabis indica, chloric aether, and camphor water, every third hour, and at night to take one grain of watery extract of opium every third hour; to have four ounces of wine and strong beef-tea. I saw him the following morning, he was more excited, pulling the bed-clothes, and very restless. He did not sleep, although three of the pills were given to him; his pulse was 80; he complained of headache and great thirst. He was allowed ice in his mouth. The ice-bag was applied to the spine, as in the case above. In half-an-hour after the first application he slept soundly for several hours, and in the course of the night, his friends, finding that he was not inclined to sleep, and having witnessed its good effects, of their own accord, applied the ice with the best possible result, as he slept the entire night and was convalescent on the following day.

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REYNOLDS'S SYSTEM OF MEDICINE.*

ALTHOUGH we have on more than one occasion noticed some of the separate articles in this immense undertaking, we have waited until the completion of two-thirds of it before referring to it as a whole. It is now time to bring before our readers as a whole the only encyclopædia of our art that has been attempted recently, and which will constitute an epoch in medical literature. The profession owe much to the publishers who so boldly projected and carried out a work of this importance; and the praise due to them must be shared by the editor who has so ably fulfilled their design. The work bears more resemblance to the "Encyclopædia Metropolitana" than to other attempts with which it may be justly compared, inasmuch as it consists of a series of valuable monographs by various authors, working indeed conjointly to the accomplishment of the end, but independently so far as each subject is concerned. It is therefore no compilation. Each writer has been entrusted with the preparation of his own article, and we have consequently a much larger mass of original investigation than has ever been brought together before. It must be remembered, consequently, that this *System* differs *in toto* from a Dictionary of Medicine compiled by one or two deeply-read men, and ought not to be compared with such works,—useful and valuable for their purposes, but having no common aims with this.

Two volumes out of the three proposed are now before us. A considerable interval elapsed between the issue of them, but this is not to be wondered at when we look at the long list of eminent men who have contributed to the general stock. The editor, indeed, is rather to be pitied than blamed for any delay, since it is obvious that he must at times have felt weary of his task, and wondered how he should be able to redeem his pledges. Any one who knows what a busy life in full practice is, will feel that it was no ordinary effort to bring into one work the toil and thought of some of the foremost minds in the profession. He has, however, his reward in seeing at length as his labours draw nearer to a close that his success is as certain as his trouble has been great. These remarks need no justification; they are best exemplified by the volumes before us. In his brief preface the editor tells us his object was "to present, within as small a compass as is consistent with its practical utility, such an account of all that constitutes both the natural history of disease and the science of pathology, as shall be of service in either preventing the occurrence or detecting the presence, and judging the treatment of special forms of illness." This comprehensive task has been attained, as we have stated, by entrusting each special form or group to some one who had specially qualified himself to write upon it; and the brilliant list of names is justifiably referred to as a sufficient guarantee for the excellence of the performance. We need only say that twenty-four names of contributors to the first volume alone attest the truth of this remark. This first volume is devoted to General Diseases, and opens with an able introduction by the editor himself. This essay has the merit of brevity, consisting of only twenty-five pages; yet it includes Definitions and Names, Structure and Function, Natural History, Course, Derivation, Termination, and Diagnosis of Disease. Pathology, Prognosis, Therapeutics, Hygiene, and Classification have also each a paragraph. Passing from this, the subject proper of the volume, General Diseases, or affections of the whole system, is opened by Professor Parkes with an essay on Influenza, which we commend to the earnest study of all. This is the first of the General Diseases determined by agents operating from without. The authors of the essays upon them are: Malarial Fevers, Dr. Maclean; Diarrhœa, Dr. Goodeve; Dysentery, Dr. Maclean; Cholera, Dr. Goodeve; Pyæmia, Dr. Bristowe; Parotitis, Dr. Ringer; Croup, Dr. Squire; Hooping-cough, Dr. Ed. Smith; Syphilis (constitutional), Mr. Jonathan Hutchinson; Plague, Dr. Gavin Milroy; Scarlet Fever, Dr. Gee; Dengue, Dr. Aitken; Diphtheria, Dr. Squire; Measles, Dr. Ringer; Roseola, Dr. Beigel; Small-pox, Mr. Marson; Vaccination, Dr. Seaton; Chicken-pox, Dr. Gee; Typhus, Dr. Buchanan; Typhoid, Dr. John Harley; Relapsing Fever, Dr. Warburton Begbie; Yellow Fever, Dr. Denis Macdonald; Erysipelas, Dr. Reynolds, the editor; Glanders and Hydrophobia, two separate essays, each by John and Arthur Gamgee conjointly; Sudamina and Miliaria, Dr. Ringer. The above is certainly a tolerable list, and would suffice for more than one such volume. But it is not all contained in this: as yet there remains the General Diseases determined by conditions existing within the body. These are: Scurvy, Dr. Buzzard; Purpura, Dr. Hillier; Rickets, Dr. Aitken; Gout, Rheumatoid Arthritis, and Rheumatism, three separate essays, each by Dr. Garrod; and Gonorrhœal Rheumatism, by Mr. Brodhurst. Such being the list of essays comprised in one volume, what can the reviewer with a column or so do but commend them to the study of his brethren, and turn to some more cursory notes or proceed to volume II? To try to criticise each separately would be absurd, and the best use we can make of them is probably to refer to them at intervals as we have occasion to mention the various subjects in other departments of our journal, as in fact we have already several times done. We may, indeed, thank the publishers for the good type and paper and general getting up of the work, though that might only remind us of our old grievance against binders, who will not considerately cut the edges of all such books. Ragged edges really ought not to harbour the dust on such magnificent works; and though we advise them to be constantly referred to, dust has such a terrible tendency to accumulate, and housemaids are so constantly in commotion, that it penetrates the best book-cases. Besides, these are not books to lock up in a case; they should be ever close at hand, ready to tempt the busy practitioner to refer to them as a recreation and to study them as text-books,—familiar consultants in all cases of doubt or difficulty, pleasant companions with which to converse constantly and freely.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 30, 1868.

SQUEAMISH LIEUTENANTS.

TOWARDS the end of last May cholera threatened to occur in epidemic form among the troops quartered at Chinsurah, one of our military stations in Lower Bengal. Every ordinary precaution against such an emergency appears to have been taken by the medical officer in charge, and by the officer commanding the dépôt. Among other measures, Captain Brown issued an order that officers commanding sections should ascertain personally that each man of their sections respectively had a cholera belt on, and to note the same on the back of the parade state. To the thinking of most men, and certainly to that of all who have had experience in India, this order was a most judicious one, and the means of ensuring its execution effective. But a certain Lieutenant Macdonell was of a totally different opinion. He point blank refused to perform the duty. Soldiers might die of cholera, but a subaltern of ten years' standing should, according to his opinion, have a soul considerably above cholera belts, and so he returned the duty state of his section, but not until he had expressed his views upon it. "The duty," he was pleased to observe, "of inspecting half-naked soldiers is surely the duty of a non-commissioned officer, not the duty of a gentleman."

Unfortunately for him, a general court-martial before which he was arraigned held somewhat different views on the matter. The finding of that august tribunal declared the gallant officer guilty of conduct unbecoming his position as such, and the Commander-in-Chief, in remarking upon the proceedings, observed that a more flagrant and deliberate instance of insolence and insubordination had never been brought to the notice of the superior military authorities; that the defence of the prisoner was utterly untenable; and that the order in question was in complete accord with the custom of the service in well-regulated regiments. Accordingly the "prisoner" was reprimanded in accordance with the sentence of the court. But the Lieutenant is not without his friends and supporters. The *Army and Navy Gazette* falls foul of Sir William Mansfield, observing, among other hard things, that the offence for which Lieutenant Macdonell was tried was, though still an offence, yet of a slightness almost venial; that "the duty appeared more suitable to a medical or non-commissioned officer," and so on.

Who shall decide when "doctors," and *such* doctors as these disagree? Let us see what say the published regulations on the subject. According to the twentieth section of those for hospitals, the officers of the medical department are charged not only with the medical care of the sick, but with the duty of recommending to commanding officers whatever precautionary measures may conduce to the preservation of health of troops, and the mitigation or prevention of disease in the army. They are moreover directed weekly to inspect men for the detection of various ailments. During the prevalence of cholera they are required daily to inspect the men, and thus, it may be, detect the first indications of that disease among them; and they are, moreover, directed by the special instructions regarding that disease to devote their whole time to efforts for its prevention among them. It is well known that attention to clothing is among the important measures to be considered under such circumstances; so also is the wearing of flannel waist-belts; so cleanliness and free ventilation in barracks; cleanliness of the drains outside; cleanliness of latrines and urinals; removal of refuse; and all the other matters that come under the head of conservancy. Let us remember, however, that the functions of medical officers are not *executive.* Their proper functions cease when they have submitted their recommendations. It is, then, as much the duty of the officers appointed to give effect to their recommendations, to make certain that the one having reference to the wearing of cholera belts by the men is effectually carried out, as it is to see that all the other measures indicated are enforced. Carpet-knights and drawing-room lieutenants would most benefit the public service by adhering to those vocations for which Nature has been pleased to fit them.

PARLIAMENTARY REPRESENTATION.— SIR D. CORRIGAN.

THE name of our worthy medical baronet has been so freely mentioned in connection with the representation of Dublin and other constituencies that we think it well to state the two classes of reasons, totally outside political considerations, for which it is desirable that an able physician should enter Parliament.

1stly. Legislation on public health questions has been imperfectly and clumsily done in England: in Ireland it has been neglected. Surely, if able and energetic medical men had seats in the House of Commons, the cholera and cattle plague epidemics would have been more promply and effectively met; English workhouses would have been long since reformed; the machinery for the prevention of disease and for the ascertainment and registration of the causes of death would not still be directed by over a score of fragmentary and often contradictory acts; and their extension to Ireland would not have been delayed for twenty years after they had proved beneficial in the sister country.

2ndly. While clerical, legal, commercial, and agricultural interests are fully cared for, the medical profession has no efficient champion—witness the refusal of the Government to provide superannuation for disabled Poor-law physicians. If the entire profession in Ireland were polled, we doubt that one of its members would deny that Sir D. Corrigan was the most fitting representative who could be found for a university or medical corporation, if enfranchised.

His administrative ability has been proved at the governing boards of many of our charitable institutions, the Board of Health, the Medical Council, and several Royal Commissions. His splendid ability, strong common sense, and independent bearing have raised him to a most exalted position. He would enter Parliament for no selfish purpose, and the turmoil of an election would not have to be repeated, as would happen if a lawyer be chosen, for no lawyer could be selected save one whose ability had already put him in the groove for promotion, and Dublin City should never become as convenient a seat as that of the university, which has accommodated in succession so many Attorneys-General. It is said, however, that that learned constituency is likely to choose another class of representative in future.

Notes on Current Topics.

Tweedledum v. Tweedledee.

CONCURRENT with the Peruvian convulsions of nature, the medical oracle has spoken. The mental tranquillity which the leading medical journal had shed upon the minds of the British nation in connection with the health of the sovereign is, at the bidding of Jupiter Tonans No. 2, cruelly dissipated, and grim despair, issuing from Great Queen street, Lincoln's Inn, has cast its gloom around the people of Europe.

We hasten to relieve the sickening apprehensions of loyal subjects by a friendly editorial whisper. We are in a position to state that her most gracious Majesty is decidedly better than when she was worse; and that in the absence of any reliable information whatever, the plush liveries of the *Lancet* and *British Medical Journal* may be refolded in their lining of silver paper and consigned to oblivion. Our own special Court flunkey has deferred producing his uniform, and anxiously awaits some inteligence more real than the guess shots of our contemporaries. Perhaps the *aura* may return.

The Morality of Lord Amberley's Platform.

THE young hopeful of the professed reformers and radicals has questioned the accuracy of our representation of his views on large families. Will he repudiate the other theories of his party as easily? But his remedies for over population are a part and parcel of their views we may assume, from the following quotation extracted from a journal edited by Mr. Bradlaugh, the expectant representative of the Reform League. Discussing the remedies for poverty, a lady correspondent (save the mark) writes:—

"Another party suggests a remedy, namely celibacy. What ignorance! Man, know thyself, has been wisely urged. What does celibacy mean? It means this, prostitution or insanity. The man who advocates celibacy knows nothing of himself and his physical organization. . . . . What are the majority of women in our towns fit for after they have borne a large family, and lived a half-starved existence? . . . . I trust they may learn to understand the laws of population, so that each man may not have more children than will produce comfort to himself, and justice to his fellow men. Man might then if he choose live out a noble life, and if we beheld vice in our streets we should not have to sigh and exclaim while we deplore it—'This evil is a necessary one.'"

If Lord Amberley is incompetent to understand the vile suggestions hidden under the phrases of the *morçeau*, we would explain that the writer means that continence is a physical impossibility, and the "noble life" alluded to is neither more nor less than unbridled licentiousness under a "reformed" system.

Vaccino-maniacs.

THE myrmidons of a tyrannical monarchy have no respect of persons, and its minions in the blue coats and the felt helmets appear to be lost to all just appreciation of the enquiring mind, it would appear that the patrons of small-pox are groaning under the oppression of the Vaccination Act, and the divine right of stupidity is not reverenced in the persons of the Vaccino-maniacs. *Public Opinion* records that one of its most trenchant anti-vaccination correspondents, whose *nom de plume* is "*Search*," has been actually fined ten shillings for aiding and abetting the spread of small-pox, in refusing to allow his child to be vaccinated.

"'Search and ye shall (be) fined" (may we be excused the misquotation) proves true once more, and the great privilege of pigheadedness for the British subject is unfringed.

But no! The Vaccino-maniacs are not forgetful of their rights as men: we are in a position to assert that they will try the great question of the Female Franchise by returning Mrs. Borrodaile as the representative of their intelligence in the next Parliament.

Public Health.

WE make our usual quotation from the Registrar General's return of births and deaths in the week that ended on Saturday, the 19th of the present month. In London and 13 other large towns of the United Kingdom, there were 4,332 births, and 2,981 deaths; the annual rate of mortality being 24 persons living, distributed as follows: 20 per 1,000 in London, 29 in Edinburgh, and 22 in Dublin, 19 in Bristol, 23 in Birmingham, 30 in Liverpool, 36 in Manchester, 30 in Salford, 26 in Sheffield, 24 in Bradford, 31 in Leeds, 30 in Hull, 29 in Newcastle-upon-Tyne, and 22 in Glasgow.

In London 1,220 deaths were registered during the week. The average number of deaths for the corresponding week of the year is 1,252, consequently, the deaths in the present return are less by 32 than the estimated amount. The deaths from zymotic diseases were 348, the corrected average number being 392. Four deaths from small-pox, 22 from measles, 74 from scarlatina, 15 from diphtheria, 32 from whooping-cough, 56 from fever, and 86 from diarrhœa were registered. The deaths of eight children and one adult from syphilis, of three children and four adults from burns or scalds, of five persons from drowning, of three infants from suffocation, of four persons who committed suicide, and of two persons who were killed by horses or carriages in the streets, were registered last week.

The daughter of a gentleman died on the 11th September, aged 19 years, of sunstroke (7 days), and the daughter, aged 18 years, of a carpenter on the 12th September, of typhoid "fever from sun exposure," also an infant 10 months old, the son of a builder, died on the 15th September of choleraic diarrhœa (5 days).

Is Smoking Injurious?

We notice another attempt to revive the anti-tobacco crusade. One would have thought that by this time all that could be urged for and against the habit of smoking had been said more than once. Not at all. There are always persons ready to inveigh against tobacco, in spite of the thousands who show their contempt for the arguments used by steadily persisting in their enjoyment. We have no wish to enter the lists. It is more amusing to watch the combat. Yet, as we have recorded the opinions of some accurate observers during the past year, it may be worth while to object to a statement that has been "going the round" of the papers during the last week, but is destitute of the scientific accuracy to which it pretends. In the paragraph alluded to, entitled "Tobacco an Enemy to Public Health," it is calculated that 11lbs. of tobacco per annum is a moderate quantity for the habitual smoker. It is then added that "the nicotine inhaled would, if concentrated, have killed a hundred times over." Now this statement need not alarm any one. It is a mere presumption of the writer that the nicotine is ever *inhaled* at all. The nicotine contained in a small quantity of tobacco would no doubt, *if* inhaled, destroy life; but then it never is inhaled. The major part is really burnt, that is to say, decomposed into other substances by the heat, and is no longer nicotine. The residue is not inhaled.

The same paragraph contains another equally unfounded remark. It speaks of the "many thousands who smoke their ounce a-day, or a dozen of cigars or more a-day, and thus pass through their lungs the carbonized vapour of some twenty odd pounds of the weed annually." Now this is mere nonsense. They do not pass the "carbonized vapour"—if that may be taken as the pseudo-scientific term for smoke—through their lungs at all. The smoker draws the smoke into his mouth, and then puffs it out, as any one with the least observation may see every day. We should have thought that the fact of a smoker coughing violently should he accidentally get a little smoke into his windpipe, would have preserved the most careless from the blunder of thinking that devotees of the weed breathed smoke. We are not defending the use of tobacco, any more than joining in the counterblast against it. We merely intervene to prevent such baseless statements being supposed to rest on a scientific foundation.

The New Water Supply of Dublin.

The new and expensive provision of water for the City of Dublin from the river Varty has lately been very unsatisfactory, and universal complaint has been made of the water, which is of a dirty yellow colour, and repulsive in appearance. Mr. Parke Neville has attempted to explain this condition by saying that the deposit from the hard water recently used has been detached from the inside of the pipes by the solvent action of the soft water; that this has occurred everywhere under similar circumstances; and that the evil will be remedied by time. We believe this explanation, though perhaps good in theory, is not the cause of the unpleasant turbidity in the case of the Varty water. We have a sample taken from the river Varty above the reservoir, perfectly pure, clear, and sapid, and another taken from the reservoir itself, straw-coloured, evidently impure, and no doubt dangerous. We believe the people of Dublin are drinking the solution of the dirty mud and bog which forms the bottom of the reservoir, and which was, before the water was let in, closely covered with mud cabins, each with its inevitable cesspool. If our impression be correct, the citizens of Dublin need expect no relief until they have disposed of the objectionable solution, and until the reservoir becomes thoroughly washed out by repeated rains.

The Health Section of the Social Science Association.

The following questions are those proposed for discussion at the approaching meeting of the Association which will open at Birmingham on this day. In this section the following questions will be specially discussed. 1. Can the public Hospitals and Dispensaries of this country be so administered as to conduce more to the welfare of the community? 2. What ought to be the functions and authority of Medical Officers of Health? 3. What is the relation of the Water Supply in large towns to the Health of the Inhabitants?

THE INDIAN PHARMACOPŒIA.

It is twenty-four years since the last Bengal Pharmacopœia appeared. The publication, therefore, of an Indian, based on the last edition of the British, Pharmacopœia is of considerable importance. We have looked through the book with great interest, and hope shortly to give further information about it. At present we desire to express the gratitude which the profession, and most especially that part of it engaged in India, owes for the book. The editor, Dr. E. J. Waring, deserves a separate "vote of thanks" for the toil he has spent upon it, and but for which it would not have been of half the permanent value it may now prove. It is at once a text book of materia medica, and a complete pharmacopœia for Indian practitioners.

PARISH DOCTORS AND THE FRANCHISE.

It is said, and we hope truly, that some of the working men who formerly obtained orders for the parish doctor have determined to be in future private patients, in order that being struck off the parish list they may exercise the franchise they have so recently obtained. If the franchise educate men into independence of this abominable system of getting relief in sickness, at the expense of others, it will indeed prove a boon to all. Let men honestly try to avoid this degradation, and they will find their old friend the doctor will not oppress them by long bills. In most cases he would be able to arrange for them to be attended on very easy terms.

DR. HUMPHRY SANDWITH.

This gentleman is pursuing an active canvass for Marylebone. A contemporary, which ignores politics, and thinks medicine above party, but has not systematically supported all medical candidates, wishes him success. We wish him well equally, but we have not observed that at present he has made any profession as to medical politics, without which we recognise no exclusive claim on medical men. We shall vote for him, and hope he will serve his profession.

SCIENTIFIC POPULAR LECTURES.—EXAMINATION AND PRIZE SCHEME.

In anticipation of the third season for the delivery of a course of familiar scientific lectures, prepared by Thomas

Twining, Esq., in connection with the Economic Museum at Twickenham, that gentleman has propounded a plan for examination, and offered prizes to be competed for by the attendants at his lectures. The course will embrace the subjects of Physics, Chemical Physics, Chemistry, Natural History, Human Anatomy, and Human Physiology. Arrangements are at present made for the course at the Lambeth Baths, and although Mr. Twining will be happy to receive proposals for the gratuitous delivery of the lectures in other localities, the examination and prize scheme is, for the present, limited to the Lambeth Baths, where the most numerous and attentive audiences have been present in past seasons. One of the examiners will be Mr. William Hudson, chemical superintendent of the Twickenham Museum, another will be the Rev. G. M. Murphy, and a third is to be named by the Society of Arts. Mr. Twining has desired special precautions to be taken to exclude all except *bonâ fide* working class competitors. It is sincerely to be hoped that this practical attempt at popular technical and scientific instruction will meet with the success so well-meant an endeavour deserves. It is to be followed, according to present arrangements, by a South London Industrial Exhibition in the Lambeth Baths, opening early in March next.

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THE PURGATORY OF LONDON HOSPITALS.

As might be anticipated, the assertions contained in the article printed by *Public Health*, and criticised in our last issue, have given rise to no little excitement. They were of such a nature that we felt constrained to give them a wider publicity than they could attain in a monthly journal so recently started. We are gratified that the profession generally should admit the justice of our remarks. We feel it superfluous to say more than we did, knowing full well the character of our hospitals and their physicians and surgeons. It is equally unnecessary to publish letters from persons officially connected with any of these incomparable institutions. The accusation has been made by a *quondam* patient. We therefore prefer this week to print the reply of such a person. Our correspondent, perhaps carried away by natural indignation, appears to have confused our journal with the one in which the impeachment appeared. We must beg him therefore to look again at THE MEDICAL PRESS AND CIRCULAR for last week, when he will find that the word purgatory and other phrases, which equally amazed him and ourselves, are quotations from the article in the *Public Health*. The conductors of that magazine—not we, are called upon to explain or justify the allegations made.

Here is the letter of our ex-Patient:

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Looking through your valuable paper of the 23rd inst., I was surprised to see an article headed "*The Purgatory of London Hospitals.*" I therefore think it a debt of gratitude to one of those establishments, viz., "the Westminster," to contradict the above title to Life in the Hospital, experienced by myself for six weeks in this year. The part I particularly allude to is this,—"Those occupying a higher social sphere, who are reduced to avail themselves of hospitals, find it very distressing to their self-esteem."

Now, I have a slight idea that the writer of that sentence must be either a very disagreeable, discontented, or selfish individual, never trying to make himself comfortable under and circumstances, or thinking that perhaps he should have had all attention paid to him, and that other patients of the *inferior order* to himself should be neglected.

About being obliged to crawl to a bath, I can only say that patients who were unable, or who asked for a bath to be brought to their ward, were never refused, and more than that, the porter used to come up for *orders*.

Referring to the "*female Cerberus*" who ruled the room, I can speak as to the willingness and kindness of the Sister and nurses towards all the patients both night and day without looking for bribes, and as to imposing *tasks*, that is simply absurd. The patients, if convalescent or not confined to their beds, were asked to assist in the various duties of the Sister or nurses, such as washing up the tea-things, laying the cloth, looking after the kettle, carrying up bread, the milk, and such like, which I myself never for one moment considered hard work, but rather felt pleasure in helping those who have plenty to do and who never grumbled to perform any duties they were called upon, and, in addition, I thought that "helping fellow-creatures" must be always pleasing to any well-disposed person, and, furthermore, out of gratitude to the promoters and subscribers of such charitable institutions, I might surely give a helping hand.

If the writer of that word *purgatory* considers those *tasks* as such, I fancy that he hardly understands the word, and sincerely hope he may never experience the "*real place* of abode."

As regards the Matron's visits "being few and far between," I witnessed, during the six weeks I was *taken care* of, the Matron—a most estimable and kind person—go the rounds of the different wards *every* day, and *frequently* during the day, and that lady was always ready, should either of the Sisters or nurses require anything, and instead of "*bringing a cold, disdainful glance along both sides of the wards,*" was always anxious to hear how the patients were going on, and studying their comforts.

From the tone of the *purgatory* author, I am not surprised at the Chaplain being condemned. I am glad to say that our Chaplain was not one he described, which, I must confess, I hardly credit, I fear his own thoughts and eyes were wandering. We had service in the chapel twice on Sunday and during the week, and those patients who were not able to attend were visited by the Chaplain, who read to them.

Lastly, but of course of first consequence, the physicians, surgeons, and others connected with the establishment, deserve the highest praise for their great care and perseverance in all cases. The House-Surgeon, who has, of course, an immense amount of work, was ever ready to come up to any patient, at all hours of the night. And when, sometimes, I have heard grumbling and dissatisfaction, I could not help speaking my mind to those who are ever ready to condemn, but seldom grateful to confess their cures.

With regard to the nurses receiving bribes, there is a notice in every ward forbidding money to be given by a patient or received by a nurse, and, from my experience, the nurses never behaved in the slightest respect different to the poorest or those of a "*higher social sphere.*"

As a proof of what I have here written with regard to the feeling of patients towards the much-abused functionaries, I can only add that during my stay I saw very many old patients call to see their old nurses. I have done so myself, and would certainly never think I was losing my self-esteem by paying a visit to your correspondent's so-called *Purgatory*.

The only thing I regretted was that I was obliged to fill up a bed which many a poor creature would have found a "*Paradise.*"

Not being an author nor medical man, but the relative of a subscriber to your journal, and wishing to give you my experience, to refute the ill-natured remarks about the invaluable institutions, I trust you will excuse me taking so much space.—I am, &c.,

R. I.

P.S.—One of the Governors or Members of Committee was constantly through the wards enquiring if there were any complaints to be made by the patients, and visit the kitchen to see that the rations were good.

When a patient was discharged, he had to go before the Board and there make a complaint of any ill-treatment or irregularity, and he was especially asked about the nurses or other members of the establishment receiving or borrowing money.

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THE VALUE OF A DIPLOMA.

WITH the exception of the degree of M.D. of London University, which is sought for only by those who aspire to a place amongst the *elité* of the profession, or who can bring the necessary amount of ability, time, and money for this attainment of this qualification, we would seem to attach too much importance to the licenses of our different Colleges, whether it be theMembership of London, or the Licentiateship of Edinburgh or Dublin. In reality, the diplomas themselves will depend for their value on the *ability* and character of their possessor, as well as on the subsequent zeal or indifference in the profession.

With some, the obtaining of their diploma is the *ending* of their studies. They have obtained their El Dorado from one of the Colleges which pride themselves on *their licence* being of the highest order.

With others, it is but the commencement: they look upon the profession in a more extended view, and consider their few brief years of medical study as only a pupillage, and their diploma as a *blue valetis* to encourage them to further exertions.

The latter is the more noble view. By further observation and study such men fit themselves for their calling, and are likely to be of benefit to mankind.

"Vita Brevis—Ars Longa," say the philosophers. Of all professions, that of medicine comes under this category. Yet if a *license* is to stamp a man for life, how *brief* the period in which it has been acquired, how easy has been the acquirement.

What are three or four years spent in the acquisition of knowledge, whether of the general literature of our own country, or of the language of Greece, of Rome. How much longer must they who seek some of the honorary preferments of our Universities devote themselves to study? Yet the recipients are comparatively not benefited in the race of life, for but to a few are these honours of utility. There are long years spent at Harrow, or Eton, or one of the other public schools, under masters of ability; and these are but the preparatory schools, where the mind, if it is not stored with the rich lore of classical or general *information*, is yet prepared for its reception, and undergoes a process of *formation* which is subsequently turned to account. Then several years are passed at a University, and ever after those years, the knowledge acquired is felt by those who appreciate what knowledge is, to be comparatively *trivial*. It was a saying of the ancients, "The more we know the less we know;" but this, in modern days, is, unfortunately, often reversed, so that 'tis said, "The less we know the more (we think) we know."

Seeing that so many years are spent in acquiring a knowledge of languages and literature which are only required to give a man a status in society and to enable him to mingle with his compeers, of what account are three or four years spent in the acquisition of the knowledge of a profession which embraces such a wide field, and into which so many collateral branches of science enter, for each of which the whole period would be required? Of what worth is the first year? The embryonic surgeon has the vast ocean of medical and surgical knowledge spread out before him. He is like the youth who makes his first voyage. He is dazzled by the extent of surface which he has to survey. As yet he knows not the land-marks or the soundings, nor can he read the stars or foretell a gale. As the voyage goes on he gets faint glimmerings of nautical knowledge, and all is not the chaos he once thought. Thus with the student: he is perplexed and bewildered—long-sounding names and opposite theories confound him; but as the year grows on he begins to see his way, and finds that the mysteries of diseases can be read. He has acquired some little knowledge, learnt a part of the grammer, and got by heart some of the names. In his second year he makes improvement, and reads some of the authors, the text books. The third year comes on: he is well "made up;" he receives his diploma; he is stamped on an "*ornatus vei*,"—then farewell to books. During those years what has he read? A text book on Anatomy, with some directions; text books on Medicine, Surgery, Physiology, and the various other subjects—in all about nine text books.

The diplomas of our best Colleges can be thus obtained. Nor can we object to this. Yet, knowing that such is the nature of medical education, it does seem absurd to attach any intrinsic value to such qualifications. Nay, worse: it was the boast of "a grinder," now deceased, that he would take a carman of "ordinary" ability off the street and put him through our Colleges in six months. This sad truth was forced upon him by the class of men whom he had prepared, and by their success in obtaining their qualifications.

Much has been said of late years about improving our College *examinations*. This is beginning at the wrong end. We must teach our students what is the meaning of the term, "reading." We must introduce some of the University element into their studies. We must make them understand that a "reading man" is one who is not content with merely getting through a certain set of books,—as few as possible—but one who studies for the benefit and the gratification which learning affords.

Many may laugh at these ideas, may view them as "transcendental;" yet this is owing to the education they have received. With pity more than anger we may look upon such. They cannot understand what it is to read Æschylus, Euripides, or Sophocles, for pleasure, whose works they consider dull, stale, and useless.

We may make our examinations more difficult, and may thus exclude many who should never have diplomas; but the wiser and better plan would seem to be to diffuse different ideas about medical studies, to change the typical medical student, to break through the prejudices and associations connected with the *caste*; then it would follow, as of necessity, that the rank of the profession would be improved, and the value of a diploma would be proportionately increased.

G. H.

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REPORT ON WINE.

THE wines generally known and commercially dealt with under the name of "Sherry" comprehend all white wines imported direct from Cadiz, but the true sherry is the produce of that triangular portion of Spain included between Puerto Santa Maria, San Lucar, and Tribujena, including the wealthy town of Xeres, from which sherry acquires its name. The choicest wine is the produce of the vineyards between the two latter places, that is, north of Xeres. But the exports from Cadiz are drawn from all parts of the vast vineyard of Spain, and embrace many varieties which have a reputation almost equal to that of the exceptional Xeres. It would be well if these supplies were derived exclusively from such sources, but there is too much reason to believe that of late in particular, they are sometimes referable to a much more questionable origin; but the wines of Montilla, La Mancha, Valencia, Malaga, &c., are fully entitled to rank with the produce of any other part of the Peninsula.

It would be beside the object of these reports to enter into any consideration of wines in general, or sherry in particular, as a commercial commodity; we are only concerned with the nature and characteristics of the genuine article in its various aspects from a sanitary point of view, and the sophistications or adulterations which may interfere with or neutralise its hygienic properties, and we feel confident that what follows will sufficiently demonstrate the importance of the inquiry.

Wine, particularly port, and still more especially sherry, is frequently prescribed as a tonic or restorative. We have already shown how little claim port wine commonly has to such a distinction, and trust to prove that in some respects at least sherry is quite as objectionable, unless with proper discrimination.

When a physician prescribes, he does so knowing to a tittle the proportions of the medicaments recognised by the Pharmacopœia; but in the article of wine it is to be feared that his knowledge is exceedingly vague, and derived more from popular impression than from scientific research. In proof of this, in a lately published medical work upon the effects of alcohol on digestion, sherry, as something definite and beyond question, is put upon the same low alcoholic footing as beer, which never exceeds 14° of alcoholic strength. The subjoined results of our examination will show how "wide as the poles asunder" these two may be, and how fallacious, consequently, the conclusions drawn from such premises must be.

The type of a perfect sherry is a bright amber colour, inclining more to yellow than green, clean on the palate, dry, full of body, and characteristically fragrant. When fully fermented and matured, it possesses these qualities in perfection. The natural alcoholic strength is from 25.5 to 30° per cent. of proof spirit (the latter equivalent to about 17 per cent. of alcohol). As the wine ages it acquires a somewhat deeper colour, and a slight accession of strength, rarely, however, exceeding 32 per cent. of proof spirit; the latter, however, depends upon its being matured in bulk in its own country, as the dry climate of Spain abstracts the watery portions and concentrates the others. In a damp climate the contrary effect would follow.

The leathery flavour so often found in sherry as to give rise to the popular idea that it is an inherent distinction, is not a natural characteristic, but is derived from the skins in which it is frequently carried; the pitchy flavour sometimes found is also owing to the practice of coating the skins, or other vessels, with pitch, for the purpose of preserving them. This resinous flavour, arising from the same cause, is still more frequently found in the Cyprus and some other Greek wines of the Morea, where the practice extensively prevails.

The various coloured sherries, golden and brown, are produced artificially by the addition of boiled must (mosto, the expressed grape juice), called *vin de color*, in greater or less proportions; and the sweet varieties or liqueur wines such as mountain Malaga, and those generally known as Paxarete or Pedro Ximenes, either by arresting the fermentation before the decomposition of the glucose into alcohol is complete, or by using either wholly or supplementarily the juice of over ripe or artificially dried (*raisinee*) grapes, in which the saccharine element is superabundant. Another variety is the "tent"—a boiled wine, or rather a conserve of grape juice, which being totally unfermented contains no natural spirit. Upon this ground it is almost universally used in the Anglican churches for sacramental purposes, in ignorance of the further fact that from 15 to 35 per cent of proof spirit is subsequently added as a preservative; thus putting it, in that respect, upon the same footing as a fermented and fortified wine. The Romish church, better informed on the subject, employ for sacred purposes, only the purest fermented white wine largely diluted. Tent however is regarded more as a red than as a white wine in consequence of the deep brown colour acquired by the boiling process, and is besides so mawkish and destitute of all the qualities which recommend fermented wine; that it is rarely resorted to for sanitary or even potable purposes in this country. Our investigations will therefore be confined chiefly to the pale golden or brown sherries, or wines coming under that denomination. The variety in the latter, viz. the brown sherries, depends almost wholly on the proportion and quality of the vin de color or arrope (boiled must) employed for their manufacture, and which in a certain measure overlays their true features. They are consequently never so clean or dry as the pale wines, of which there are several varieties deserving attention. Manzanilla, distinguished by a peculiar dry and pleasantly bitter flavour, not unlike that of camomile, which abounds in the neighbourhood of Seville and other districts where this wine is produced. Some eighty years ago this wine enjoyed a great and deserved reputation, which has since declined, there being reason to believe that its distinctive qualities are due rather to clever manufacture than natural peculiarity. The wine known as Montilla is another variety, which while equalling the Xeres wines in other qualities, rather excels them if anything in fragrance, is the produce of the higher and cooler climate, amongst the spurs of the Sierra Suzana the fine olive-clad country surrounding the towns and villages of Fernan Nuñez, Montemayor, Montilla, Rambla, Luzena, Cabra, Doñe Mencia, &c., but are all included under the name of Montilla. Another so called variety, which was greatly in vogue for dyspeptics, called Vino de Pasto (breakfast wine), is of no particular class, and is merely a selection of the lighter descriptions of the other wines. But the most notable is that called "Amontillado," which possesses remarkable characteristics. It is a perfectly accidental production, that is, out of fifty butts of precisely the same wine undergoing fermentation, one or two may turn out to be Amontillado, while all the rest retain the usual character, but the causes of this remarkable change have not been traced or controlled hitherto. Some are of opinion that it is a disease of the ferment, others that it is merely a diversion from the ordinary course of fermentation, caused by the accidental presence of some substance of an exceptional character originally produced with the grape. The colour of Amontillado is much lighter than ordinary and inclining to green, with a very bitter and aromatic flovour not unlike that of an orange pip. The taste for it is rather an acquired than a natural one, and is more relished by high connoiseurs than by the general consumer, by whom it is regarded rather as a curious than a fine wine. Its peculiarity, its scarcity and the high price it commands for imparting to other heavier wines a lightness, for which it is incomparably useful to the wine grower, prevents its coming largely into use as an ordinary beverage, and the Spaniards themselves rather decline the use of it under the impression that it promotes a tendency to paralysis. Indeed, it has been observed that the inhabitants of those districts where white wines are largely produced and commonly consumed have a tendency to nervous disorders. The same tendency has been remarked in some parts of the East, where the favourite wine amongst the foreign inhabitants is very dry pale sherry. These about exhaust the various Spanish white wines commonly known as sherry.

We now place before our readers the subjoined table, in preparing which neither time, labour, nor expense have been spared, exhibiting, in a condensed form, the results of the alcoholic examination of between three and four hundred samples of white wines, obtained indiscriminately from importations into London direct from Cadiz in the beginning of the present year. As the question is a very broad one, embracing almost every variety of wine under the name of sherry, the uselessness of confining such an inquisition to only a few samples will be at once apparent, and considering that of the many to whom wine is necessarily prescribed as a tonic or restorative, the majority have been hitherto entirely at the mercy of the retail wine merchant, grocer, or petty "agent," we indulge a sanguine hope that the information now afforded will be found useful both to the patient or convalescent, and the medical practitioner, who will be less perplexed than hitherto, when he finds that the effects following the use of the wine do not coincide with the hopes of the one side, and the expectations of the other.

That wine was bestowed and intended by a beneficent Providence to restore or sustain, has been recognised in all ages, and wherever wine is produced; and it is only when man interferes to "improve" Nature's work, that it becomes a source or instrument of evil.

We would, in illustration—extreme, no doubt,—of the confusion and worse likely to arise from alcoholic adulteration (which such an excessive addition of spirit, no doubt, is) to the two samples of 54 per cent. at No. 42.

The brandy of commerce is generally from 10 to 12 deg. underproof, and the equivalent of 54 per cent. being 46 underproof, there are only 34 deg. difference between the alcoholic force of the two—in other words, an addition of one-third part of water would put both on the same level as to strength. Even the recognised commercial limit of 42 deg. is only 6 deg. less than half-and-half grog. But we forbear further argument, and rest our case entirely on the evidence of the accompanying table, from the study of which the thoughtful examiner will learn much more than any commentary of ours could teach.

It is like a new reading of the fable of Tantalus—unlike his case, our cup is filled, and exhausted by dry and thirsty lips, but a worse disappointment than his follows, for in place of the promised life and vigor that should succeed the wholesome draught, the seeds of disease and death are found planted by a spurious potion assuming the name and attributes of wine. Except when thus adulterated by being overloaded with adventitious spirit, sherry is a noble wine, full of rare and excellent qualities and entitled on its merits to maintain its place by the side of any other produce of the vine. We do not go the length of affirming that it should in all cases and under all circumstances, be pure and absolutely unfortified: when old and matured in bulk in the hot and arid climate of Spain, it develops a strength of from 30 to 32°, but if removed at an earlier period and lower strength to this cold and humid climate, it would not only have difficulty in sustaining itself under such altered circumstances, but it would be deficient in one of the qualities which recommend it, and which within certain limits is far from objectionable. But we contend that it is neither necessary nor convenient, in the interests either of consumers or as an improvement of the article itself, that the strength should exceed 32°, or at the very utmost 34°.

	Number of Samples Tried.	Per cent. of Proof Spirit found.	Proportion of Pale Samples.	Remarks.
1	1	13·1		These are all either "Tent" wines or "Mosto," that is, expressed grape-juice, sometimes slightly inspissated, fortified, and imported for the purpose of improving other wines different in body or richness.
2	1	16·5		
3	1	17·7		
4	2	20·5		
5	1	20·8		
6	1	21·4		
7	1	22·0		
8	1	23·9		
9	1	25·2		
10	1	25·9	1	Limit of 1s. duty.
11	4	26·5		One, a "Tent" wine.
12	1	26·8		
13	6	27·2		
14	1	27·5	1	
15	2	27·9		One, a "Tent" wine.
16	1	28·6	1	
17	1	29·9		
18	1	30·6		
19	2	31·3	1	One "Pedro Ximenas."
20	6	32·0	3	One "Montilla." One "Paxarete." One "Solera."
21	9	32·6	4	One "Montilla."
22	11	33·3	3	
23	7	34·0	3	
24	17	34·7	6	One "Vino de Pasto." One "Amontillado."
25	18	35·4	11	
26	30	36·1	11	One "Amontillado."
27	37	36·8	21	One "Solera." One "Pedro Ximenes." Two "Amontillado."
28	29	37·5	12	Three "Solera."
29	41	38·2	29	
30	32	38·9	21	One "Amontillado."
31	20	39·6	15	
32	30	40·3	22	
33	19	41·0	8	
34	10	41·7	8	Limit of the 2s. 6d. duty.
35	1	42·4	1	
36	1	43·1	1	
37	1	43·8	1	
38	3	44·5	3	
39	3	45·2	1	
40	1	45·7	1	
41	1	49·7	1	
42	2	54·0	2	

Note.—"Solera," or "mother" wine: fine wine accumulated for many years, and used from time to time to refresh and improve other wines; and replenished from the best stock as it is used, so as to maintain the quantity.

It is mercenary interest which chiefly prompts such excessive fortifying — or as it might properly in some cases be termed fiftifying. The cheapness and purity of the German spirit, which can be obtained at an almost nominal price, at a strength just below absolute alcohol, enabling the astute manipulator, under the name of fortifying, to convert every single gallon of it into two or three of some strong-bodied wine of double its original value, is a sufficient inducement to follow up so profitable a practice, which no doubt will continue as long as the same facilities exist, unless sternly discountenanced by consumers. We do not bring any charge against the quality, but against the quantity of spirit used. Alcohol (*ethyl*) is the same whether it be obtained from grapes, potatoes, or any other sugar-giving substance, provided it be pure; and we are not unwilling to admit that the bulk of the German spirit employed for the purposes of fortification is as near absolute purity as may be; but we must record our emphatic protest against those abominable compounds which are daily foisted upon the public as wine of various sorts, the principal constituent of which, however, is spirit. These compounds, supplied principally, we do not say exclusively, but almost exclusively, from Hamburg, bear about the same relation to wine that plated ware does to plate of silver or gold—there is the genuine article, then there is only a substructure of some base metal, either plated, electro-plated, or only washed over; finally, the baser imitations, German silver and mosaic gold. In like manner much pure good wine comes thro', and consequently *from* Hamburg, and a great deal more *from* it consisting merely of spirits flavoured, and coated with wine as it were, beginning with a considerable proportion and ending with a minimum, growing "small by degrees and beautifully less," until it merges into the pure imitation, guiltless of grape juice. These productions, we learn, are termed, as ingenuously as ingeniously, "Elbe sherries," and find a ready consumption under that *imposing* title. The river Elbe is no doubt the fertile and inexhaustible, or in this case it may be truly said *fruitful*, source of their supply of sherry, and may successfully dispute the palm with another equally appreciated perennial resource, the merits of which are not so ostentatiously paraded, but which is not less useful in its generation, considering its opportunities. We allude to that interesting and universally useful institution, known in the natural history of dairies as the "cow with the iron tail," but more familiarly and generally as THE PUMP.

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Hospital Reports.

DR. STEEVENS' HOSPITAL.

ABSCESS OF THE PROSTATE GLAND.

REPORTED BY R. L. SWAN, F.R.C.S.I.,
RESIDENT SURGEON.

James Whelan, aged twenty, gunsmith, was admitted into hospital under the care of Dr. McDonnell, on April 6th, suffering from retention of urine. He gave the following history of his case:—He had been labouring under gonorrhœa for three weeks. On the day before admission he had a rigour, the gonorrhœa discharge ceased, and suddenly he found that he could not pass water. On admission the bladder was very much distended, and he was in great distress. The water was drawn off by a moderate sized instrument, which was introduced without difficulty; ordered a warm bath, a dose of castor oil, and an opiate enema at bed time.

For some weeks the patient was unable to pass water without the use of a catheter. This he learnt to introduce for himself, using a No. 9 instrument several times a day; the urine was alkaline, and contained a large quantity of muco-purulent deposit. On examination through the rectum the prostate was found to be enlarged, but it was not until June that anything like distinct fluctuation could be detected. There was no fulness, pain on pressure, or redness on the perinæum, yet the feel of the prostate when reached by the finger in the rectum left little doubt that it was the seat of abscess. It was determined to puncture the prostate through the rectum; this was accordingly done on June 13th. Dr. McDonnell introduced along his finger a curved Stafford's instrument, with a concealed blade, which on being pushed out punctured the back of the gland. A large quantity of pus escaped, much to the patient's relief. On the following day the urine came from the rectum. This continued for some days, but the patient's general state improved, and at the end of ten days all the water came by the natural passage, and had returned to the normal acid condition. The patient left hospital, having completely regained control over the bladder, on July 1st, and although the prostate gland is still considerably enlarged, he is now in good health.

REMOVAL OF THE EYE-BALL.

James A., aged eighty years, about a year and a half ago lost his right eye from acute glaucoma. He suffered very severe pain at the time, but for some months remained free from suffering. For some weeks past however he had suffered distracting agony from paroxysms of pain in the eye-ball, and neuralgia on the same side. He sought relief in having the eye-ball removed; this operation was performed by Dr. McDonnell on September 12th.

The conjunctiva having been divided, the tendon of each of the muscles attached to the globe was raised on a blunt curved hook, and cut across with a pair of scissors. All the muscular attachments having been divided, the lids were pressed gently back, the ball starts from the socket, and the optic nerve being severed by curved scissors the globe is removed. Little or no hæmorrhage follows this operation, and in a week or ten days an artificial eye can generally be worn with ease.

The patient obtained immediate relief This operation, which is simple and free from serious risk, was first proposed by Dr. O'Ferrall, of this city; Bonnet, of Lyons, first practised it. It is now frequently had recourse to in cases in which surgeons would have hesitated to perform the operation of removing the entire contents of the orbit.

J. R., æt. fifty, was admitted on the evening of August 30th, under the following circumstances:—Half-an-hour previously, while walking on a wall, he fell a height of about five feet, striking against a heap of stones, and had subsequently remained insensible. On examination, a small wound was discovered on the vertex leading to the bone, the pupils were contracted and fixed, head sunk on the chest, pulse 65, small, and intermittent.

Some hours afterwards he recovered consciousness, and remembered how the accident occurred, but was extremely querelous and uneasy. Sensibility and motion were now found to be completely lost in the trunk and limbs. The bladder was paralysed. He could not rest in any one position, but continually required to be turned over in the bed. Skin warm. Complains of thirst.

31st.—Did not sleep during the night. Urine drawn off. Pulse 72, intermittent; respiration, 32 in the minute, and entirely performed by the diaphragm. Temperature, 102°.

On making careful examination of the spine, it was now discovered that crepitation existed at the lower portion of the cervical region. This indicated the nature of the injuries, which was previously only conjectured.

Died at ten o clock p.m., asthenia being apparently the immediate cause of dissolution. The heart's action gradually became weaker and more intermittent. In other respects no material change since morning. There seemed to be an effusion of mucus in the bronchi, which he endeavoured in vain to expectorate.

Autopsy.—No injury to cranium; brain healthy; spinous process of fifth cervical vertebra detached. The laminæ of the same vertebra were fractured, a dislocation existed, and the ligament was torn. The cord itself was soft and disorganised. Blood to some extent was effused throughout the spinal canal in the vicinity of the injury.

This case presents many points of interest, and none more so than those which would lead to considerations of a practical nature. The question of trephining the spine must enter into the mind of the surgeon, and in this, as in many similar instances, he is naturally swayed by the results of prior investigations of the subject. Malgaigne's statement, "The operation is a desperate and blind one, and should not be attempted," must not, we now know, under all circumstances, be regarded, but still, the strong opinions expressed in its favour by Sir A. Cooper, Cline, Brown-Séquard, and others, and the few favourable cases recorded, cannot conceal the uncertainty of success. The symptoms which existed before death were extremely diagnostic of the injury, and the mode in which respiration was performed showed the excellence of the division of fractures of the spine into those occurring above and below the origin of the phrenic nerve.

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Correspondence.

"THE AILMENT OF THE MEDICAL BODY CORPORATE."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I heartily thank you for the manly, sensible, and straightforward article in your impression of September 9, on "The Ailments of the Medical Body Corporate." I agree with every word of it; and trust you will continue boldly to put before us the truth. For many years past there has been too much sacrifice of essentials for the sake of making things pleasant. It is now time to speak out. We shall be the stronger and the better for it, though it may not be always what we like at the moment.

It goes against the grain to think that the position of our profession is a subordinate one, but such is the truth; therefore it is sounder and wholesomer to admit the fact at once. Had we all been outspoken upon it twenty years ago, had we said in a direct manner, the thing is so, what are its causes, and where are the remedies? And had we then fully discussed the matter in a liberal, yet practical way, our profession must by this time have stood in a better position. But the feelings of some will not allow them even to whisper to themselves the unwelcome truth. In the case of some, high in the profession, prosperity and distinction combine to blunt their perceptions of the low social status of the majority of their professional brethren, or of the consequences of the same to others. These and similar causes have produced an unwholesome reticence, and a disposition to silence those who spoke too plainly. The real truth, however, is, that a very large number of people look on medical men as a superior class of tradesmen; nor is the conduct of doctors calculated to dispel this illusion. Our medical brethren do not always remember to try and raise the position of the profession they belong to; in their conduct to each other, some of them forget themselves; in their deportment towards the public, many of them sacrifice self-respect to secure practice.

The opinion thus entertained is applied to almost the whole profession; whereby those among us who are gentlemen, are indirectly injured and pulled downwards by those who are not. It is most salutary to preach upright and strictly honourable conduct. This is a sermon which may be profitably heard over and over again. But it goeth not to the root of the matter. *Ex quovis lingo non fit Mercurius.* If the peculiarities of the trading mind are let in at the gate of the profession of medicine, the study of anatomy and therapeutics have no power to neutralize them. If youths who have not been educated as gentlemen ought to be, are admitted to study our profession, we must not expect of them that "nameless and indesirable combination of gentleness, honour, and fine feeling" which "make a gentleman." In short, you cannot gather figs of thistles; where great care has been taken to raise one kind of crop, it is folly to expect another.

As you most justly observe, the *materiel* of the profession is the whole point and centre of the question. *Rem acu tetigisti.* Every medical man in the kingdom should read and inwardly digest your admirable article of September the 9th;

and it ought to become an established rule of medical etiquette, that no one is to be received as a pupil, either by private practitioners, or at medical schools, who has not been well and liberally educated, and carefully brought up.

More of this hereafter; I hope we shall have it from all quarters; it will be the better for every one of us.—I am, Sir, your obedient servant,

A Governor of a London Hospital.

September, 1868.

THE TITLE OF DOCTOR.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—It seems to me that Dr. Davey, in your last, sufficiently acknowledges the force of my objections to his former communication. He admits that the M.D. can only be given by the universities.

As to the London College having once authorised its licentiates to assume a degree that did not belong to them of right—I only say—it had no legal power to do so, and countenancing such assumption was countenancing a fraud on the public. I do not, therefore, condemn it for tardy repentance. How weak the case is appears from the words *intra auctoritatis nostrae limites.*

Conferring degrees was not within the limits of the authority of the College, any more than of the Apothecaries' Society.—I am, &c.,

M.D., L.S.A.

THE REPRESENTATION OF THE PROFESSION ON THE MEDICAL COUNCIL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—It is to be hoped that the Medico-Political Association will at once begin a course of vigorous action for obtaining the great object of its formation—the Representation of the Registered Practitioner in the Medical Council. The British Medical Association will continue its efforts and the Politico-Medical Association should, to say the least, keep pace with it. Belonging, as I do, to both these Associations, I should rejoice to see them co-operate together for the common good. The profession requires organisation for the purpose. Meetings should be held all over the country, centres established in the various counties, committees formed, petitions drawn up, and delegates appointed to join in a deputation at the proper time. All minor differences must be sunk, all jealousies abandoned, and an united effort made. If the members of the profession throughout the kingdom show themselves to be really in earnest, they cannot fail to succeed.—I am, Sir, your obedient servant,

Walter Rivington, B.A., M.B., &c.
One of the Vice-Chairmen of the
Politico-Medical Association.

LETTERS ON MEDICAL REFORM.

No. III.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have endeavoured to show in my last that an increased stringency in the preliminary examination, and its modification so as to test specially the faculties which qualify a man for the successful pursuit of medicine, would be changes altogether in favour of the sons of professional men as against their competitors from humbler walks of life. It will be obvious on the slightest consideration that no less an advantage can be gained for the sons of medical men against all competitors whatsoever by increasing the stringency, and especially the practical nature of the professional examinations.

I have said that the atmosphere of thought in which a child is brought up becomes almost a part of his own mind; and especially is this the case in medical training, where a long and habitual familiarity with professional subjects is required rather than a hasty and superficial cramming of whatsoever severity. The medical man's son has all the advantages of an apprenticeship without its acknowledged disadvantages; he is taught not by a master whose object it is to save himself as much drudgery and obtain as much profit out of his apprentice as he can, at the smallest possible expense to himself, but by a father whose object it is earnestly to prepare his son as best he can for that walk in life in which he can best further his advancement. The contrast is so strong that it is unnecessary to do more than merely state it. The advantages gained against competitors from other walks of life are incalculable in favour of a lad thus brought up. He enters on his studies in the metropolis already familiar with the scientific vocabulary of the profession, in learning the use of which a whole session must be thrown away by all others before the meaning of what they hear talked about can fairly enter into their minds. His ear is already accustomed to the use of the stethoscope, his eye to the use of the microscope, his finger to the appreciation of the pulse; yet more, he has been for years accustomed, under the teaching of his father, to recognise disease when presented to him, to investigate its symptoms, to trace out its causes, to exercise his judgment in its treatment, and practically to carry out the measures so indicated. He has cultivated and trained that "medical eye," that "surgical eye," that seemingly instinctive appreciation of disease on the importance and method of training of which I have elsewhere insisted. All this, be it observed, is practical work, and gives the son of the medical man a practical advantage in his studies over all other competitors. But all such advantage is now absolutely thrown away by reason of the unpractical nature of the examinations. Such a young man sits down at the table in the examination hall with one who has simply walked his hospital for so many months, and crammed in the grinder's study for so many more; they are both subjected to a searching examination on, let us say, aneurism; theoretically, they both may know the subject pretty well, the latter has been carefully put up to it, knows the tip, the peculiar views of the examiners, the questions that will be asked, and the answers he is to give; hence they are both pronounced competent on this and other subjects, to practise as medical men, and the young man who has been for years practically trained by his father finds himself with one more competitor of inferior qualification to undersell him in the professional labour market, and lower the public estimate of his services; but had these same two young men been taken to a hospital, and there subjected to a clinical examination by the bedside of two or three patients suffering from aneurism, how instantly the practical skill and ability of the first would have been manifested—how instantly the practical helplessness and incapacity of the other would have been detected, his rejection secured, and the profession and the public delivered from one more incapable. What I urge, then, is this: that the present low standard and unpractical character of the professional examination bears hardly upon the sons of medical men, depriving them of their relative advantages as compared with others, and hence that it is emphatically the interest of those who have sons to put into the profession to see that the standard is raised and the character of the examination altered. I refer principally to them, since I have sometimes found that they entertain objections to such changes, admittedly good for themselves, on the score of anxiety, lest their sons should be thereby excluded from the profession in which they can best further their success in life, and hence I wish to show that such changes would be altogether in favour of their sons as against the sons of non-professional men. True it is that before we can enforce such changes we must obtain power in the General Medical Council by our being practically and potentially represented thereon; but it is by pointing out these and similar advantages to be derived from the carrying of such a measure that we must hope to arouse the profession to earnestness on this, the most important professional question of the present day, and one lying at the root of all farther progress in social estimation and in the obtaining of our just claims from society. It was gratifying to learn from the letters of your Cambridge correspondent that there is no such thing as nomination in the Cambridge senate; there are certainly other universities where it exists, and this danger of too influential nomination is to my mind one great objection to Dr. Prosser James's scheme of representation, the discussion of which, however, I must reserve for some future occasion. At present I can only remark that, nevertheless, the Cambridge election, even as it is represented by your Cambridge correspondents, is most unsatisfactory; for in the first place the privilege of voting is not extended to all medical graduates, but only to those who hold either the M.A. or M.D. degree, and who have, moreover, kept their names on the books; and secondly, the wishes and votes of these are liable to be overpowered by the votes of 5,000 gentlemen who are indeed M.A.'s of the University, but who are not members of our profession, and therefore are certainly not entitled to vote on questions which only concern us and our proper self-government.—I am, Sir, yours faithfully,

Isaac Ashe, A.B, M.B., T.C.D.

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Medical Societies.

ARMY MEDICO CHIRURGICAL SOCIETY OF PORTSMOUTH.

September 2, 1868.

Deputy Inspector-General Dr. C. A. Gordon, C.B., in the Chair.

Surgeon Poulton, 35th Regiment, read a paper on a case of

SPORADIC CHOLERA

that lately occurred in a soldier in this garrison. The subject of the attack, who was thirty-seven years of age, and had served in the army twenty-one years, was, on the 7th of last August, brought to hospital in a state of collapse, with livid face and hands, sunken eyes, cold breath, hollow voice, and all the ordinary symptoms of that disease in an aggravated form. In the early part of the preceding night he had become affected with diarrhœa, the matters voided being described as greenish and watery. On questioning him, however, the fact was elicited that a degree of laxity in the state of his bowels had been observed on the morning of the day before his admission, although not until shortly before he was brought under treatment did *cramps* occur in his lower limbs and weakness become alarming.

The treatment employed consisted of stimulants internally and rubefacients externally, a few grains of calomel with opium, which were given on his admission, having been instantly rejected. Ice, in small portions, was placed in his mouth as often as he expressed a wish for it. His condition remained critical until the morning of the third day after admission, when a distinct improvement was observable. Urine was then for the first time voided, the evacuations became fæcal, and recovery from that period progressed favourably.

No diarrhœa existed in the regiment at the time when this case occurred, nor was there any apparent cause to which the attack in this man could be attributed; it was, in fact, one of those sporadic cases that occasionally occur among communities.

Dr. Jessett read a paper

ON THE USE OF CARBOLIC ACID IN THE TREATMENT OF WOUNDS, ETC.

He considered that with regard to the effects attributed to this remedial agent, it would be well if surgeons were to refer to their notes of former years, and compare their cases of gunshot wounds, compound fractures, and ordinary wounds treated in the old way with those that have, during the past twelve or eighteen months, been treated with carbolic acid. The question was, "How does carbolic acid act?" and to this he found some difficulty in giving a correct answer. It appeared to him that as applied, the remedy in many instances had no other effect than that of assisting Nature, and as excluding the air from the wound or sore to which it is applied. He then alluded to some of the cases lately published in which peculiar virtues were attributed to carbolic acid, and expressed a belief that recovery would in all of them have been equally effected by the ordinary means. He believed that where suppuration had already taken place the acid acted as an antiseptic or disinfectant, and quoted some cases in support of his views. In other instances he failed to see any special advantage to be gained by the remedy, but commended the subject of its employment to the attention of the Society.

Dr. Lamprey, Surgeon 67th Regiment, brought forward

A CASE OF INDURATED CHANCRE TREATED BY EXCISION.

The history of the case was related by him as follows:—

Private John Ahearn, aged forty, but apparently much older, twenty-one years' service, light complexioned, but otherwise in apparent good health, was admitted on the 5th of May last, for primary syphilis, being the first time he suffered from that disease. He had on the prepuce a sore about half an inch long, narrow, oval in shape, margin thickish, prominent, and abrupt, hard to the feel, surface yellow in colour, and capped; no vascular areola about it. The inguinal glands appeared to be indurated in knots, and cord-like lymphatics were found in both groins. There was no enlargement of the suboccipital glands, no eruption on the skin, or sore-throat.

Inoculation was tried in this case with negative result.

On the 17th of July the sore was found covered with epithelium, and he was discharged from hospital.

The treatment consisted in the local application of carbolic acid lotions of various strength; ferri potass. tart.; chlorate potass.; and iodid. potass.; but no mercury, either locally or constitutionally.

He was readmitted August 9th, with an ulcer presenting almost the same character as that observed on the 2nd of July—viz., the surface was pale ashy yellow, margin undefined, and having decided hardness about it; an indurated gland was observed in the left groin; no eruption; no sore-throat.

August 10.—I removed the ulcer by one clean cut with the scissors, applied strong undiluted carbolic acid to the fresh cut surface, which caused little pain—it was described as a burning feel at first, but very transitory; the bleeding ceased on the application of the carbolic acid. I then brought the edges of the wound together by four fine needles, and allowed them to remain in position till the following morning, when they were removed. It was expected that the wound would have united by the first intention, and this was thought to be the case till the gaping of the wound some days afterwards dissipated the idea. Subsequently, the margin of the wound became thick and indurated, the surface unhealthy, ashy-yellow in colour, and in short, it presented all the characters of the original sore; thus bearing out the general experience of such treatment in similar cases.

Observing this to be the case, I ordered the iod. potass. he was taking to be increased to twice the strength, to ten grains three times a day, and pill. hydrarg. gr. v., to be taken at bed time every third night. It was observed that the effect of this treatment has gradually produced healthy action in the ulcer, and though only four pills have been taken between the 22nd of July and the 2nd of September, the whole character of the sore is altered—a margin of new skin is forming around it, vascular granulations are taking the place of the yellow surface, and the hardening and prominence of the edges are subsiding. The local application consists of acid. carbolic much diluted.

Dr. Bruen exhibited a specimen of

ANEURISM OF THE AORTA,

and offered some remarks on that disease which he considers to be of more frequent occurrence in the army than in civil life; but much more so in the latter than was generally believed, in consequence of the difficulty experienced in performing *post-mortem* examinations, except in the public services.

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Medical News.

King and Queen's College of Physicians in Ireland.—The following gentlemen obtained the licences in Medicine and Midwifery in May, June, July, and August last:—

J. Backhouse, Carrick-on-Shannon; D. W. Behan, Blackrock; P. J. T. Bodkin, Tuam; G. Boyd, Castletown; J. K. Bradley, Stoneyford; B. F. Bradshaw, Bansha; J. P. Byrne, Drumdangan; J. Chatterton, Ballynamote; H. Clerke, Dublin; E. W. Collins, Dublin; P. Connolly, Hill of Down; J. Crawford, Longford; C. E. Crean, Ballinvilla; J. J. Crean, Clonmel; R. Crean, Ballina; M. Daly, Eyrecourt; E. Fawcett, Blacklion; H. Fraser, Gilford; J. J. Furniss, Dublin; J. Gabe, Wrexham; E. Hadden, Maryborough; H. G. Hall, Dublin; J. Kiernan, Dublin; J. Laird, Drumshambo; E. T. Lloyd, Dublin; T. J. McGrath, Dublin; R. St. J. Mayne, Dublin; J. O'Reilly, Kingscourt; R. Spence, Co. Wicklow; H. Stannard, Ball's Bridge; G. H. Torrance, Dublin; J. F. Walker, Bonmahon; R. B. Wallace, Trim; F. J. A. Waring, Blackrock; T. Wilson, Longford.

The following obtained the license to practise Medicine:—

C. J. Anderson, Kilkeel; W. O. Barker, Dublin; J. Bruce, Kidsgrove; J. Carson, Dowra; V. de S. Duke, Dublin; W. Graham, Royal Navy; M. J. Keating, Dublin; B. Kelly, M.D., New York; J. B. Kenny, Killeshandra; F. H. Lyon, Roscrea; J. Owens, Dublin; H. Shea, St. John's, Newfoundland; T. P. Walshe, Dublin; G. F. J. Worthington, W. Worthing.

The following obtained the license in Midwifery:—

J. Barton, Rathfarnham; J. A. Botterell, Montreal; F. Churchill, jun., Dublin; J. F. Fitzgerald, Tipperary; J. W. Mulligan, Aughnacloy; P. M. O'Donohoe, Frenchpark; W. H. Saunderson, Edenderry; P. L. Walsh, Kilfinane C. R. Woodward

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 7, 1868.

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Original Communications.

PEMPHIGUS SYPHILITICUS.

By John Morgan, A.M., T.C.D., L. & F.R.C.S.E.,

Professor of Practical Anatomy (Surgical and Descriptive) Royal College of Surgeons, School of Surgery, and Surgeon to Mercer's Hospital.

The occurrence of this rare form of syphilitic eruption has been noted by most modern syphilographers, and recognized as one of the protean form of constitutional infection; but the disease having been chiefly observed in infants, its specific character has been questioned. Thus Bassereau mentions that in his experience of ten years he met with but two cases in the adult. Cazenave and Dubois observed it in children only, and in them occurring in the palms and soles of feet. Ricord has given an excellent illustration of the disease in his "Iconographie" (plate 46), where the chief surface of the body of a newly-born child is covered over with the eruption. Bumstead likewise mentions a case under his own observation of an infant where, on the third or fourth day after birth bullæ formed on the arms, abdomen, and chest, and in the third week were followed by the formation of mucous patches at the buttocks and inside of the cheeks.

Krauss, in 1834, tabulated a large number of cases of this disease in infants, but overlooked its syphilitic origin. Alibert describes it as a *syphilide pustulente pemphigoide*, and as occurring in adults of irritable temperament and in contaminated infants.

It is remarkable that in the cases referred to, the disease showed a predilection for the denser tissue of the palmar and sole-of-feet integument, some of the bullæ being isolated and others confluent, ending finally in desquamation.

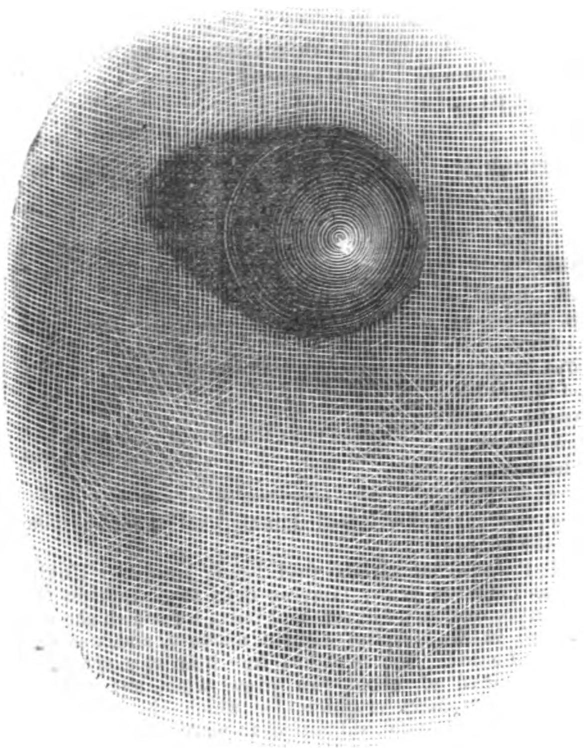
As the records of the Lock Hospital, Dublin, present no instances of this disease in the adult, the following case, under my care in the Hospital, will be interesting, and will bear out the remarks of Bassereau in his accurate description of the affection as seen by him, with indurated chancre and general signs of secondary syphilis. In one case given in full by Bassereau, the patient had been the subject of indurated chancre three months previously, and eruption for fifteen days, nocturnal pains, &c., and the bullæ formed in the palms of the hands, containing a sero-sanguineous fluid, ending in desquamation, and left dark-coloured stains. There were no bullæ on the body.

F. R., aged twenty-six (bed No. 5, ward 1). Unvirtuous for seven years. Having been two years on the town, contracted a soft sore and bubo, for which she was treated in the Hospital without mercury, and was discharged cured. She remained free from any symptom for a period of about two years, when she suffered from an extensive eruption, for which she was again admitted to Hospital, submitted to mercurial treatment, and discharged cured. No further symptoms presented themselves till about July, 1867, when a sore formed at the side of the vaginal orifice, which gradually increased in size, yet without causing much pain. She was admitted to Hospital in October, 1867, about three months subsequent to the first formation of this sore (during all which time she was pursuing her unfortunate course). She was now treated in Hospital for three and a-half months, but though not cured, she left, and resumed her mode of life for eight weeks, when a papulo-squamous eruption having manifested itself, she again was admitted, March 3rd, 1868, subjected to a mildly mercurial treatment by the exhibition of the compound calomel pill. Under this influence the eruption gradually yielded and the general health improved, but the sore remained.

In the first week of July, 1868, another crop of papular eruption appeared, some of the papules being isolated and some in clusters and annular. On the 27th of July, the patient complained of lassitude and debility. On the next day a bulla had formed on the right thigh; during the next forty-eight hours another bulla on the left thigh; the next day another over the mons veneris. These bullæ were very tense and dark-coloured, filled with a sanguineous fluid, and surrounded by a blush or areola extending to three inches around, of a vivid red, shading off gradually. When broken, the cutis was found superficially ulcerated, leaving dark-coloured stains. A fourth and fifth bulla formed at succeeding periods on the shoulders, but were small, not exceeding the size of a fourpenny-piece, whereas the first nearly equalled a billiard-ball in size. The bullæ were not interfered with, but simply kept covered and warm. Ten-grain doses of iodide of potassium and bitter infusion were given every six hours. Moderate stimulants and nutritious diet ordered. The illustration shows the size of the bulla, and the circumference corresponds to that of the surrounding areola.

At this date the stains are very distinct, the patient's health is good, and the genital sore in process of healing.

From the fact of this patient suffering from repeated eruptive attacks, and being the subject of a genital sore at the same time, I looked on the pemphigoid bullæ as of specific character, and treated them accordingly with iodide of potassium, administered in frequent and as large doses as the patient would bear. The formation of more bullæ I believe to have been arrested by its influence.



My colleague, Dr. McDowell, has had lately a somewhat similar case in his wards, where the bullæ, as here, formed on the inside of the thigh, equalling a large marble in size.

The history of this woman, as a source of contagion, during the last few months, will show the amount of mischief that can be done by an individual; and notwithstanding due regard for the liberty of the subject, so natural and so national, affords a strong argument in favour of legislative interference to compel all such cases to submit to treatment. Thus, about fourteen months ago she was infected, and was admitted to the hospital eleven months ago for this same sore, not then fully, but very nearly as extensive as now; its characteristics were then, and are still, those of insensibility and density, having been in Hospital for three and a-half months, she claimed her discharge, and returned to her meretricious course of life, with the sore much in *statu quo*, for eight weeks. An eruption having now appeared over the body, of a papulo-squamous character, partly in clusters, accompanied by osteoscopic pains, she again appeared and was re-admitted, having thus beyond doubt existed as a source of contagion for about four and a-half months.

A girl of eighteen, always having been strong and healthy, stated that three weeks before admission to Hospital she had been ill, and had, as she supposed, caught cold, and in about ten days afterwards bullæ formed over the inner part of the thigh, abdomen, pudendum, and finally on the face the last formed being that shown on the lower lip. Sloughs appeared underneath the bullæ when burst. When admitted, each was fully three-quarters of an inch deep and the size of a crown-piece; the face was pale, the tongue dry, the pulse weak and small, and the body exhaled a sickly cadaveric odour. The most active treatment was adopted, chlorate of potash, bark, wine, &c., very freely administered, notwithstanding which the girl died the next day.

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Hospital Reports.

DR. STEEVEN'S HOSPITAL.

Cases under the care of Dr. Freke.

Reported by S. FLOOD, M.B.

J. C., aged forty-five, a fireman, was admitted on the 6th of July. He stated that he always enjoyed excellent health until March last, when he caught cold, which he neglected. On admission his face was anxious and haggard, skin moist and perspiring. Great emaciation. Pulse 112, soft and compressible. Anorexia. Bowels confined. Considerable dyspnœa. Respiration twenty-seven. Decubitus dorsal, and on the right side. Sleeps badly. Cough very troublesome, especially in the morning. Has had hæmoptysis twice during the past two months. Expectoration copious and tinged with blood. Flattening under right clavicle. Dulness over the upper third of the right lung anteriorly. Coarse râles, cavernous respiration, and pectoriloquy heard under right collar bone. Exaggerated respiration on left lung.

Cod-liver oil in ℥j. doses with ʒj. of syrup of the phosphate of iron, quinine, and strychnia was prescribed, but the patient was unable to continue its use after four days, owing to the nausea produced by it. The oil was now omitted for six days, during which time he took ʒij. of pancreatic emulsion in milk three times daily. His appetite improved considerably, and he was enabled to return to the oil, which he has continued in increasing doses up to the present time. With the aid of the emulsion he can now easily take from three to four ounces of cod-liver oil daily. Under this plan of treatment he has rapidly and decidedly improved. His appetite is good, cough very much diminished; can lie in any position; expectoration scant; skin cool; pulse ninety-two; sleeps well; has steadily gained flesh (19lbs. in forty-nine days). This it will be admitted was an unpromising case. The disease had made rapid progress and had engaged a considerable portion of the right lung in which a cavity existed. Cod-liver oil could not be taken, and the patient was fast losing ground; the employment of pancreatic emulsion at once produced a marked improvement in the digestive organs, and in this way allowed of the employment of oil, the result being a great alleviation of all the more distressing symptoms, at least a temporary check to the disease, and a decided improvement in the patient's general health. The emulsion and cod-liver oil was tried in six other cases of pulmonary consumption under Dr. Freke's care, in all of which it produced a speedy and well marked improvement in the digestive organs, and proved far superior to the oil alone. In no single instance did it disagree, and in several instances patients who were at first quite unable to take cod-liver oil, even in small doses, found that a few drachms of pancreatic emulsion enabled them readily to do so. There is at present one case in which the emulsion has been given alone. The patient, who is in the second stage of phthisis, gained 11lbs. in about three weeks, but has since lost 5lbs. Owing to the expense of this medicine, sulphuric ether in ♏x. doses has been lately tried in combination with cod-liver oil. It makes an agreeable mixture, easily taken, but has not been yet continued for a sufficient length of time to warrant any conclusions being drawn as to its efficacy.

PITYRIASIS VERSICOLOR AND IDROSIS.

J. M'D., aged 30, gardener, was admitted into hospital on Sept. 8th. He states that he was in the habit of sleeping with his brother, who was suffering from a skin disease. This was in 1855. During that year he observed that he became affected with a similar complaint, which has continued up to the present time. His father and his brother's child have long suffered from the same disease.

On admission, his chest and back were covered with large patches of a yellowish colour, slightly elevated above the surrounding skin, and covered with minute branny desquamation. This caused him no inconvenience beyond a slight degree of itchiness occasionally when he overheated himself, and did not affect in any way his general health. He also complained of profuse perspiration of the palms of his hands and the soles of his feet, which commenced in 1861, accompanied by dyspeptic symptoms.

℞ Bal. sulphuretis potassæ at 100°, omni die.

℞ Acidi tannici, ʒij.
Aquæ calcisæ, ℥viij.

M. Ft. lotio. To be rubbed to the hands and feet frequently.

This plan of treatment was steadily persevered in for fifteen days, when the skin had regained its healthy appearance, the idrosis was also completely arrested, and the patient was discharged on the 26th. He presented himself at the hospital to-day, and continues apparently quite well.

The history of this case seems to point to its contagious nature. The microsporon furfur was not looked for, as the appearance of the skin was considered quite characteristic of the disease.

ST. GEORGE'S HOSPITAL.

DR. OGLE'S CASES OF ABDOMINAL TUMOURS.—*Continued.*

CASE XV.—*So-called polypus, or pedunculated fibrous tumour growing from the inner surface of the small intestine, causing invagination of the bowels, and death.*

Thomas G., æt. forty-six, was admitted August 13, 1845. He had been ill since Easter with pain in the abdomen, attended at first by violent constipation of eight days' duration. Since then almost constant diarrhœa had existed. For a few days before admission the pain had been unusually severe, and rigors had existed. There was loss of sleep and much emaciation. He had been actively treated by leeches, blisters, &c. On admission, the abdomen was tympanitic and painful on pressure, chiefly at lower part, and there was a catching respiration, apparently from pain. There was some expectoration, but nothing wrong about the chest was indicated by the stethoscope. The diarrhœa for a time gave way under the use of chalk and opium, and occasional doses of castor-oil. On the 25th he was suddenly taken with excessive and more extended pain, and with rigors, vomiting, and dispnœa. In spite of remedies, the pain continued, and the tongue became dry and brown. He sank and died August 30th.

Post-mortem examination.—Extensive indications of serous inflammation and lymph and fluid of a fæcal odour in the peritoneal sac were found, and in the left lumbar region, on removing certain adhesions an invagination of the small intestine was found to have occurred, the bowel above being very much dilated, and below slightly contracted. In the immediate neighbourhood of the invagination the coats of the intestine were very soft, and gave way to a small extent when slightly pulled upon, thus allowing of the escape of a portion of the contents of the gut. On laying open the portion of gut below the invagination, a large pendulous growth was found in the cavity of the gut, and connected by a broad pedicle to the extremity of the invaginated portion of intestine. The body of the polypus, of a pyriform shape, was about 2¾ in. long, and at its broadest part about 1½ in. in width; its pedicle about the size of the middle finger, 1½ in. long. The portion of intestine which was the seat of the polypus was about two feet from the cæcum. The other parts of the intestine presented nothing unusual; neither did the liver and spleen. The kidneys were not examined. The thoracic organs presented nothing worthy of note.

CASE XVI.—*Tumour above the brim of the pelvis on the left side, the result of suppuration outside the peritoneum following ulceration of the sigmoid flexure of the colon. Phthisis; disease of the kidneys.*

Michael M'D., æt. fifty, was admitted December 21, 1866. He had had an inflammation of the testicle and gonorrhœa two years before admission, and some scrofulous abscesses connected with the left side of the chest. For twelve days before admission he had had pain in the left groin, and for two days he had great pain in emptying the bladder. There had been no vomiting or constipation. A hard mass was found lying above the left brim of the pelvis, apparently connected with the bowel, which was slightly diminished by evacuation of the bowels, but no pus existed in the motions. The swelling increased (in spite of iodine lotion), and extended towards the right side of the body, and became very tender. Afterwards the pulse became very weak, much weakness was complained of, and rigors. The urine contained albumen and pus, and from the first was passed with pain. Vomiting came on and profuse sweating, and deficient breathing with moist sounds was found in the left lung. It appeared as if he was suffering from pyæmia. He became weaker and less conscious, the motions were passed involuntarily, and he sank, and died December 27th.

Post-mortem examination.—A scrofulous abscess was found connected with the first rib and its cartilage on the right side. Both lungs contained scrofulous deposit at their apices, and traces of recent and old pleurisy existed. Among the pleuritic adhesions low down on the left, a collection of thin purulent fluid was found.

The liver was cirrhosed, and the kidneys granular, with diminished cortex. A firm cartilaginous stricture of the urethra existed, and the bladder contained purulent fluid. The tumour in the left groin, which was a collection of pus, extended in front of Poupart's ligament, along the crest of the ilium, and into the pelvis external to the peritoneum. The sigmoid flexure of the colon was adherent to the abdominal parietes for a considerable length; and at one spot, of about the size of a shilling, the coats of the bowel had ulcerated through, and the abdominal walls formed the outer wall of the bowel. From this perforation the suppuration appeared to have arisen. The edges of the ulcer were rounded, and the mucous membrane was more destroyed than the other coats. The small intestines were matted together in the neighbourhood. The other parts of the large bowel were natural.

CASE XVII.—*Abscess between the liver and the colon, communicating with the interior of the gall-bladder (which was full of gall-stones), by several perforations through its walls. Ulceration of the duodenum and transverse colon.*

Mark P., æt. sixty-four, was admitted November 24, 1858, in a state of great prostration following an attack of gall-stones. It seemed that he had for twenty years been subject to what were called "bilious attacks," and in 1851 had had jaundice. Eighteen days before admission he had suddenly been seized with pain in the epigastrium on the right side, which continued five days; and on admission, pressure over the right hypochondriac region gave pain. The pulse was weak; the tongue red and ulcerated, as if from mercury. When he came in, he had a carbuncle at the angle of the right jaw, and purulent discharge from the right ear. The carbuncle was opened. For a time he improved; but muttering delirium came on (such as, it was reported, he was wont to have during his bilious attacks), and he sank, and died December 12th.

Post-mortem examination.—The contents of the thorax and cranium were natural. On opening the abdomen, all the viscera were found matted together. The gall-bladder was full of gall-stones, and numerous perforations of the bladder had taken place. Communicating with these perforations was an abscess, lying between the liver and the hepatic flexure of the colon; the contained pus being very yellow, owing to admixture of bile. The common bile-duct was natural and pervious. The duodenum was much thickened, and presented a deep ulcer close to its commencement at the pylorus; another similar ulcer was found at the commencement of the transverse colon; and the intestine was congested in patches at other parts. No cause was found for these ulcerations. The kidneys were healthy, excepting a large cyst in one of them.

A large pendulous tumour, having the structure of the prostate gland, projected from the upper part of that body into the neck of the bladder.

CASE XVIII.—*Tumour in the hypochondriac and epigastric regions, caused by an enlarged liver, occupied by masses of a peculiar fibroid nature.*

Sarah G., æt. fifty, was admitted December 25, 1844. She had been subject to spasmodic cough for seven years, which had latterly become worse. About eight months before admission, she had constant pain at the epigastrium, accompanied by frequent nausea, occasional sickness, loss of appetite, and great thirst. She now noticed the stools to be occasionally very black and fluid, and passed at times with pain. On admission, there was a perpetual sense of sinking at the epigastrium, and gnawing pain about an hour after eating, though food, when first taken, gave relief. A small circumscribed tumour could be felt in the right hypochondriac and epigastric regions, apparently about the pylorus of the stomach. The vomiting had become almost constant, and she still passed blood by stool. In spite of remedies she sank, and died January 18th.

Post-mortem examination.—Indications of slight pleurisy existed; otherwise nothing was noticeable in the thorax.

On examining the abdomen, the omentum was found tucked up and adherent to the right lobe of the liver, and old adhesions united the upper and under surfaces of the liver to surrounding parts. The right side of the liver was towards its lower margin contracted, and very much puckered on its surface, with great thickening of its peritoneal coat, which presented a cartilaginous appearance. On cutting into this part, several circumscribed tumours were found, varying from the size of a nut to that of an egg, contained in distinct and thickish cysts, formed from condensed areolar tissue. The cut surfaces of the tumours were of a yellowish colour, and apparently homogenous; their structure was elastic and firm; in some places it was of a pinkish colour, and evidently contained vessels. The liver-tissue around the smaller tumours was congested; the remainder of the liver was coarse and congested, but not otherwise diseased. The gall-bladder was thickened, and contained a largish calculus. The pyloric end of the stomach was adherent to the liver, and the first part of the duodendum was compressed and flattened by the tumours in the liver. The stomach was healthy, but the mucous membrane of the small and large bowels was very inflamed. Both kidneys were diminished in size, and mottled.

Microscopical examination.—After maceration for many years in spirit, I found that the yellow deposit consisted of amorphous and granular material, along with a slight amount of fatty and occasionally slightly fibulated material, and a few delicate small cell-formations. Where the parts had undergone softening, much fatty material was found. The surrounding fibrous structure presented the usual elements of firm fibrous tissue.

CASE XIX.—*Tumour at the left of the ensiform cartilage, evidently containing fluid, which proved to be owing to a large collection of pus between the liver and the diaphragm; small abscesses in the liver, &c.*

Peter L., aged thirty-three, was admitted Nov. 1, 1852, in a state of great depression and destitution, complaining of having suffered much from shivering, which was treated as ague, and from pain all over, but chiefly on the right side. There was a small rounded tumour at the left edge of the ensiform cartilage, which bore handling well and evidently contained fluid, the seat of which was thought to be the substance of the liver. Vomiting and great depression, with increased quickness of pulse, came on: and the enlargement was opened by trocar; when above two pints of pus were evacuated, unmingled with serous fluid, and only occasionally streaked with blood. The patient gradually sank, and died November 21st.

Post-mortem examination.—Pus and fibrinous material were found in the pericardial cavity, and fibrinous exudation in one of the pleural sacs.

The liver was firmly and extensively adherent to the diaphragm, excepting at one part, where was a large collection of pus, surrounded by shreddy walls, formed by the adhesions. The liver contained several abscesses in the neighbourhood of the adhesions. On examining them *microscopically*, I found that some of the smaller ones consisted almost entirely of fatty graular matter, as if the contained pus had undergone fatty alteration.

The preparation of part of the liver and diaphragm, showing the position of the pus contained between them is in the Museum of St. George's Hospital.

CASE XX.—*Large abscess of the liver, containing a considerable collection of biliary calculi, apparently set up by ulceration of the gall-bladder; communications between the abscess and the duodenum and bile-duct.*

The patient, William G., was attending as an out-patient with jaundiced skin, and whilst in the waiting-room, July 28th, 1852, he had a desire to empty the bowels; and when at the water-closet died quite suddenly. Nothing further of his history is known.

Post-mortem examination.—I found that the pericardial sac was dilated with clear amber-coloured fluid, and much recent fibrin in the pleural sacs, as also patches of lobular pneumonia. The heart's cavities were dilated and their walls were thickened. The root of the aorta and mitral valve-flaps were slightly thickened, and the cerebral capillaries were in a highly atheromatous state.

On examining the abdomen, the liver was found to be enlarged, the right lobe at its under surface being very softened and of a dark livid colour, and to this part of the duodenum and transverse colon were adherent: and this part of the liver and the adherent duodenum formed part of the boundaries of an abscess, whose walls were very shreddy and offensive in odour, and which, besides a quantity of dark foul pus, contained a number of polygon-shaped biliary concretions, agglomerated and retained together by inspissated mucus and bile, forming a mass equal to a hen's egg. This mass had evidently been formed in the gall-bladder, which had undergone so much ulceration that no traces of it could be found. Two rounded and ulcerated openings existed between this abscess and the interior of the duodenum, which was (as before said), attached to the duodenum, and a similar opening between the abscess and the interior of the common bile-duct, the largest of them being equal to a fourpenny-piece in diameter. The inner surface of the duodenum and gall-duct were otherwise natural. The cystic duct was natural, and could be traced into the abscess of the liver. The other parts of the liver were in a very fatty state, and the various arterial branches of the cœliac axis were very atheromatous. The kidneys were very large (weighing together 16oz.), soft and congested, having much fat about their pelves: and their surfaces were granular. Other abdominal organs were not examined.

The preparation, which was shown to the Pathological Society, is described in the St. George's Hospital Catalogue, Series ix. No. 292.

CASE XXI.—*Tumour formed by a distended gall-bladder, whose walls were the seat of carcinoma, and whose duct* *was obstructed by a gall-stone. Carcinoma of the liver and lymphatic glands.*

William H., æt. thirty-eight, was admitted October 25, 1865. He had been ill nine weeks, beginning with pain in the back and over the liver. Two weeks later a tumour below the right ribs was noticed, and six weeks later he became jaundiced; the motions became light-coloured, and the urine bile-tinged. On admission the tongue was furred, the skin yellow, the pulse quiet. The urine contained no albumen. In the region of the gall-bladder, close under the ribs, an oval tumour was felt, of the size of a large walnut, which was painful and tender, and altered with change of position: to a certain degree the hand could be passed under its edge, *and it was thought to be a distended gall-bladder*. The patient had a cachectic look, and the jaundice increased: the appetite failed, and "cramps" came on in the abdomen and back. The skin became dry and itching, and the evacuations were very light-coloured. He became of a deep-olive colour, and very emaciated. He gradually sank, and died, conscious to the last, January 3rd.

Post-mortem examination.—Excepting slight thickening of the aortic valves, the thoracic organs were natural.

The diaphragm and other parts were closely adherent to the liver, which was deeply charged with bile. The gall-bladder contained three large stones, and of these one was impacted in the mouth of the cystic duct. The gall-bladder was greatly distended with bile, and its coats nearly uniformly thickened by a layer of carcinomatous material, taking the place, as it were, of the mucous membrane, the serous coat being unaffected. The liver also contained one or two small nodules of encephaloïd substance, and the glands of the small omentum were occupied by the same. The bile-ducts were generally very dilated.

CASE XXII.—*Enlarged and indurated pancreas.*

James S., æt. twenty-eight, admitted November 3, 1841, with hypertrophy and disease of the heart and valves, and congestion of the lungs. He died December 29th.

After death, in addition to the state of the thoracic organs, the pancreas was found to be much hypertrophied. It was also much condensed; so much so that it "cried" when cut into with the knife.

In reference to this, Dr. Ogle remarks that condensation of the pancreas may be attendant upon ulceration of the stomach as illustrated in the following case:—John L., æt. fifty-two, was admitted into our hospital October 17, 1855. He died November 15, with ulceration of the stomach, producing perforation of the walls of that organ. The ulcerated opening at the posterior part of the stomach was blocked up by an adherent pancreas, which was very hardened and thickened, and at the part of an unusually white colour.

CASE XXIII.—*Hard substance below the ensiform cartilage, which proved to be the pancreas exposed by displacement of stomach.*

James S., æt. thirty-four, was admitted Jan. 31, 1851, suffering from anæmia and emphysema. The urine was healthy, but he had some pain in micturition, and complained of palpitation. For the time he improved, but became affected by sickness and vomiting, though without pain; and at this period a fulness and hardness could be felt just below the ensiform cartilage. He became more exsanguine; more pain of head came on, and eventually coma, and he died February 11.

Post-mortem examination.—Much clear fluid existed in the sub-arachnoïd tissues, and the ventricles were quite full of the same. In addition to emphysema, there was old tubercle of the lung. All the abdominal organs were very bloodless, but all were quite healthy, excepting the left kidney, which contained a few cysts. The stomach was displaced, and larger than it should be; so much so that the lesser curvature was below the pancreas, and this organ could be easily seen and felt without displacing any of the viscera.

CASE XXIV.—*Soft masses of carcinomatous (?) growth connected with the peritoneum, pressing on the common bile-duct; no similar growth elsewhere.*

Robert T., æt. fifty-three, was admitted Oct. 7, 1862, having been ill only one month. In a day or two he had become jaundiced. His abdomen had swelled, and great pain now came on in that region, along with diarrhœa. The pulse on admission was weak and skin cold. The liver extended below the ribs 1½ inches; no fluctuation was found in the abdomen. The evacuations were pale and offensive. The urine was high coloured, but in other respects natural. He got weaker, and on the 16th became drowsy and confused in manner. The abdominal pain became acute, and much headache came on, and quickness of respiration. Complete coma came on, and he died October 18th.

Post-mortem examination.—Much fluid existed in one pleural cavity, and the lower lobe of the lung on the same side was solidified. The heart was natural, except slight thickening of the aortic and mitral valves. The liver was large and congested, and full of bile, but otherwise natural. The gall-bladder contained a small quantity of bile. The ducts, dissected out, were found to be natural in themselves, but attached to the peritoneal covering of the pancreas were two soft rounded masses which had obviously pressed on the common bile-duct near the duodenum. These were rather larger than walnuts. *Microscopically examined*, they were found to consist entirely of globules much resembling those of pus, but more irregular in shape, and showing, after the addition of acetic acid, for the most part only one nucleus in addition to granular matter. The tumours were supposed to be carcinomatous, though nothing of the kind existed in any other part of the body. Substance of pancreas natural.

CASE XXV.—*Encephaloïd carcinoma of the lymphatic glands of the abdomen and mediastinum. The various viscera free, excepting the duodenum, which was at one point only slightly affected.*

Elizabeth G., æt. eighteen, was admitted Feb. 4, 1846, having for three or four months been losing flesh and strength; the catamenia had been absent five months. She had lost appetite and become restless, having a slight hacking cough. Latterly the legs had swelled in an evening.

On admission she had some dyspnœa and some degree of pain in the epigastrium. The chest was pretty resonant on percussion, and only slight crepitation with respiratory murmur was heard. Heart natural, but its sounds diffused more than they should be. The abdomen was somewhat tympanitic, but nothing positively wrong could be felt. She was often sick, but not particularly after taking food. Bowels confined; skin hot and dry; urine free from albumen. In spite of counter-irritation to abdomen, and of tonics, profuse perspiration came on and diarrhœa, and by degrees she became much jaundiced. Slight cough existed, but no expectoration. A dull pain continued in the abdomen, but no fresh symptoms arose. She became weaker, and died April 10th.

Post-mortem examination.—Thorax. The lungs were partially hepatised posteriorly. Heart healthy. A chain of enlarged glands, infiltrated with encephaloïd carcinoma, existed in the posterior mediastinum, and lying on the large vessels of the part.

Abdomen. All the various viscera were natural. The peritoneal cavity contained a small quantity of dark-coloured serum. *Behind the peritoneum*, and surrounding and pressing upon the greater part of the abdominal aorta and upon the vena cava, was a large mass of encephaloïd cancer. The pancreas was lying on this mass, but was *not* affected by it. The large branches of the portal vein and the ductus choledochus were imbedded in the mass. The duodenum surrounded two-thirds of the tumour, upon which it was partly lying; but it was not involved, *except in one* small portion, where there was a slight projection into the cavity of the bowel, which was, however still covered by healthy mucous membrane. The rest of the intestines and the vessels were natural.

Case XXVI.—*Large fibro-cystic tumour connected with the right side of the uterus, thought to be ovarian dropsy.*

Mary G., æt. forty-five, was admitted February 21, 1844, with anasarca of the legs and fluctuating distension of the abdomen. She said the disease began with a solid tumour in the left iliac region. The abdominal swelling, which from its situation and fluctuation was thought to be ovarian dropsy, continued to increase, and tapping of the fluid had to be resorted to, when about eight quarts of a thick brownish fluid were evacuated. Afterwards a solid tumour could be felt low down in the abdomen. Symptoms of low peritonitis set in, and she died April 12.

Post-mortem examination.—The lower two-thirds of the peritoneal cavity were occupied by a large tumour, which came up from the pelvis. The tumour was united by adhesions to the anterior walls of the abdomen. The upper part was composed of large membranous cysts, of a dark colour and inflamed, and containing a quantity of dark-coloured fluid. The lower part was composed of solid substance, containing an enormous number of cysts, which varied from the size of the minutest network to that of an orange. All these cysts were filled with clear serum, which contained a large amount of albumen. The connection with the uterus was by means of a pedicle two inches in breadth and one-and-a-half in length; it was formed by the muscular fibres of the uterus, which were traced up the sides of the tumour to some distance, and then lost. In various parts of this tumour were large growths of solid structure, not containing any cysts whatever, which looked like encephaloïd cancer; these growths were found to be of a fibrous nature. In the body of the uterus there was also a small white tense tumour, of the size of a French bean, which also outwardly resembled encephaloïd, but was in fact fibrous. None of the glands were affected. The liver, kidneys, spleen, &c., were natural. The preparation of a portion of the tumour is described in our Pathological Catalogue. See Series xiv., No. 71.

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Foreign Medical Literature.

RECENT CONTRIBUTIONS TO THE THEORY OF THE INNERVATION OF THE HEART AND BLOOD-VESSELS.

(Reported by Dr. Christian Loven.)

Translated from the *Hygiea* for March and April, 1868, by

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HONORARY FELLOW OF THE SWEDISH SOCIETY OF PHYSICIANS; OF THE NORWEGIAN MEDICAL SOCIETY; AND OF THE ROYAL MEDICAL SOCIETY OF COPENHAGEN; SECRETARY FOR SWEDEN, NORWAY AND DENMARK, TO THE EPIDEMIOLOGICAL SOCIETY OF LONDON.

(Continued from page 281.)

Cyon's and Ludwig's researches respecting the nervus depressor have been fully confirmed by Dreschfeld,[1] who has repeated and extended their experiments in v. Bezold's laboratory. The author, in the introduction to his essay, endeavours, as v. Bezold himself has also done in another place,[2] to vindicate the priority of the latter in the discovery in question, as he so early as 1863 had observed "that a central irritation of the vagus, even after the sympathetic nerves had been divided in the neck, and *the cerebrum had been removed*, always produced a lowering of the pressure of the blood."[3]

Of the results at which the authors arrived, the following ought to be mentioned:—central irritation of the nervus vagus produces, when the cerebrum has been removed, a diminution of the arterial blood pressure, which is commonly more considerable (this, however, does not distinctly appear from the experiments communicated by the author), than that occurring on irritation of the nervus depressor. Direct irritation of the stomach produces, both when the cerebrum is uninjured, and when it is taken away, and when the vagi, the sympathetics and the depressors are preserved or divided, in most cases a considerable lowering of the blood pressure, in some instances no effect, and in others a slight increase of pressure. Direct irritation of the lung has, under similar circumstances, no effect. Direct irritation of the heart always produces diminution of the blood pressure, and this equally if the apex or base be irritated; the frequency of the pulse is at the same time usually increased, but only on slight irritation.

As I have above stated, the errors in the experiments by which v. Bezold thought he had established the presence of a special exciting cardiac nervous system, proceeded from imperfect knowledge of, and consequent inability to eliminate, the influence of the vaso-motor nerves. But after this void in our knowledge had been essentially removed through the investigations already described, it was to be anticipated that the principal question itself, of the innervation of the heart from the cerebro-spinal central organs, would be at once again taken up. Accordingly, it has almost simultaneously been in two places the object of investigations, which seem to have been decisive.

The brothers M. and E. Cyon have instituted, in Professor du Bois Reymond's laboratory in Berlin, a series of experiments in this direction, which seem to bear at once upon the question, and they have communicated particularly definite results.[1] The authors sought first to ascertain a point connected with the subject, with respect to which very conflicting opinions still prevailed—this was the question of the influence of the pressure of the blood upon the number of the cardiac pulsations. Thus, on the one hand, Ludwig and Thiry had in their experiments found in most cases the frequency of the cardiac pulsations to increase in the same proportion as the pressure of the blood was augmented, for example, from compression of the aorta; on the other, Pokrowsky[2] had, in an investigation carried on under Fick's direction, constantly observed diminution of the frequency of the pulse under such compression, and also Marey[3] had laid it down as a fixed law, that the heart beats more slowly the greater the resistance it has to overcome. Like Ludwig and Thiry, the authors observed in most cases increased frequency of the pulse to attend compression of the aorta, though in others diminution of the same took place. In some of the latter instances the diminution was changed to increase on dividing the vagi and depressors, in a few it continued notwithstanding.

In their subsequent experiments on the innervation of the heart from the spinal cord the authors started from the hope based upon the investigations quoted above, that by means of dividing the splanchnic and sympathetic nerves in the neck they should be able to exclude the influence of the spinal cord on the vascular muscles. In all the experiments the animals were poisoned with curare. The vagi, the depressors, and the sympathetic nerves were first cut across. The spinal cord was then divided on a level with the atlas—the blood-pressure sank and the pulse became slower; but electrical stimulation of the cervical portion of the spinal cord caused both the blood pressure and the frequency of the pulse to rise again very considerably. After both of these had returned to the value they had immediately after the division of the spinal cord, both splanchnic nerves were cut across, which was followed by a further diminution of the blood pressure (from 10 to 20 mm.) and of the frequency of the pulse. The spinal cord was then irritated anew, and at first no increase whatever of blood-pressure occurred, while, on the contrary, the rapidity of the cardiac pulsations was considerably increased, and was often even doubled. It was not until the irritation was continued for a long time that in some few cases a slight increase of the arterial pressure took place (from 2 to 5 mm.)

That the acceleration of the pulse did not depend on this slight augmentation in the pressure, was shown partly by the fact that this occurred only rarely, and partly because the two changes did not stand in any proportion to one another, thus, for example, in one case the blood-pressure rose after long-continued irritation from 10 to 11 mm., but the frequency of the pulse from 28 to 48 in 15 seconds. That the increase of pressure did not depend on the acceleration of the pulse is shown, on the other hand, partly by its later occurrence, partly by its instability, partly also by a fact which shall be hereafter communicated.

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[1] "Ueber die reflectorische Wirkung des Nervus Vagus auf den Blutdruck." Unters. aus dem Phys. Laborat. in Würzburg II, p. 328.

[2] "Ueber die physiologischen Wirkungen des essigsauren Veratrin's." Von A. v. Bezold und Dr. Ludwig Hirt i Unters. aus dem phys. Laborat. in Würzburg. Bd. I., p. 106.

[3] v. Bezold: "Untersuchungen über die Innervation des Herzens." II. Abtheil. p. 281. The author, in a long note, which it is scarcely necessary to reproduce here, brings forward his reasons for believing that v. Bezold's claim to priority is not very well founded.

[1] Centralblatt. für med. Wiss. 1866. No. 51. (Vorläufige Mittheilung.) "Ueber die Innervation des Herzens vom Rückenmarke aus." Reicherts und du Bois-Reymond's Archiv 1867. No. 3, p. 389.

[2] "Ueber das Wesen der Kohlenoxydvergiftung, Beitrag zur Physiologie der Herzinnervation." Reicherts und du Bois-Reymond's Archiv 1866. I., p. 59.

[3] "Physiologie médicale de la Circulation du Sang." Paris, 1863.

The authors consider that in these experiments they have for the first time afforded an unassailable proof of the fact *that irritation of the spinal cord, even independently of alteration of blood-pressure, may produce an increase of rapidity of the cardiac pulsations*, and as the vagi, the depressors, and the cervical sympathetic nerves were in these cases divided on both sides, this acceleration could be produced only by means of the nerves passing from the spinal cord to the heart through the last cervical and the first dorsal ganglion. This latter the authors proved also directly by extirpating the ganglia just mentioned, which can be done in the angle between the carotid and the subclavian, without opening the thorax. This extirpation in itself exercises no influence on the blood-pressure and frequency of the pulse, but after it has taken place irritation of the spinal cord is no longer capable of producing an increase of the latter. But even in the animals so operated on, persistent irritation of the spinal cord produced a slight elevation of the blood-pressure (probably dependent on stimulation of still uninjured vaso-motor nerves), which further proves the latter to be independent of the frequency of the pulse.

The authors consider that they have further, through these experiments, demonstrated both that the diminution in the frequency of the pulse observed after the division in the spinal cord or of the sympathetic nerves, depends on the simultaneous lowering of the blood-pressure, and also (contrary to v. Bezold), that there does not exist (either in the brain or in the spinal cord) any centre which *constantly* accelerates the pulsations of the heart.

The authors next pass to an experiment to ascertain of what nature the influence of these nerves is, and in what manner irritation of the spinal cord can be regarded as accelerating the pulse, and on these points they find three possible cases conceivable :—

1. These nerves are simply motor nerves of the muscular structure of the heart, which, innervated from a motor centre of the brain or spinal cord, constantly excite the heart to contraction ; against this view a number of convincing arguments are adduced, of which only one, as being of special interest, may be quoted. It is, namely, that the intensity or amplitude of each cardiac pulsation, on irritation of the spinal cord under the circumstances just mentioned, does not increase, but is on the contrary diminished, simultaneously with the increase of the number of the cardiac pulsations. 2. These cardiac nerves may be regarded also as vascular nerves for the blood-vessels of the heart. Prof. L. Traube has attempted such an explanation (*Klin. Wochenschrift*, No. 51), which is, however, rendered inadmissible by the fact, that complete closing of the coronary arteries does not exercise any immediate influence on the frequency of the pulse.[1] 3. The authors themselves are inclined to adopt a third hypothesis, namely, that these nerves pass to the motor ganglia of the heart. They cannot, however, communicate these properly motor impulses, for then the sum of the heart's motor work ought to increase on irritation of the spinal cord, which the authors nevertheless have shown not to be the case, as only its division in time is altered. We must therefore suppose the function of the nerves in question, (in case they terminate in the motor ganglia, to be such, *that they diminish the resistance, which the regulating mechanism (the restraining apparatus) opposes to the setting free of the tensive forces developed in the motor centres*, and that, therefore, if we look upon the function of the vagus as increasing this resistance they are direct antagonists of the nervi vagi.

In an " Appendix " with a separate title, " On direct Irritation of some Cardiac Nerves," the authors communicate both a description of the anatomical arrangement of the sympathetic cardiac nerves, and the results they obtained on stimulating some of these nerves. Excitation in the rabbit of the third (reckoned from within), in the dog of the first of the nerves passing to the heart from the last cervical ganglion produced acceleration of the pulse, without the slighest change in the pressure of the blood, The excursion height of each cardiac pulsation diminished at the same time, just as on irritation of the spinal cord, after the splanchic nerves were divided.

About simultaneously with the investigations of the brothers Cyon, similar inquiries have been instituted in the physiological laboratory in Würzburg, by v. Bezold and several of his pupils. The final result has been the same, although the method was somewhat different, which must, of course, still further strengthen our confidence in the correctness of the former.

In an essay under the title : *Of the Influence of the Intracardial Bloodvessels upon the frequency of the Cardiac Pulsations,*[1] Stezinsky and v. Bezold communicate the results of their experiments upon this question. In them they started upon the conviction, that it was necessary for the explanation of the direct relation between the frequency of the cardiac pulsations and the blood-pressure, that the heart should be under the control only of the nerve-centres situated in its own substance. Accordingly all these experiments were instituted upon rabbits, which were slightly poisoned with curare, and in which the cervical portion of the spinal cord, the vagi and the sympathetic nerves were divided. In animals operated on in this manner the authors observed a remarkably constant both frequency of the pulse and blood-pressure—the former 42 to 48 in 15 seconds, the latter (lateral pressure in the carotid) 18 to 24 mm. of mercury. To increase the blood-pressure, three different modes are employed : raising the back of the body, whereby the great abdominal veins are emptied into the heart ; compression of the great vessels in the neighbourhood of the heart ; and, finally, injection of calves' blood into the arteries. With some few exceptions (2 to 3 times in more than 30), a constant augmentation of the frequency of the pulse was observed on increase of the blood-pressure, provided the latter did not exceed a certain limit, for in such cases the quickness of the pulse again diminishes ; this limit is lower, the lower the temperature of the blood is, and the more the heart has been previouly fatigued. The relation between the rapidity of the pulse and the blood-pressure seems also, under the conditions mentioned, to follow a definite law, so that we can almost *à priori* determine, what rate of pulse shall correspond to a certain blood-pressure. In a couple of experiments, instituted with a view to ascertain the influence of the *venous* blood-pressure on the pulse, the authors found that its elevation does not directly alter the frequency of the latter, but only mediately through secondary filling of the left side of the heart.

In another series of experiments v. Bezold[3] investigated the changes the frequency of the pulse undergoes in hæmorrhage, that is, in diminishing arterial pressure. In this case, two rabbits were employed, in which the vagi and sympathetic nerves were divided, and which had been poisoned with curare. The author started on the hypothesis that the diminution in the frequency of the pulse observed on dividing the cervical medulla, depends on the diminution of the blood-pressure, and to a certain degree on an internal hæmorrhage in the dilated and paralysed abdominal vessels. But in this operation both the vaso-motor nerves and the hypothetical " exciting cardiac nerves" are maimed at the same time. It was therefore of the utmost importance for the decision of the question of the existence of the latter, to ascertain what influence an external hæmorrhage, in which the heart is constantly in physiological connection with the cerebro-spinal central organs, exercises on the pulsations of the heart. If no spinal exciting cardiac nerves exist, the number of pulsations must, on diminution of the blood-pressure, fall according to the law communicated in the foregoing essay ; if the latter be not the case, some factor must be found in the brain or cervical medulla, whose influence is destroyed by the division of the medulla.

The experiments instituted constantly showed that in the commencement of the hæmorrhage, while the blood-pressure sinks, the frequency of the pulse rises to its maximum within a certain limit ; if the blood-pressure now sinks still lower, the frequency of the pulse also diminishes very rapidly. The maximum of rapidity of the pulse (72 to 80 in the quarter-minute) occurs ordinarily at about 20—25 mm. lateral pressure in the carotid. Now, as when the cervical medulla is divided this blood-pressure corresponds to from 44 to 48 pulsations in the quarter-minute, and when the medulla is preserved to from 72 to 80 beats in the same time, the addition of from 24 to 36 beats must be caused by mere connection between the brain and spinal cord, and can scarcely be due to anything else than the presence of distinct cardiac nerves accelerating the pulse. The diminution of the frequency of the pulse observed when the blood pressure sinks beneath a certain limit, is easily explained by the fact that the cerebrum, or the central organ of the accelerating nerves, is paralysed by imperfect nutrition. This is corroborated by some experiments, in which, from the very commencement, both carotids were tied, and the nutrition of the brain was consequently considerably compromised, the rapidity of the pulse then sank on bleeding immediately, without previous increase, and the same took place in a series of experiments, in which, previous to bleeding, the sympathetic nerves passing in the connective tissue between the aorta and pulmonary artery to the heart, were destroyed by galvano-caustic.

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[1] This fact, which had been previously experimentally proved by Panum (1862), has been recently confirmed by a number of experiments instituted by v. Bezold (Unters. aus d. Labor. zu Würzburg. II. p. 256).

[1] Unters. aus dem physiol. Labor. in Würzburg. II. p. 195.

[2] Untersuch. aus d. Labor. in Wurzburg, II. p. 215.

The author considers that from all these experiments with bleeding he is justified in concluding—1. That the brain, through the spinal cord, but in the indirect way of the vaso-motor nerves, can also act as a direct accelerator of the cardiac pulsation; 2. That this takes place through the nerves passing in the connective tissue between the aorta and pulmonary artery to the heart; 3. That there consequently actually exist spinal "accelerating" nerves of the heart, whose centre is situated in the brain; 4. That these nerves may be excited from the brain by psychical irritation; 5. That through their increased activity the depressing influence which the diminution of the blood pressure in the aorta exercises on the frequency of the pulse, may be over-compensated to such a degree that the number of pulsations corresponding to a certain intra-cardial pressure is almost doubled, and raised to the maximum generally observed; 6. That by the galvano-caustic method (as employed by Ludwig and Thiry), all spinal pulse-accelerating nerves may be burned away.

To ascertain how far these nerves also increase the intensity of the cardiac pulsations, von Bezold has, in conjunction with Bever, instituted a series of experiments, the results of which are communicated in an essay entitled, "Von der Wirkung der Spinalen Herznerven nach Ausschluss der Gefässnerven"[1] (On the Action of the Spinal Cardiac Nerves after Exclusion of the Vascular Nerves); and he has arrived at essentially the same conclusion as the brothers Cyon, though after a different method. Through their investigations on the splanchnic nerves, already quoted, the authors had shown that the most important vascular nerves of the system arise from the spinal cord, between the second and eleventh dorsal vertebræ; by dividing the spinal cord immediately above the first named, we ought, therefore, especially if at the same time the vagi and sympathetic nerves were cut through, to be able, as nearly as possible, to exclude all the vaso-motor nerves. If, now, the cervical medulla lying above the seat of the division be subjected to electrical irritation, the action of the pulse-accelerating nerves ought to be nearly unmixed. This was confirmed, moreover, by the experiments instituted. The action of irritation on the cervical medulla was manifested by a constant and considerable elevation of the frequency of the pulse, with no, or only slight increase of the blood-pressure, while a precisely opposite effect was produced by irritation on the dorsal medulla lying below the section. The authors hence infer, on the one hand, that the spinal cardiac nerves, for by far the greatest part, arise from the spinal cord above the second dorsal vertebra; on the other, that their influence consists in accelerating the pulse, but that at the same time the work performed by the heart must necessarily be increased. They consequently propose to denominate these nerves *nervi acceleratores cordis*, so as, by their name, to indicate their quality of direct antagonists to the nervi vagi.

By another series of experiments the authors endeavoured to ascertain[2] by what route the nerves in question in the rabbit reach the heart, and they found that this takes place through the ganglion stellatum (cervicale inferius) and the cardiac branches issuing from it. This ganglion the nerves reach in three ways—namely, through the cervical sympathetic and the two spinal roots of the ganglion. Bever,[3] moreover, communicates a special description of the anatomical arrangement of these nerves in the rabbit.

By Ludwig's and Thiry's above-mentioned works, it has been shown what an important part the contractility of the small arteries plays with respect to the changes of the blood pressure, insomuch—namely, that the contraction of these vessels in the course of the circulation creates so considerable a resistance that the lateral pressure in the larger arteries is thereby driven up to its maximum. This is, however, by no means the only effect which this property of the smaller vessels exercises upon the circulation. Goltz has already shown by experiments upon frogs, that the contractility of the vessels, at least in these animals, has also the character of propulsive force, and by this means assists the circulation; and Thiry has communicated an observation showing that the same takes place in warm-blooded animals. He observes, in fact, that, as in rabbits which are suffocated, the heart at a certain stage of asphyxia stands still in diastole, the right side of the heart is continually distended with dark blood, a fact which cannot be explained in any other manner than by the assumption that the vascular muscles constantly drive the blood from the smaller veins into the larger.

Von Bezold, now in concert with Gscheidlen, submitted this question to a more accurate experimental investigation, in which the authors proposed, as the object of their researches, to decide whether, and in what quantity, the blood is, in the contraction of the small arteries, driven back towards the aorta, and how far it is thereby transferred from the arterial system through the capillaries into the veins or not. The method employed was briefly as follows:—By a suddenly acting means (strong electrical irritation or ligature around the base of the heart) the influence of the heart on the movement of the blood was excluded, and shortly afterwards (1—1½ minutes) the arterial (in the carotid) and the venous (in the external jugular vein) blood-pressures were simultaneously measured, the cervical spinal cord being either preserved uninjured or divided. Disturbing influences from muscular movements were prevented by poisoning with curare. In the cases were the cervical medulla was uninjured, the arterial and venous blood-pressures were found to be, at the period mentioned, about equal (about 86 mm. of blood); if, on the contrary, the cervical medulla was divided, and the vaso-motor nerves were consequently paralysed, the pressure, after the lapse of the same time, rose in the carotid on an average, to 86·6 mm., and in the jugular vein to 43·6, or only half of the former. Hence it follows that in the former case, when the vascular muscles were in action, so much blood had, in the short period of from 1 to 1½ minutes, pressed into the veins from the arteries, that the blood-pressure in the latter attained the same height as in the former—in some it was even higher—and this could not have happened in any other manner than through contraction of the vessels.

The authors subsequently instituted experiments with irritation of the cervical medulla separated from the brain, the arrangements being in other respects the same as before, and they found constantly an elevation of the venous pressure to an average of 55·7 per cent. of the value previously observed, while the arterial pressure as constantly sank. The quantity of blood, if any, which, on contraction of the smaller arteries, is driven back into the larger, must therefore be extremely small. The authors regard their experiments as necessarily requiring the assumption "that the contraction of the small vessels progresses in a certain order from the larger to the smaller arteries, and in this manner pushes all or, at least, by far the greater part of the blood which was previously found in these vessels, into the large veins."

The well-known circumstance, that in the dead body the arteries are generally found empty and the large veins full, finds in this its natural explanation, especially if we look upon this transferring of the blood from the arteries to the veins as a kind of final action of the heart, which, interrupted by pauses, continues after the heart has ceased to beat. Many observations make it also probable that this propulsive power of the vascular walls is also during life in action in sending the blood in the proper direction, and if this be so, the vessels of the abdominal cavity must, especially those from which the vena portæ receives its supply—the mesenteric arteries, so variable in their diameter and so abundantly supplied with muscles and nerves—in this respect have the greatest influence.

Through these contractions the blood is sent with greater force into the right side of the heart, and traverses the lungs more quickly; but, at the same time, the resistance in the arterial current is also increased, on which account the blood pressure in the aorta is considerably augmented. This increased blood-pressure again, as has been already mentioned, stimulates the heart to more energetic contractions, and in this way the vaso-motor nerves act both directly and indirectly in accelerating the circulation of the blood.

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[1] Unters. aus d. Labor. in Würzburg ii., p. 226. Bever had previously communicated the same experiments in an essay: "Birträge zur Lehre von den Herz- und Gefässnerven" (Contributions to the Theory of the Cardiac and Vascular Nerves).—Würzburger Medic. Zeitschrift vii. Bd.

[2] "Von den Bahnen auf welchen die Beschleunigungsnerven zum Herzen treten."—Untersuch. aus dem physiol. Laborat in Würzburg. ii. p. 235.

[3] *Loc. cit.* p. 249.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 7, 1868.

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HOSPITAL SHIPS.

THE absolute necessity that exists for Hospital Ships in connection with military expeditions is now generally acknowledged. It was proved during the Crimean war, in that against China, and more recently in regard to Abyssinia. We now know pretty well all about what the construction, fitting, and equipment of such vessels should be; but somehow or other, the *administration* required for them is still in as backward a condition as it was before Russia was good enough to open our official eyes in 1854 to 1856. As the "Regulations" at present stand, those that are considered applicable to a Hospital Ship on board of which there is a Transport Officer are the Transport Regulations, the Instructions to Transport Officers, Instructions to Masters, the Queen's Regulations, the Medical Regulations, and the Purveyor's Regulations. These form a goodly array; but it so happens that, with the exception of Article 103 in the last-named volume, there is no special reference to ships of this description; on the contrary, there are many of those Regulations which not only contradict each other, but tend to cause difference of opinion between the officers of the several branches of the public service doing duty on board, each being very naturally disposed to interpret all from his own particular stand-point.

Such vessels are surely what they pretend to be, namely floating hospitals. It is, therefore, fair to infer that the instructions which are applicable to hospitals on shore are equally so to them. The Transport Officer, however, is by the code of Regulations under which he acts, led to form the opinion that the ships in question are to all intents and purposes mere transports; and he may in this way be led, really without any desire on his part, to become an obstruction rather than an aid to the medical officer. The Master, of course, considers himself strictly amenable to the Transport Officer, and studies to carry out his views, it may be, in preference to those of the officer in medical charge of the sick, for whose accommodation the ship which he commands was chartered; thus, the Medical Officer may in some instances be kept without the power of appeal, at the same time that alterations or arrangements deemed necessary by him are liable to be overruled or imperfectly carried out.

But, as if still further to complicate matters, an *executive* Military Officer is in some instances placed on board Hospital Ships, for the ostensible purpose of maintaining discipline, as if that were a matter of such difficulty as to require a specially trained person to attend to it alone. The whole thing is not only a delusion, but by withdrawing an officer from his own proper sphere—namely his regiment—takes him from a position in which he may possibly be of some little use, to place him where he can be of none whatever. The entire system, in fact, requires to be reconsidered. If a Medical Officer is to be responsible for his sick, let him have the entire control of all matters connected with them, whether on shore or at sea, whether those refer to accommodation, attendance, food, clothing, or medicine; and let us have a plain and comprehensive code of rules for their guidance under whatever circumstances they may be placed. Then, and not till then, shall we get rid of the conflicting authority of *Departments*, under which the real interests of the Service are so often literally strangled in the meshes of red-tape and routine. Let military men stick to military matters, naval men to naval matters; but let us never forget that sick and wounded soldiers come within the special province of the medical man.

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Notes on Current Topics.

The Introductories.

THE current topic of the week has unquestionably been the opening of the medical schools. The first of October has come, and with it the salutations of old friends and exhortations to new students, which from the traditional celebration of the season. Of course it is impossible for us to furnish the whole of these orations in full. They would extend over too many numbers. We are happy to have the privilege of giving our subscribers Mr. Critchett's remarkable address *in extenso.* We have inserted the whole in one number, as a lecture of this kind is spoiled by division. We also give abstracts of some other lectures.

The Dinners.

SEVERAL of the Schools, not satisfied with the inaugural gatherings assembled for the Addresses, have celebrated their opening day by the pecular institution of their country—a dinner.

The St. Bartholomew's dinner was held at Willis's Rooms, Dr. Frederick Fane in the chair, and nearly one hundred St. Bartholomew's men did honour to the occasion.

Dr. Francis Hawkins presided over the ninety students and friends of the Middlesex Hospital, who dined at St. James's Hall.

More than one hundred and thirty former pupils and friends of St. George's Hospital inaugurated the opening of the new Medical School by a dinner at the Grosvenor Hotel, over which Mr. Charles Hawkins presided.

Prizes.

At several of the schools the prizes previously earned by pupils were awarded at the close of the Inaugural Addresses.

Queen's College, Birmingham.

This institution secured an influential layman as lecturer this year. Lord Lyttleton, formerly Principal of the College, delivered an Address, which will be read with a pleasure, only short of that with which it was heard. Other schools have gone beyond their own staff before this and we should not be surprised if the practice increases.

A Medical Lecture in a Chapel.

The announcement that Mr. Critchett would deliver the lecture at the London Hospital, drew such a large audience of old friends and pupils that there was not nearly room enough in the large theatre. After a little delay permission was obtained to adjourn to the commodious chapel of the hospital, where the favourite lecturer delivered his Address. The chapel was quite filled with attentive listeners. We must admit that the sight of so large an assembly crossing the garden from the college to the hospital chapel was one of the most striking scenes of the opening day of the Metropolitan Schools. The writer is happy to record public thanks to the authorities for the use of the chapel, which enabled him once more to listen to the voice of one of his most respected teachers.

University of Cambridge.

The Professor of Anatomy will commence a course of Lectures on Practical Anatomy on Monday, October 12, at One p.m., in the Old Anatomical Schools, and be continued daily till the 20th, and after the 20th on Mondays, Wednesdays, and Fridays, at Seven p.m. The course on Anatomy and Physiology will commence on Tuesday, October 20, at One p.m. in the New Museums, and be continued on Tuesdays, Thursdays, and Saturdays. This course is intended for students of Natural Science as well as for Medical Students. Microscopical Demonstrations will be given on alternate Mondays at Six p.m., commencing on October 26th. Practical instruction in Minute Anatomy will be given by Mr. J. Gedge, of Caius College, on Saturdays, at Eleven a.m., in the Old Anatomical Schools, commencing on October 17th.

The Fall of the Leaf.

A distinguished botanist, M. Trécul, and others have lately been engaged in investigating the cause of the autumnal stripping of trees, and their researches would seem to point to the conclusion, that in many plants a phenomenon occurs just before the fall of the leaf, which is not unlike the process which accompanies the shedding of horns in animals. It consists in the obstruction of the proper vessels at the base of the petiole or leaf-stalk. This obstruction (adds an American writer) is caused by the multiplication of cells, which first occurs in the parietes of the vessels. The cells increase and multiply, till at last the vessels are completely choked up in the neighbourhood of the insertion of the leaf, and thus a differentiated plane is formed, across which the leaf-stalk breaks, and the leaf accordingly falls.

The Aberdeen and Glasgow Universities Election.

London, Aberdeen, and Glasgow last week resounded with rumours that Mr. Moncrieff would probably retire from the contest for the Universities of Glasgow and Aberdeen, and seek re-election for the city of Edinburgh. Is there no medical man ready to come forward? If the Liberals can find a medical candidate it may greatly aid them.

Another Medical Candidate for Marylebone.

It is said that Dr. Forbes Winslow is to be seriously brought forward in the Conservative interest. If a Conservative is to win, let it be a medical man, by all means; but we believe the Liberals are much too strong in the borough; and we hope, therefore, that no medical man who can conscientiously support Dr. Humphry Sandwith will desert him for the new-comer. Neither gentleman has said anything about the questions that most interest the profession, but Dr. Sandwith, as an advanced Liberal, could scarcely go wrong. Why should not Dr. Winslow, if he desire Parliamentary honours, seek a constituency more likely to support his views?

Poison in Socks.

An outcry has been raised against the dyes now used as producing disease of the skin. Mr. Crookes, a reliable authority, has written to the *Times* to show the innocence of picric acid. He properly mentions that some manufacturers have recently saturated this acid with an alkali, and warns them that by so doing they produce a highly dangerous, explosive compound. Mr. Crookes gives some further notes on dyes, and kindly offers to identify the agent said to have caused disease should it be sent to him. We may, therefore, hope soon to have something tangible in place of sensation assertions.

An Unfinished Infirmary.

An architect writes to the *Times*, to draw attention to an unfinished building near Bishop's Waltham, Hants, intended for an infirmary, and enjoying Royal patronage. He says a few hundreds would complete it, and it "must have cost several thousands" as it stands.

Correspondence.

THE *LANCET* EXPOSED.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Whatever difference of opinion may exist in the profession on Special Hospitals, all will admit that Special Hospitals and the medical men connected with them, are entitled to fair play in the columns of a newspaper. The conductors of the *Lancet*, however, most unfortunately—I mean most unfortunately for the *Lancet*—think otherwise, and act upon their opinion. This I will at once proceed to prove. On the 25th of last July, the *Lancet* contained a sensational article directly levelled at the Hospital for Diseases of the Throat and its Physicians. In that article the writer insinuated that the physicians to the hospital "arrogate to themselves superior powers in the treatment of certain diseases, and parade their claims to superiority in a most offensive and unjustifiable manner." He catechised Sir Wm. Fergusson, the Consulting Surgeon, and Sir Wm. Jenner, the Consulting Physician to the hospital, and endeavoured to detach them from it by suggesting that their connection with it implied an insult to the great body of surgeons and general practitioners. Moreover, he directly stated that the hospital had been "advertised and lauded in a way that really calls a blush on the cheek of those who have the honour and welfare of the profession at heart." This article was as signal a failure as it deserved to be. Sir Wm. Fergusson and Sir Wm. Jenner did not take the slightest notice of it, although the writer, imitating the tailors of Tooley Street, declared that "the *Profession*" were "looking to Sir W. Jenner and Sir W. Fergusson for an answer" to the catechism aforesaid. Very uncourteous conduct, truly, on the part of these distinguished men towards the expectant and eager Profession, *alias* the clique of conspirators at the office in the Strand!

The physicians to the hospital treated the article with contempt. A solitary letter was elicited from some one who signed himself "General Practice;" probably the writer of the article himself. I was the only person who took compassion on the article. Although I knew with what freedom of brush and daubs of colour the *Lancet* could paint, I thought I might give it credit for not "drawing" wholly "on its imagination for its facts." So having the welfare of my profession at heart, "and being grieved to think that objectionable advertisements about the hospital should have been inserted in the newspapers and escaped my notice, as a Member of the Committee of Management, I wrote and asked the editor to be so good as to specify the advertisements which he censured as being of a strongly rubefacient tendency. In the "vermiform appendage" of editorial comments attached to my letter, which was kept back for a week to give time for their manufacture, the sole justification adduced for the charge of shameless advertising was a small paragraph, quite *un-official*, which was inserted in *The Times*, and related to the dinner which had been held in aid of the hospital. I then wrote the accompanying letter, in honour of which the conductors of the *Lancet* held a council of war, and decided that affairs wore an aspect so unfavourable that '*Audi alteram partem*,' which I have elsewhere designated the *Habeas Corpus* of correspondents to the *Lancet*, must immediately be suspended.' Accordingly, my letter was suppressed. To cover this movement a congratulatory annotation was inserted, describing the retreat of the enemy and the complete success of the *Lancet's* cannonade. It was all over with the hospital because "a board" at the corner of Regent Street had been removed. This said "board," boldly described afterwards as a "flaunting advertisement," was not a "board," but a small plate of enamelled iron, about a foot long and three-quarters of a foot deep, attached to the cross-bar of a lamp-post as an index to those who wanted to find the hospital. The order for its removal had been given weeks before the *Lancet* attacked the Hospital, although its execution was delayed by the secretary, so that the *Lancet* need no longer remain under the delusion that its thunder has shaken anything at all. In point of fact, the thunder has lately become so feeble and ill-conditioned that either the journeyman artist who mixes it must be changed, or a new Sanitary Commission appointed to inquire into the cause of its adulteration and loss of power.

But seriously, Sir, it is greatly to be regretted that the *Lancet* should abuse its position, and, abandoning itself to the arts of trickery, become lost to a sense of decency, and pay no regard to veracity. Our leading journal, instead of becoming a misleading journal, should be *sans peur et sans reproche*, and respected throughout the profession. Instead of that, its reputation is tarnished, and all over the country men are "wagging their heads" at it. Why is this? Because it is mis-managed by a clique, and is not honest. For several years honesty has been the last policy it has thought of pursuing. Few are the depths of journalistic baseness which it has not sounded. Suppression of letters it cannot answer is bad enough, but what can one think of suppression, combined with the mention of the writer's name, and abuse—untruthful abuse—of a reply to a gross personal attack? Does conscience smite it! Conscience! I beg its pardon, It is too old an offender to be able to say with Macbeth, "I am ashamed to think what I have done; look on't again I dare not." It would do the like to-morrow if it could do so with impunity. Where there is little or no regard for truth, there is not much "virtue extant;" and that regard for truth is not a ruling passion at 423, Strand, the utterances of the *Lancet* at the last election of Councillors at the College of Surgeons plainly show. The *Lancet* supported Sir Wm. Fergusson, Messrs. Simon, Holden, and Gay, and opposed Professor Humphry. On June 27th, in an article written immediately before the election, and of course intended to influence it and secure the return of Mr. Gay, instead of Mr. Humphry, it said (the italics are my own): "We believe that the gentlemen who will receive the largest amount of support on the present occasion, after Sir W. Fergusson, are Messrs. Simon, Holden, and Gay. . . . . . Professor Humphry's position as a scientific surgeon and as a leading provincial practitioner *will secure him support on a future occasion*, should he be more explicit in his views on medical policy. He has, we believe, been hurried into the field at the last moment, and has hardly had time to realise his position." Sir W. Fergusson, Messrs. Simon, Humphry, and Holden were elected. Nevertheless, in spite of this, the *Lancet* had the hardihood to say the very next week (July 4th), "*the event has confirmed our prognosis*, and we congratulate the body of Fellows on the gentlemen they have returned, *regardless of the pressure which has been brought to bear upon them in certain quarters*." There is a strong resemblance here to the effrontery of the racing prophets. Further on, the *Lancet*, quoting an annotation which appeared a *month previously*, says of Dr. Humphry's election: "The result has only confirmed the opinion we expressed when we announced Dr. Humphry's candidature." Why did it not add? "and belied the opinion we pronounced last week, when we endeavoured to prevent Dr. Humphry's election." This suppressio veri reminds me that, up to Sept. 26, it ignored Dr. Prosser James as a candidate for Edinburgh and St. Andrew's Universities, and omitted his name even when professing (Aug. 29th) to give a list of "the gentlemen who up to the present time are in the field for parliamentary honours." Why? Not because it was unaware of Dr. James being a *boná fide* candidate, but probably because Dr. James is the honest editor of an honest newspaper. And now, to obviate misconception, I have two or three words to say about the position which I occupy with regard to special hospitals. I am not, and have not, been connected professionally with any special hospital, and so far as I am personally concerned, my sympathies would lead me to range myself on the side of the general hospitals, inasmuch as I am attached to a general hospital as Assistant Surgeon and Lecturer on Anatomy, and have charge of a special department. But I could not shut my eyes to the disadvantages and defects of large hospitals in a sanitary point of view, and to their slowness in effecting improvements; nor could I ignore the fact that several special hospitals have sprung up through the failure of general hospitals to meet the wants of the cases for which those special hospitals were founded, and that the effects of these special hospitals have been to cure a number of so-called "incurable" cases, and beneficially to stimulate the general hospitals. The time, indeed, may come when special hospitals may be no longer needed as isolated institutions, but may be so grouped, combined, and organised, as to become of the highest value for educational purposes. There is no reason why they should not be utilized any more than there is for the valuable material at our workhouse infirmaries being thrown away. I hope to see the day when some method will be introduced into our hospital system, and some reformer who is not abusive will endeavour to combine the scattered and independent institutions in the metropolis for the better training of medical students and the good of the community. But so long as things remain in their present condition, I claim for others as well as for myself the liberty of independent action on an independent judgment, and immunity from those bitter personal attacks inspired by personal jealousy, which convince no man, effect no alteration, and greatly lower the medical profession in the eyes of the public at large.—I am, Sir, your obedient servant,

Oct. 3, 1866. WALTER RIVINGTON.

P.S.—It may be as well to mention that I have omitted two sentences from my letter to the *Lancet* because they contained a personal allusion to a friend.

COPY OF LETTER TO THE EDITOR OF THE LANCET.

SIR,—It ought to be distinctly understood that the Committee of Management of the Throat Hospital are not a whit more responsible for complimentary notices in the *Times* and other newspapers than they are for adverse articles in the *Lancet*. The paragraph which formed the sole basis of your charge—that the "hospital had been *advertised* and lauded in a way which really calls a blush on the cheek of those who have the honour and welfare of their profession at heart"—did not emanate from the Committee or any one connected with the hospital, and was *not an advertisement at all*. Judging it from the cautious extracts of the *Lancet*, it seems an innocent production and quite undeserving of the wrath which it has provoked. What is the necessary inference from these circumstances? That the charges made against the management of the Throat Hospital completely fail, and that, inasmuch as these charges reflect injuriously on honourable men, their withdrawal would be an act of justice and of grace.

But it so happens that in a paper containing information about the hospital, and issued with the sanction of the Committee, the Registrar-General's returns are quoted. Why? On good and unexceptionable grounds. The Hospital for Diseases of the Throat avowedly receives cases of croup and diphtheria. It is not and was not intended to treat only local affections, pure and simple, but also, with a few necessary exceptions, all the diseases which make the throat the seat of attack. And, therefore, to point out the prevalence of these complaints is to adduce the needed proof that a hospital specially devoted to them would have abundance of work to do. To lay stress on the fatality of these diseases is to indicate the necessity for providing increased accommodation for them that they may be treated under the most favourable conditions, with a view, if possible, of ultimately diminishing their death-rate—that is, the *extent* of the application of these returns. None but the alienated could possibly infer, or attempt to make others infer, from a quotation of this kind that "all the fatal cases would have been saved by admission into a throat hospital."

But the fresh charge is now made by the *Lancet*, that "every advertisement or paragraph about throat hospitals only impose upon the ignorance and credulity of individuals suffering from laryngeal affections as the product of blood poison, or the concomitant of pulmonary phthisis, syphilis, or hysteria; when it deceives them into ignoring a grave constitutional disease, by the exaltation of, it may be, some insignificant outlying ailment." By parity of reasoning, individuals with small-pox, or scarlatina, or syphilitic psoriasis, or Addison's disease, seeing advertisements about skin hospitals would be deceived into the belief that they were merely suffering from a skin affection. Happily the fallacy of this logic is easily demonstrated. Before the Throat Hospital was instituted many a patient with laryngeal phthisis or syphilis has been under the impression that he had merely caught a slight cold. And now, in this age of paragraphs about throat hospitals, patients still take a favourable view of their cases. But suppose that while they were in this condition, never having heard before of the Throat Hospital, their eyes lighted on a paragraph or advertisement about the Hospital for Diseases of the Throat, and they decided that it might be worth while, as they were poor men, to go there for an opinion. What then? What dreadful deception is practised on them? This. The physician at once undeceives them, and applies the appropriate remedies. And let it be observed, that laryngeal phthisis, syphilis, and hysteria, especially the two latter, are often far more efficaciously treated, and far more speedily cured, at this depreciated Hospital for Diseases of the Throat, than they would have been at any general hospital. I am speaking strictly from the book, and if the statements be doubted, let the matter be submitted to a fair commission of inquiry. Some high medical authorities on syphilis and nervous diseases have sent cases of this kind to the hospital, cases which had resisted treatment, but which yielded in time to remedies applied with the aid of the laryngoscope. One of the most effective remedies for hysteria and nervo-muscular affections of the larynx is the direct application of galvanism to the parts affected.

But while repudiating the idea that patients are deceived through the working of the Throat Hospital, we do not deny the occasional existence of abuses at special hospitals. Abuses, however, are neither confined to special hospitals nor any necessary part of their organisation, nor greater at the special than at the general hospitals; and though it may be true, as you say, that "these abuses would not have been tolerated for a moment by the physicians and surgeons of a past generation," it will tend to a just estimate of the merit of these eminent men in the reformation of abuses, if the fact be recalled that at their own hospitals they tolerated abuses so gross as to call forth from the *Lancet* the most vehement denunciations of the prevalent corruption, monopoly, and nepotism.

The next argument advanced against the Hospital for Diseases of the Throat and special hospitals generally, amounts to this: that patients should only go to certain privileged, or as it is euphemistically put, "accredited" institutions, in order that they may be examined by students who have made private pecuniary arrangements for that purpose with the medical officers. Subscriptions, dinners, and dukes being improper for special hospitals ought to be enjoyed only by the general hospitals.

This argument has a disagreeable flavour of monopoly and protection, principles of a bye-gone time; for no one of "truly liberal" views would admit that one hospital has a greater right to exist than another; and political economists would denounce attempts to check by arbitrary means the over-multiplication of hospitals. Evils of this kind cure themselves, for any institution not really useful to the public will either die or sink into insignificance for lack of support. Besides the carter has no occasion to call upon Jupiter to get his wheel out of the mire. The general hospitals have the remedy against the encroachments of special hospitals in their own hands, and cannot in justice complain of the fruits of their own sluggishness and failure to make adequate provision for special cases. I will illustrate this from the London Hospital. Special departments for the eye, ear, and skin were not instituted till 1867, yet there were indications for them years ago, and the strongest indications for an eye department. The Moorfields Ophthalmic Hospital had been founded early in the present century, and was filled with eye patients, while the London Hospital was almost destitute of them. Several years ago, much to his credit, Mr. Critchett endeavoured to obtain an eye department, but without success. Three years ago it would have been impossible to obtain special departments; a throat department would have been equally unattainable.

Well, Sir, the experience derived from the working of the special departments at the London Hospital clearly shows that by the adoption of liberal measures a general hospital may insure abundance of material for training its students in the diagnosis and treatment of special diseases. Eye cases will be found in the eye department in spite of ophthalmic hospitals; skin diseases will swarm in spite of skin hospitals; aural cases will not be led away by ear dispensaries and orthophonic instutions. Patients will go to the nearest hospital, if the arrangements are convenient and the officers have reputation.

With regard to special hospitals diverting funds from general hospitals, it must be recollected that the money subscribed to special hospitals is subscribed because they particularly commend themselves to the donors, and that the money, if not given in this way, would be likely to continue "to fructify in the pocket."

The statement that there are advertisements and placards at the corners of streets directing patients the way to the Throat Hospital seems a bolder use of the figure Hyperbole than is to be met with out of the classics. There are no "placards" or "advertisements," in the ordinary sense of these terms; but the approach to the hospital being somewhat intricate, one or two small plates, with an indicating hand, neatly executed, and the words, "To the Hospital for Diseases of the Throat," have been placed at one or two of the turnings. They are a convenience to persons wishing to find the hospital, are quite inoffensive, and can only be obnoxious to the hyperæsthetic.

Having now replied to all the arguments and charges contained in the comments appended to my letter, I must retire from this discussion, whatever fresh charges may be adduced. There are obvious objections to a prolonged controversy with an Editor in his own journal; but in order that my silence may not be attributed to any exhaustion or consciousness of weakness, and in order to set this matter at rest, I am fully prepared, and should indeed be pleased, to discuss the subject before any professional tribunal, impartially constituted, with the Editor of the *Lancet* or any member of the staff who may happen to endorse his opinions. I can name no better jury than a meeting of the Metropolitan Counties Branch of the British Medical Association; and very confident I am that, after hearing both sides of the question, such a jury would not condemn an institution "founded to facilitate the employment of the laryngoscope among the sick poor," within whose walls, since its inauguration, at least 10,000 patients have been examined with that instrument—an institution whose practice, freely open to members of the profession. has been attended by 200 or 300 medical men, and which affords to general practitioners the greatest facilities for acquiring, *without payment*, the use of the laryngoscope, to instruction in which the liberality of the medical staff devotes one afternoon in every week. —I am, Sir, your obedient servant,

WALTER RIVINGTON, M.S.Lond.,
Aug. 10, 1868. Assistant-Surgeon, London Hospital.

Copy of Postscript to Letter of August 10.

P.S.—It is worthy of note that the identical paragraph about the Hospital for Diseases of the Throat, which appeared in the *Times*, and which has been so stigmatized by the *Lancet*, was subsequently inserted in the *Medical Times and Gazette*.

Evidently the Editor of the last excellent journal took an entirely different view of the paragraph from that taken by the *Lancet*. This paragraph I have had an opportunity of seeing since writing my letter. The only sentence in it to which any possible objection of a reasonable kind can be raised is this:—

"The necessity for an institution of this kind is amply shown by the returns of the Registrar-General, from which it appears that in 1866 no fewer than 24,000 deaths occurred from croup, diphtheria, and other throat diseases."

The objections which may be raised are two: it may be denied that these returns are sufficient to prove the necessity for a special hospital; and it may be said, as the *Lancet* says, that diphtheria is not a throat disease. Both of these points are questions, not of *taste*, but of *opinion*. For my own part, I do *not* think the necessity for the Throat Hospital *amply shown by the returns of the Registrar-General*, and the Committee of Management have never put forward that view. The necessity for the hospital is based, in our opinion, on the inadequate provision made at the general hospital for the employment of the laryngoscope. But, on the other hand, if any one thinks with the reporter of the *Times*, he is quite entitled to hold his opinion without censure, if not without criticism.

With regard to the second point, I for one should certainly be inclined to call diphtheria a throat disease, whether infectious or uninfectious, and whether due or not due to a miasmatic poison. This may be heresy; but heretics, it is generally admitted, ought not to be burnt or branded; the only weapons that may be employed against them are the weapons of polite argument, addressed without heat to their understandings, and the heretics have the right of defending their opinions in a similar way. This gives the heresy a fair chance of being ultimately engrafted on the orthodox creed.

The foregoing remarks have been rendered necessary by the course pursued by the *Lancet*. What we complain of in that course is that it has fastened on an *unofficial* paragraph in the *Times*, censured it as an *advertisement*, and made it a basis for a sensational attack on the Throat Hospital and those connected with it. It has treated matters *of mere opinion* as matters also *of taste*; and, having assumed that its own opinion is right and the opinion of the profession, it has denounced the opposite opinions as unprofessional and as provocative of the blush of shame on the loyal cheek. This course, we fearlessly assert, is calculated not to convince but to annoy, is not the course to heal the breaches, or to produce harmony and unity in the profession, and is tantamount to directly singling out individuals not agreeing with the *Lancet*, and pursuing, as they have a right to pursue, their own judgment as to special hospitals, and endeavouring to make these individuals the objects of professional distrust and reprobation.

August 11, 1868. W. R.

Introductory Address

DELIVERED AT

THE LONDON HOSPITAL,

OCTOBER 1ST, 1868,

By GEORGE CRITCHETT, ESQ., F.R.C.S.,

Late Surgeon to the Hospital, and Professor of Surgery and Ophthalmic Surgery; Surgeon Royal London Op' thalmic Hospital, &c.

AT the kind and flattering request of your Medical Council I appear before you to-day for the third, and I fear I must add for the last time, to inaugurate the winter session by an Introductory Address. As my mind travels back through the long vista of years since I commenced my career as a medical student at this hospital, I cannot but feel deeply and solemnly impressed with the changes time has wrought. Of those who then held the foremost rank at our hospital, and in our school, and of whom, in our retrospect, we seem constrained to say, "There were giants in those days," how many have passed away from us; one indeed still remains, our much loved much respected Dr. Billing, but he has left the east where he rose so brightly to accomplish a glorious setting in the west. But though our Blizards, and our Headingtons, and other great ones have passed away, though these ancient worthies who made so high a reputation for our hospital and who created our school, are gathered to their fathers, the spirit that animated those great and good men, and earned for them their high renown, has lived in their successors. If those mighty spirits of old could revisit the scenes of their former labours they would find that the germs of thought sown by them had fallen on a rich and fruitful soil, and that much which seemed to them as hopes and dreams and possibilities of future progress had been transformed into solid and beautiful realities. They would still find the dear old hospital, with its fine ancient body, but how changed it would seem with its grand expanded wings, and its separate wards for diseases of the eyes and for syphilis, seeming to suggest that it claims, and justly claims, to soar as high in usefulness, benevolence, and in science as any similar institution in the country; they would find their school expanded into a college, and well furnished with every modern appliance, and illumined by a body of professors, who, for zeal, science, and high reputation in their respective subjects, may fairly challenge comparison with those of any other school; and though last, not least, that which gives life and spirit and usefulness to all schools, and which constitute their most legitimate pride, they would find a large and ever increasing body of intelligent, diligent, and high-toned medical students. To create such a school, and to diffuse the benefits of the hospital throughout the length and breadth of the land, was the thought that filled the minds of our Fathers in Medicine and Surgery, and I may perhaps be permitted to mention here for the encouragement of the pupils, that there is a scholarship of £20 for first year's students for human osteology; also of £25 for first year's students for anatomy, physiology, and chemistry; also the Duckworth Nelson prize of ten guineas and three Scholarships of £20 for proficiency in Clinical Medicine, Surgery, and Obstetrics respectively. The vast gathering assembled within these walls to-day would seem to them, as it does to us, in token that the wish of their hearts has been accomplished. All whom I see around me are doubtless associated with the London Hospital. There are some, it may be, who have well nigh run their course, some who are in the meridian of their active career, and some who are just commencing their Medical studies. To one and all, in the name of the Medical Council of this Hospital and my own, I beg to give you a hearty welcome. It is good for us all to meet together in this way from time to time. Some of you came here to-day to see old familiar faces, that you have long welcomed and loved, to grasp the warm hand of friendship, to renew old associations, or to show the keen interest and confidence in the Alma Mater by placing some of the rising generation, in whose welfare you are most interested, under her fostering wings; and some it may be, he who now addresses you is vain enough to hope, may have come to hear his voice once more, some who perhaps remember him as their fellow pupil or as their former teacher; for he cannot forget how many of his warmest friendships have been formed at the London Hospital; how proud he feels when he hears of the success of his old colleagues or of his old pupils; and gentlemen, rest assured that the warm interest he has ever felt in the welfare of the London Hospital and its college, can only cease when his voice is hushed in silence, and when his heart beats no more. But amid the various feelings and emotions that an occasion like this excites, I must not forget that it is to those who are here for the first time to-day, and that are about to enter as students of medicine, that I have chiefly to address myself; they are essentially the heroes of the day, and it is my privilege and duty to introduce them to their newly adopted profession, to give them some faint sketch of the path that is before them. In carrying out this object I shall endeavour to give you my young friends a few general principles, that it may be useful for you ever to keep before your minds, as explaining the object and aim of all your various studies and lectures. The end to be obtained is the knowledge of disease; that man occupies the highest pinnacle in our profession, and marches in the first rank, who is the most intimately acquainted with morbid action, its cause, its history, the tissue changes resulting from it and its treatment. How to arrive at this "consummation so devoutly to be wished," so rarely reached, there is but one road; you may lay it down as a law that, the accuracy with which you are able to estimate disease, (and by disease I mean every possible departure from the normal standard) will be in exact proportion to your knowledge of the form, structure, and function of each organ, and of the various tissues and organs of which the body is made up. This knowledge comprises anatomy, (general and minute) and physiology. Thoroughly and practically to acquire this should be the very main object of your early studies here. Let me give you a few illustrations of the truth of what I am now insisting upon. The London Hospital as you well know is renowned as a surgical school, and more especially for the number and endless variety of accidents that are pouring in. It will be your privilege to see and to assist in the management of these cases, but most of them will be unintelligible to you until you have learnt your anatomy, but the man who has thoroughly mastered this science may defy any variety of accident to puzzle him. But we may go yet a step further, and may say that a minute and accurate acquaintance with the form, structure, and functions of any organ will enable you to presuppose the diseases to which it is obnoxious, by presupposing every possible deviation from the normal conditions, and that which you presuppose or hypothesize will, in most instances, be found merely to anticipate and predicate that which actually occurs in morbid phenomena. I beg your special attention to this point, because it very much facilitates the comprehension and simplifies the grasping and arrangement of diseases, because it has been the means of leading up to many brilliant discoveries, and opens up a new method of enquiry that may lead to great results. Allow me to illustrate my meaning by a few examples taken from the subject with which I am the most conversed, viz., some of the abnormal conditions of the eye. We will consider some of the essential conditions in regard to the anatomy of the eye. We will take in the first instance the form or shape of the eye. It is as you are aware globular; it is made up of the segment of two circles, the anterior fifth rather smaller than the other; but for practical purposes it may be considered round. Now, let us presuppose deviations from this form. Let us suppose the eye to be elongated in its antero-posterior measurement, and let the elongation be in the posterior part of the eye, and let this vary in extent almost *ad infinitum*. Now what we have presupposed, we find in fact in all well-marked cases of miassin or short sight, or we may presuppose the elongation to be in the front of the eye instead. This also occurs in that condition known as "conical cornea." Now it would seem to be an almost inevitable result of finding our suppositions in this direction so exactly verified by fact, that we should presuppose in the opposite direction—viz., a diminution in the antero-posterior measurement, and here again our hypothesis is verified by numerous examples. This peculiar form of the eye is termed hypermitrassin; it gives rise to a series of very important and distressing symptoms, that are now much understood, and that are capable of complete relief, but the details of which would be unsuitable to an occasion like this. This brilliant discovery is comparatively recent, and has proved a blessing to thousands, but if the idea I am now insisting upon had prevailed in investigating disease, it must have been brought to light long ago. Let us now briefly consider another quality of the eye equally essential to its health, viz., the amount of elasticity that it possesses. It is, as most of you are aware, composed of an external, firm, unyielding case containing fluid. Now it is essential to the healthy performance of its functions that an exact balance should exist between the containing and the contained. By careful and delicate digital examination, the elasticity or amount of tension in the globe of the eye can be most accurately measured, and thus a normal standard can be fixed. Let us presuppose a departure from this standard in both directions. Let us suppose that the eye may become either too soft or too hard. When we seek to verify our suppositions, we find abundant proof at hand. It is constantly happening that under the influence of certain forms of deep-seated disease the eye becomes soft, evidencing a low degree of vitality; and on the other hand, there is a most interesting and important group of morbid changes, in which the tension or hardness of the eye becomes increased. This increase may vary almost infinitely in degree, and seems to be the starting point and cause of other serious changes. This increase of tension may come on suddenly, and develope the most intense and agonising symptoms, and destroy all sight in a few hours, acute glaucoma; or it may be more gradual, chronic glaucoma; or it may very slowly extinguish the sight in the course of years, without the development of any other symptom to excite the suspicion of the patient or the medical attendant. It was the accurate elimination of the cause of all these varied symptoms, the tracing them up to one common origin, that enabled the genius of the great German Ophthalmologist to devise a remedy (iridectomy) which has brought this formidable disease under control, and has thus enlarged the domains of the healing art, and lifted another burden off our suffering humanity. The same rule holds good with regard to the laws that regulate the curve of the cornea; aberrations occur that have led to the discovery of "astigmatism," at which I can only glance. The laws of the eye may be investigated upon the same principle; its two specialities are its density and its transparency. We may presuppose every possible change in respect of both these conditions, and we shall find, in fact, an almost greater variety than our utmost imaginings could compass. The density of the lens steadily increases from the cradle to the grave, and its morbid changes under the generic term of cataracts are almost infinite. It may be softer or it may be harder than the normal standard; this softness may even amount to a fluid condition; this hardness may be of a bony consistency; and between the two there may be every variety, or part of the lens may be soft and part hard; it may vary in colour, from black to white, with every gradation of colour between the two. The opacity may be distributed in every form; it may be striated or flocculent, or dotted, or uniform, homogeneous, and capable of analysis; it may commence in the centre or the extreme margin, or both at once, leaving a clear interval between the two, or it may involve the centre only, and never extend to the margin; it may form in a few hours, or may occupy several years; it may commence at any period, from the womb to extreme old age; and thus I might go on multiplying varieties of abnormal manifestations and behaviours almost *ad infinitum*. In studying the obscure phenomena connected with the moving powers of the eye, if we get an intimate and correct knowledge of the exact position, attachment, and function of each muscle, and of their combined actions, and if we then presuppose every deduction from that, we get an insight into those obscure and difficult problems connected with strabismus, insufficiency of muscular power, &c. I have now dwelt at sufficient length upon these points to show how wide-spread is the application of the principle I am endeavouring to explain. That which is true of one organ is doubtless true of another, and of the entire body, as an aggregation of organs. To consider the various developments of disease from this point of view simplifies and facilitates their comprehension. The range of study is now so great, the subjects so numerous, and the knowledge possessed upon each so varied and so extensive, that it scarcely comes within the scope of any human intellect to grasp them all; but it is very desirable that your knowledge should be accurate and complete as possible upon those portions of medical lore to which you are able to give your attention, as much of your success will depend upon the correctness with which you can make out or diagnose a case. You are joining our ranks at a time when physical diagnosis has made vast progress, and is assuming the character of an exact science. Every sense is enlisted in the service and should be carefully cultivated. Our scopes are multiplying in number and increasing in accuracy, and the body is gradually becoming more diaphanous under the illuminating influence of the lamp of science: each disease is found to have its special physiognomy, and the experienced observer learns to read as in a book the nature of the malady with which he has to cope. I will now conclude this part of my subject with a few words upon treatment. It will be necessary for you to become acquainted with the various agents that modify, control, or cure disease, and the various conditions that favour recovery. But let me remind you that your success in this respect, which perhaps, after all, may appear to you as the great aim and object of your professional life, will be in exact proportion to your knowledge of disease and the correctness of your diagnosis. It is only when you are enthroned upon the seat of medical science in its wide expanse and lofty elevation, that you are qualified to bring the varied armoury of remedial agents to bear. The most successful practitioner of medicine does not owe his pre-eminence to the possession of any unusual amount of remedial agents. The machinery with which he works is composed of elements comparatively limited and simple. He excels rather in the correctness of his aim than in the amount of his ammunition; in his exact adaptation of the means to the end; in his careful co-operation with the laws by which nature gradually modifies and controls diseased action; in the self-reliance which enables him to wait and abstain from doing possible harm where he does not see his way to doing positive harm; in the prescience with which he foreshadows the course of a disease, and thus deservedly obtains public confidence. Thus, if a true scientific foundation has been laid, if there be a thorough knowledge of the structure and functions of each organ, and of the body as a complex organ, and if every departure from the normal standard, whether in structure or function, be mastered, then the treatment will be based upon solid and simple principles, and all that science has yet discovered to prevent, to arrest, to palliate, or to cure disease, will be accurately adjusted and applied to each case as it presents itself. In these few words are compressed the task that lies before the medical student, and the work that I invite you gentlemen to commence today. And now, having introduced you to your work and endeavoured to give you some insight into its nature, though, I admit, very partially and imperfectly, I will in the next place introduce you to that professional body to which you aspire to belong, and endeavour to give you some idea of the work that is being accomplished and of the men who are now carrying it on. Were I to depict the character, to describe the labours even of the most gifted amongst us, I should give but a faint and partial idea of the varied powers and forces that are combined under the designation, "the Medical Profession." It may rather be compared to a vast army composed of different elements, but combining for a common cause; and making up one grand and harmonious force that is ever at war with disease and suffering; like the fabled St. George, ever doing battle with the numerous dragons that still infest the world, and after some brilliant victory over an enemy, still marching on to greater achievements. In analysing the component parts of all this machinery we have first of all the main central force, composed of that large class known as the general practitioners, men who really do the hard work of the profession, who are quietly and unostentatiously labouring wherever disease claims their presence, whether it be in the midst of poverty, in the courts and alleys of our crowded cities, or traversing wild districts in spite of rain or frost and snow to succour some poor sufferer, as I said when speaking of the same class on a former occasion. "Picture to yourselves the medical practitioner in the full tide of his professional career, what a stormy anxious unrest it is; what exorbitant exactions are made upon his resources, what exaggerated expectations are formed of his powers, what unthinking demands are made upon his time and upon his vital energies. By day and by night, for rich and for poor, with or without recompense, he must obey the summons of suffering humanity. He must be ever ready to encounter accidents, disease, and death in all their most appalling forms; when friends are paralysed with fear, and when contagion carries panic to the stoutest heart, he must be there, calm and unmoved. Life may be ebbing fast through the bleeding artery, the blanched mother may be fluttering out her own life at the moment when she has given birth to another, the victim of cholera may present all the most hideous features of death whilst yet writhing in vital agony, delirium and tetanus and hydrophobia may compress the energies of a life into a few brief racking hours,—and still he must be there to gaze on sufferings he cannot relieve, and to feel that science is impotent and humbled in the presence of busy death." And yet amid all this he has occasional gleams of sunshine; he knows that his welcome footstep and his kind voice bring comfort to many an anxious sufferer; a smile awaits him in the hall of the wealthy and in the lowly cottage of the poor; and the history of his disinterested, self-denying life and labours is written on many a grateful heart.

At his approach complaint grew mild,
And when his hand unbarred the shutter,
The parched lips of fever smiled
The welcome which they could not utter.

Would that my very feeble voice could command language worthy to trumpet forth the merits of this too-often forgotten, ill-requited, over-taxed section of our professional body! Then we have those who are set apart to do the work of our hospitals and of our schools,—men whose aim and object it is to make those great institutions subserve the double purpose of ministering to our suffering poor and advancing the cause of medical science and education. It is difficult for ambition to aim at a higher position than that of a medical officer and successful teacher at one of our hospitals. Surrounded by a class of intelligent students, he explains case after case as they present themselves in their endless variety; he must be prepared to meet and unravel each complication as it arises; he must expound and practically illustrate every method of diagnosis that modern science brings to his aid; and he must be able to bear the test of the young, keen, inquiring minds by which he is surrounded, and often the yet severer ordeal of *post-mortem* revelations; and as he grows up out of all this to be the trusted physician or surgeon, to whom the profession and the public confide the anxious cases and their dearest interests, we may be sure that this important element of our force is comprised of the true metal, and sheds a bright lustre upon the entire body. It is from this section that we mainly form our colleges and obtain our several boards of Examiners; gentlemen who jealously and wisely guard the portals, and allow none to enter who are not well furnished with the pass-word, and who, by the wise reforms they are introducing into their own method of election, are gaining more and more for themselves the confidence of the profession, and by insisting upon a good preliminary education for students, they are raising the standard of our profession; and by making their examinations more and more practical and searching, they are protecting the interests of the public. Nor must I in fairness altogether omit to allude to a section of our profession who devote themselves, more or less, exclusively to one department of our art, or to some solitary organ of the body. In some instances, the term specialist is applied, and not always in a complimentary spirit. It would be unbecoming in me to dwell upon this topic. I may, however, urge on our behalf that there seems an increasing tendency in the profession towards specialism. The public demands it, and the very wide field to be travelled over justifies and explains it; greater scientific accuracy is obtained by it, and important discoveries have been made by limiting the attention to some one organ. What has been lost in width has been gained in depth; and in considering the profession as composed of various elements, I think that justice requires us to acknowledge that the little regiment of specialists adds to its force and efficiency. Then we have other great and important influences giving character and dignity to our profession; we have those medical sappers and miners, our Sanitary Officers. To estimate the work they are carrying on, we must travel back a few years and consider the condition of things 'ere they were called into existence. Twenty years ago, in my first lecture, I spoke as follows:—"It is to our profession belongs the praise of pointing out the fearful social evils resulting from crowding together breathing masses of humanity, from defective drainage and imperfect ventilation, from heaping up the dead amid the living, from infecting and fevering the atmosphere with the noxious vapours of corruption, making the churchyard and the charnel house supply their own victims, and be, not alone a receptacle for the dead, but a vast reservoir of disease for the living. It is by their heart-stirring reports that a nation has been awakened from its lethargy, by their scientific researches and reiterated remonstrances that a sluggish Government has been roused into action, and that Sanitary Reform has become an inevitable thing." What a change has now come o'er the spirit of our dream. These gentlemen are the great disinfectants of England: they are gradually uprooting every preventable source of disease, and checking the ignorant self-immolation of the lower strata of society. Within a year after these words were spoken the first sanitary act was passed, to be succeeded by numerous others, the last having been passed during the last session of Parliament. In the same year the first sanitary officer was appointed. There are now forty-seven medical officers of health for the metropolitan district alone, and every large town in England has its officer of health. Twenty years ago the mortality of the City was 30 per 1,000, now it is 18 per 1,000. Truly their labour is noble and disinterested, and their tendency is gradually and steadily to promote our profession from their present function as combatants against disease to the higher title of presidents and guardians of health. I should be doing violence to my own feelings, as well as to yours, did I not avail myself of this opportunity of bearing testimony to the long, zealous, and successful labours of your eminent Professor of Chemistry, Dr. Letheby, in this noble cause. And then we have had from time to time some great and gifted one who may have been in advance of his age, or who has been in the scientific outskirts of the profession, who has dropped a few rich pearls of original thought amongst us, or has opened up some rich mine of scientific wealth. Such men are ever leading us on to higher and better things; they are like the pillars of cloud by day and of fire by night, to guide us onwards and upwards; where our path seems darkest and steepest they are the heroes that we may safely worship, men upon whom, as Thomas Carlyle the greatest of modern thinkers, and the man who has made the deepest impression on his age, has taught us, depends the progress of the world. And last, but not least, we have the Medical Press, that widespread influence that makes the thoughts of the few the property of the many, that fosters young and rising talent, that watches over the interests of the profession and causes its voice to be heard and its influence felt in the councils of the nation; that has led the way in all sanitary movements, and that is the constant and consistent advocate of reform in our Corporate bodies; and if there be one thing more than the rest that reflects honour upon the Medical Press of this country, and in which they have recently achieved such signal triumphs, it is in their strenuous and disinterested efforts to ameliorate the condition of our paupers. A thrill went through the heart of England when she learnt, by means of her Medical Press, of the abuses and cruelties of our workhouse system of pauper nurses, of neglect and overcrowding, of the lunatic, the epileptic, and the idiot in the same ward with the sick and dying pauper, truly the poet had long since pleaded his cause in touching accents—but in vain:—

> "Here, too, the sick their final doom receive,
> Brought here 'mid scenes of grief to grieve;
> Here sorrowing they each kindred sorrow scan,
> And the cold charities of man to man,
> Whose laws indeed for ruined age provide,
> And cold compulsion plucks the scrap from pride;
> But e'en that scrap is brought with many a sigh,
> And pride embitters what it can't deny.
> "Say, ye oppressed by some fantastic woes,
> Some jarring nerve that baffles your repose,
> How would ye bear in real pain to lie,
> Despised, neglected, left alone to die?
> How would ye bear to draw your latest breath,
> Where all that's wretched paves the way to death?"

Yet the poor poet wasted his sweetness on the desert air: the pauper suffered on, his condition became even worse than when the poet wrote. It was not until the Press espoused his cause that an improved system was initiated; that the workhouse infirmary was remodelled upon the plan of our hospitals, and the treatment of our sick poor placed upon a wise and benevolent basis. Whilst England is loading with honour those brave sons who have recently shed so much lustre on her arms, let her not be quite unmindful of those who have so nobly fought the battle of her despised, neglected, ill-treated paupers, and who have shown such zeal and courage in opposing and neutralising the sordid efforts of official boards, and have succeeded in removing from our beloved country a national disgrace. I have now concluded my brief and imperfect sketch of the various elements of which our profession is composed. It is only when we regard the medicinal body in all its vast combinations, and in all its varied details, with its literature, its museums, its lectures, and its press that we realise the power it represents. This noble army of workers is ever marching on, doing battle against disease and suffering in every form; ever the determined and persistent enemy of quackery and superstition; always in the van-guard of civilisation, of enlightenment, and of large and liberal thoughts, both in politics and religion. It is to this vast and noble army that I introduce you gentlemen this day: you are here to enlist as recruits into its ranks. Much earnest work has to be done before you are qualified to become one of it soldiers. Strive to brace yourselves for the task, the life-long task, that lies before you—realize the dignity of work, of noble, self-denying work. As the poet says—

> "Get work—be sure 'tis better,
> Than that you work to get."

Ever bear in mind the achievements and high character of the profession; feel as if its future position and progress depended upon your individual efforts upon your high moral, and intellectual acquirements. Carry the banner bravely onwards and upwards, let each, the youngest amongst you, feel that the honour of the profession is in his hands. You are joining us at a moment of great progress and of still greater promise. Twenty years ago on a similar occasion to this, I shadowed forth this progress as follows:—"There are those who delight to summons up before their creative fancy the inhabitants of former times and to dwell amid the customs and modes of thought of a bygone age; but if imagination be allowed to spread its wings, I would rather soar onwards into the future; movement and progress seem to be amongst the great laws that pervade the universe, and who shall venture to give to science her boundaries or set limits to the achievements of human genius. Do we not already see the elements and forces of nature chained down and made subservient to the will of man. Pictures are painted for him by the sun, manual labour is accomplished and distance is almost annihilated by steam, and his thoughts are made to span the world with the rapidity of lightning. And is it too presumptuous to imagine that these wonderful physical results of human energy are but as so many bright heralds announcing man's future triumphs in the intellectual and moral world? already we may see the dawning of a brighter era. Man is beginning to learn how much of mental and physical suffering is due to the infringements of some law; and from this germ may spring up results fruitful with blessing and happiness to humanity." During these twenty years how grandly has the profession fulfilled and more than fulfilled all that I then ventured to shadow forth. What an elevated plateau it now occupies compared with that period; but though much has been done, much, very much yet remains for us to do. May the next twenty years hymn forth as glorious an epic as the past; may it tell of the triumph of mental and moral law over the civilised world, whereby Nature's idea of health and happiness may be realised; may it tell of all preventable diseases being stamped out; may it tell of the downfall of priestcraft and bigotry, and the triumph of a broad system of Christianity that harmonises with the progress of science and of modern thought; may it tell of peace, of plenty, and of goodwill towards men; and, my young friends, when another twenty years has passed over your heads, a period that must be pregnant with great events to all, may your retrospect be a bright one, and may you be able to feel that you have devoted the last years and energies of your life to advance the interests of our noble profession and of our common humanity.

ABSTRACTS OF THE INTRODUCTORY ADDRESSES.

KING'S COLLEGE.

The main subject of Dr. Guy's Address was that of Education, illustrated by our medical usages and experiences.

He pointed out that medical education, as we see it at the present day, was the result of a gradual growth. There had been continual, steady growth in every part of the tree, although accompanied at times by the pruning of decayed or decaying branches, or the grafting of new and vigorous shoots. He then continued:—

"It will certainly be interesting, it may be useful, to justify these statements by examples.

"I will begin with the examining and licensing bodies. Well, exactly three centuries and a half ago (in 1518), the College of Physicians was founded, the Barber Surgeons having been incorporated more than half a century (1461), and the Surgeons just six years (1512) before them. How learned and how liberal the founder and first elects of the College of Physicians were; how they brought their learning and theology from Oxford, their physic from Leyden, Padua, and Bologna, and their wealth from church livings and preferments, or grants of abbey lands; how dearly they loved their profession; how tenacious they were of their rights over barber surgeons and apothecaries, insisting on directing the operations of the one and conducting the examinations of the other; how, in the forty-first year of their existence, they graciously forgave Dr. John Geynes on his humble recantation, his heresy in impugning the infallibility of Galen—(strange lesson this in the matter of infallibilities);—how they received a Royal visit, and enrolled among their Fellows a Marquis of Dorchester and the Dukes of Montagu and Richmond; in a word, with what dignity, gravity, authority, they comported themselves, may be found written in many a page of authentic history.

"This, then, appears to have been our first examining body. I shall shortly have to speak of their relations with the barber surgeons; but at present shall content myself with showing that the three existing representatives of the medical profession, in a comparatively rude and undeveloped state, could be found consulting together and co-operating within a century of the foundation of the College. We see them assembled round the death-bed of Prince Henry, eldest son of James I., and we learn that 'Physicians, chirurgeons, and apothecaryes' were dismayed and perplexed, and driven as a last resort to a local application in the shape of a '*cock cloven by the backe and applied to the soles of his feet.*' I beg you not to forget that this happened no less than two centuries and a half ago—in the year 1612, just six years before the publication of the first London Pharmacopœia. But that you may not carry away with you too unfavourable an opinion of the consultations of the Faculty, and the resources of physic, let me remind you of another occasion on which—his Majesty King William the Third being the patient, and the munificent Dr. Radcliffe the physician consulted—the doctor was able to suggest a line of treatment which succeeded so well that a few months afterwards the king was able to fight and win the battle of the Boyne.

"Between the two ancient corporations of Barber Surgeons and Surgeons it would seem that such intimate relations had grown up as to give some importance to an event recorded as happening in 1745; I mean the dissolution of their alliance. At or about this date (about a century ago), we have indications of great activity on the part of the surgeons, thus happily emancipated; and we are not surprised to find that, in 1799, Parliament bought and consigned to their vigilant and skilful keeping the noble museum of John Hunter, or that the Crown granted them a charter in the year following.

"If I add that the Society of Apothecaries, in 1815, obtained those legal powers of which they have made, like the College of Surgeons, such good use for the promotion of sound medical education; and if I further remind you that a charter was granted to the University of London in 1837, and that at length, in the year 1858, the whole profession obtained a central representative and controlling authority in the Medical Council, I shall have sufficiently shown by what a gradual process of change and development our examining and licensing bodies have come to be what they now are.

"If you have found this sketch of the progressive development of our examining and licensing bodies interesting or instructive, I think that a similar quick survey of the rise and progress of instruction by lectures will prove acceptable.

"I have already intimated that the first teachings by lecture or demonstration were given by physicians, and that their first subject was anatomy. It was in the year 1540 that Dr. Caius, the founder of Caius College, Cambridge, was deputed by the College of Physicians to give anatomical lectures in the Hall of the Barber Surgeons—a place chosen for this, among other reasons, that that corporation had had conferred upon them the right to claim every year the bodies of four executed criminals. A more formal appointment appears to have been made by the College in the year 1596, when Dr. Paddy was chosen reader of the Anatomy Lectures, and from this time forward to about the middle of the eighteenth century, a succession of physician-anatomists, with such names as Harvey, Glisson, Mead, Willis, Lower, William Hunter, and Matthew Baillie among them, carried on an unbroken chain of anatomical teaching. Meanwhile some provision was made by means of endowed lectureships at the College of Physicians and Gresham College for teaching other branches of medical knowledge. The Lumleian 'Surgery Lecture,' founded in 1585, and the Gulstonian Lectures, best described as Pathological, 1632, and the lectures on Physic at Gresham College, prior to 1615, show that these subjects were not neglected.

"Coming down to more modern times, we find Dr. William Hunter succeeding Mr. Sharpe as Lecturer on Surgery to a class of naval surgeons. This occurred in 1745, a date of special interest, as it was then that the alliance between surgeons and barber surgeons was dissolved, and Dr. William Hunter established his celebrated anatomical school. But this venture of William Hunter's was by no means the first of its kind; for Dr. Hunter himself studied at the school of Dr. Frank Nicholls, who seems to have achieved a high reputation as a teacher of anatomy at Oxford about the year 1730, at which date he was admitted to the Fellowship of the College of Physicians. Of Dr. Nicholl's teaching we know this much; that he professed to teach anatomy, physiology, and the general principles of pathology and midwifery, in thirty-nine lectures; and we are told that Mr. Bromfield, a distinguished surgeon and lecturer at St. George's, comprised anatomy and surgery in a course of thirty-six lectures; while Mr. Nourse, at St. Bartholomew's, embraced '*totam rem anatomicam*,' in twenty-three.

"From about the middle of the last century to the present date, the history of medical teaching is one of constant and rapid development, taking place with accelerated speed from the first years of the present century, when College and Hall began to exercise their legislative powers, and to prescribe their respective curricula.

"I have not time to trace the rise and progress of medical teaching through the establishment of a series of private schools, founded by men conscious that they possessed special qualifications for teaching, competing successfully with the hospital schools, and, for a time, with the two Colleges, but succumbing at length to a combination of adverse influences. They had done a good work, and had had their day; and now in lieu of them and of the hospital schools with which they so successfully competed, we have nine hospital schools, and two colleges with their hospitals attached,—eleven institutions in all, with means and appliances of teaching all things necessary to qualify the pupil for the general practice of his profession.

"If time had permitted, I should like to have said something of the growth and development of practical teaching in our hospitals. With regard to the hospitals themselves, it may interest some present to be told that the oldest hospital in which any clinical teaching could have taken place (a hospital for the sick was founded at Canterbury as early as the year 1070) did not come into existence till about thirty years after the foundation of the College of Physicians. I speak of St. Bartholomew's, founded in 1547. Six years later, St. Thomas's came into existence. The eighteenth century witnessed the establishment of five more (Guy's Hospital among the number), and the nineteenth of four, of which our own hospital is one."

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"As the subject of medical education is now attracting a good deal of attention, and as the office of Dean of the Medical Department, which I had the honour to hold for a term of years, gave me some experience, and led me to form some definite opinions on the subject, I will take this opportunity of stating what those opinions were and are. In the first place, I was alive then, and am still more alive now, to the objections that exist to the demand made on the student that he attend more than one course of the same lectures on the same subject. I would give one opportunity, and one only, for attendance on the same course, and I would make no exception, however important, or however hard to learn, the subject may seem to be. In the next place, I think that there is a grave objection to the immediate attendance on the practice of the hospital, now demanded of the student. In the third place, I think that, if possible, the attendance of surgeons and physicians at the hospital should be so arranged that the students who ought to be following the physicians round the wards shall not be drawn away by the naturally superior attractions of surgical cases. But lastly, and above all, I attach importance to a plan which, in former years, I had many opportunities of recommending—that of beginning the education of the medical student in the summer instead of the winter. This change might be made to harmonise admirably with the plans of those who insist that some subjects comprised in the present medical curriculum (such as botany), should be taught to the student before he begins his medical education properly so called. If, in the three months of a preparatory summer course, botany, zoology, physics, and chemistry (such part of inorganic chemistry as might be selected for the purpose), and with them that part of anatomy known as osteology, were taught, the student might enter at once, at the beginning of the following winter session, on the practical work of the dissecting-room, and the six winter months of anatomical and chemical teaching, added to the three months of the previous summer, would supply nine months of instruction in those two important subjects. A preparatory summer session, with three subsequent complete years of study, and the abandonment of all duplicate courses, would give ample time for the deliberate study, by lectures, of all the subjects (public health, and perhaps medical psychology included), which it would be reasonable to require of the whole body of medical students.

"I must not pursue this subject further; for if I did, I should leave my programme incomplete. I have yet to say something of education as a comprehensive subject, embracing medical education as one of its subdivisions. I thought that some light might be thrown on the general subject by this special form of it; and it was for this reason that I entered into certain details of the rise and progress of our educational system.

"Much is being said just now about technical education; and there is a strong feeling abroad in favour of training all men alike in the principles of the art which they are about to practise. The designer, it is thought, should not take his lessons from one who may himself have contracted habits at war with every suggestion of good taste; but he ought to be carefully instructed in the principles which should preside over and direct every work of design, as well as in the most approved methods of procedure in the special art or manufacture to which he intends to devote himself. And in order that the art-designer may be so educated and trained, there must be museums of raw material, of manufactured articles, of successful and unsuccessful works of ornament. Taking this as a specimen of technical teaching, we say that our profession affords the oldest and most perfect example of such teaching. Or, if we turn to the art and business of the pharmaceutist—one entailing duties and responsibilities similar to our own, we can point to our old and approved educational system and methods of procedure generally, as worthy of the attentive study of those who are to constitute the examining body under the new Act. To those professions which have established voluntary examinations (I speak of the professions of the architect and actuary), and those which (like the civil engineers) have not yet instituted any examination at all, we think that we hold out an example worthy of imitation. We have long since recognised, and acted on, the principle that the public must be protected against ignorance and unskilfulness on the part of those who practise a profession, or follow an occupation, involving serious risk to life, by a good technical education and a searching examination. But we go farther than this, and pronounce in favour of a large and liberal education. When we prescribe a course of Botany, we do not allege that the practitioner of medicine will have constant, or even frequent, occasions of making practical application of his knowledge of plants at the bedside; but we look upon botany as a key which unlocks other knowledge, and as an admirable training for the faculties—so important to the physician—of observation, methodical arrangement, and lucid description: and just as we demand of the student, before he begins the study of medicine at all, proofs that he has had the liberal education of an English gentleman, though little of what he has learnt admit of any direct practical application, so we require of him, before he enters on the practice of his profession, a knowledge of science much exceeding that for which he can ever find a use. But then, we want him to be a man of science, that he may receive the respect of persons of every rank of society. But we have a better reason even than this: we honour science for its indirect as well as its direct applications. We do not forget that it was Edward Jenner, a man remarkable for his knowledge of natural history and his love of it, who gave to us the great discovery, and to the world the inestimable boon, of vaccination; and with it the grandest example the world has seen of that principle and policy of prevention for which the future has, I trust, great triumphs yet in store.

"And now that I am near the end of this lecture, and look back to what I have said to you, I ask myself whether I have not been guilty of some abuse of terms in speaking of *education*, when I should have used the word *instruction*. If so, let me correct myself. There are two things which, as they are more or less associated in schools and colleges, are apt to be confounded the one with the other. The process by which masters and professors teach, and schoolboys and students learn, is properly called *instruction;* and this, partly by means of what may be called the incidents of it, and partly by the wholesome rules and regulations of the schools and colleges in which it is carried on, becomes *education*. In the village school, the child is *instructed* in reading, writing, and arithmetic, and the elements of our Christian faith; it is being *educated* by rules which prescribe cleanliness and tidy apparel, punctual attendance, the respectful recognition of teachers and superiors in age and position, just and kindly dealings with schoolfellows, and the exhortations, reproofs, and punishments of the teacher. To these the very act of learning, through continuous, silent, painstaking application, contributes the important element of the childish self-denial implied in working when the occupation natural to the child's age is play. So it is with all good schools, and so with every institution where young men are trained for any profession or serious occupation in life. The class-room is a place of direct instruction in the thing taught; a place of training for the faculty or faculties exercised in the learning of it; a place of education in the degree in which any other mode of passing the time is preferred to it. It is this wholesome function of the class-room which is overlooked by those who think that young men should attend those lectures only that the teacher can contrive to make attractive. If this were so, Science would have to put off her sober garb, and exchange her severe graces for the meretricious adornments of the theatre; and, in lieu of many small and manageable classes, we should have a few crowded audiences very hard to please, and somewhat difficult to keep in any kind of order.

There is another word or group of words which I have often used in this lecture, and possibly so as to lead to misconception. I mean the word *Science*, and its derivative, *scientific*. I wish it to be understood that I mean by *science* what it originally meant, knowledge; and by *a science*, a distinct and well-defined branch of knowledge: by *scientific teaching*, the imparting of real knowledge; by a *scientific man*, a man enlightened and well-informed in the subjects he professes to understand. But, as you are aware, there are some who pitch the meaning of the word Science so high that they will not allow Medicine to be called a science. It is not exact enough, not accurate enough, not sufficiently amenable to the discipline of figures. It lacks the gift of prophecy which Astronomy has, and the magic powers that belong to Electricity and Chemistry. But if it must consent to occupy a lower rank than these, it has very honourable associates in Agriculture, Meteorology, and social and economic science; in all of which events are brought about by many concurrent causes of very variable intensity; in all of which, when applied to individual instances, we often deserve, where we cannot command, success.

Be the proper place of Medicine among the sciences, however, what it may, its right to the foremost place among the arts is not to be questioned. The art of healing, practised in the light of all the sciences which enter into the medical curriculum, is one of which its votaries need not be ashamed. To you who come here to study it, we (my colleagues and myself) wish all honour, happiness, and success.

LORD LYTTLETON'S ADDRESS AT QUEEN'S COLLEGE, BIRMINGHAM.

Lord Lyttleton, after referring to his former connection with the College, the many vicissitudes through which that institution had passed since his connection with it ceased, and the at length completed amalgamation with it of Sydenham College, considered the subject of medical education in so far as it had come under his notice as a member of the Schools Inquiry Commission. At this point his lordship read extracts from the evidence of Mr. Paget and Drs. Acland and Gull, and then continued:—

Now what I have read relates mainly to the intellectual and instructional view of the question of medical student's education. It was not chiefly with this in my mind that about thirty years ago I (and I should expect to find others who would say the same) first took an interest in this school—as it was then called—of Medicine and Surgery. It was from a consideration of the importance of setting an example here, which we might hope would in future years be largely followed elsewhere, of the practicability and advantage of an institution where medical students might receive in full measure the humane, the moral, the disciplinary, the social, the religious benefits of the ancient system of English collegiate education, that we joined so hopefully in the work. It was from a sense that, while needing them as much as any or more, those students were as ill-circumstanced as any students, or more so, in these important respects. I well remember, in the very early days, quoting, in the presence of the venerable Dr. Edward Johnstone, then our first Principal, an injurious—nay, I might say a ribald proverb, I believe of the middle ages: "*Tres medici, duo athei.*" I remember the indignation with which the venerable man repelled the imputation. But I also remember his acquiescence in what I ventured to suggest—that unless there were some tendency, according to the evil of our nature, in medical studies to realise that proverb, much of the ground of the necessity which we believed to exist for such institutions as this must be abandoned. Nor should we wonder too much at the existence of such a tendency. We know too well the perverseness which has often led men of the highest ability and the deepest acquaintance with the works of the Creator, away from the Creator to the cold regions of materialism and abnegation of revealed truth. We know such cases as those of Laplace and Buffon. And we thought, whatever changes the progress of science would involve—nay, whatever new light may be thrown even on moral truth and religious doctrine, their broad and ancient foundations at least,—the principles of the philosopher and of the Heavenly Teacher—the principles of the ethics of Aristotle and the Gospel of Christ—were not now to be sought for, but to be applied. And we held that for these young men, as for others, the best application was in the collegiate life—the orderly discipline, the stated hours, the friendly association with superiors and with equals, the ἦθος, the *religio loci*, the social atmosphere, the frequent and united worship, the consecrated chapel. We looked, in so far as we might succeed, for our full return in the blessings of parents and the approval of families.

For if these great principles, this human and divine *substratum* to all instruction and all education, whatever be its special destination, be of moment in any class of life—of moment to the members of that class, of no less moment to society,—surely it is so pre-eminently to the medical class. Where are the men for whom we should more ferventy wish, than for them, a lofty tone of character, a sense of the dignity and gravity of their mission, a pious and consistent walk, a spirit of large observation, a sobriety of judgment, a knowledge of things new and old, and all those many more qualities which we believe are fostered by a sound and Christian education? For one, I cannot express more strongly than I feel, the social importance of a high standard of character as well as attainment being set and maintained for the medical profession. "Honour a physician," says the wisdom of the son of Sirach in that book which, though we do not reckon it among our inspired books, assuredly falls not far short of them in its combination of admirable plain sense with spiritual insight, the book of Ecclesiasticus (xxxviii, 1)—"Honour a physician with the honour due unto him for the use which ye may have of him, for the Lord hath created him." True was the instinct, even if pushed too far, which in old times set apart the science of medicine as something specially superhuman and heavenly. "Blessed art of healing," says Mr. Carlyle of it when in worthy hands, "once again divine!" Surely it partakes of the value and sacredness, as it has been called, of the subject with which it deals—the value and sacredness of human suffering—"a token," in the solemn words of the writer I am quoting[1]—"a token of God's presence, a form of His countenance." Nor has there been found, perhaps, for Him, the Benefactor above all benefactors of the human race, a worthier or more endearing appellation than this, the Physician of Souls.

Few indeed there are who, such is our condition here, pass through life without frequent intercourse with the family surgeon or physician. Even of these we may say nearly the same as of others. But as to those others, the vast majority of us in our hours of anxiety or of agony, for ourselves and still more for others,—in the slow-wasting consumption; in the ungoverned delirium; in the unrest and sleeplessness of pain; in the crisis of hope and fear, the verge of maternity; in the sudden and perilous accident, turning in a second the placidity of age and the merriment of childhood into the tumult of trepidation and the haggardness of suspense; in that trial of which none will make light of but those who know it not, causeless nervous or mental depression,—in these, and so many more I could name, who is it for whose approaching footstep we so long, on whose every word we so depend, hoping when he bids us hope, despairing when at length his hands hang down, when the resources of his craft are exhausted, and he too has to confess that he is but the secondary instrument in the power of the Unseen Disposer? Let not poor human nature be too hastily blamed, if at such seasons it may sometimes fail to hold with due firmness its sense of Who it is in whose hands really are the issues of life and of death, of sickness and of health, and lean too much on His delegated ministers. Who is there again, I ask, whom after and because of such intercourse as this, we are more disposed to take into the confidence of our daily life, to make the friend as well as the adviser, the witness and the partner of the joy of recovery as well as of the sorrow of suffering? Great indeed must often be the sympathetic grief of the practitioner, if he has a human heart, in the scenes of woe which he must see without relieving, or only slightly relieving it; but great also must often be his sympathetic joy when his efforts are blessed with full success,—the joy of simple sympathy crowned with the consciousness that, in the hands of Providence, the returning happiness which he sees is due to his own skill, and is the reward of his early and laborious culture.

So deeming and so hoping, I return with satisfaction to a share in the administration of this College, and commend its welfare to the good wishes and exertions of the inhabitants of this town and neighbourhood.

UNIVERSITY COLLEGE.

Professor Erichsen, after some introductory observations, alluded to the question whether medicine should be studied as an art or as a science.

He believed that not only are medicine and surgery based on certain sciences but that they themselves constitute a scarcely less certain science of disease. Even in therapeutics, assuredly the most difficult branch to trace the laws, the art of medicine need not be wholly empirical. We know enough to serve as a sure groundwork for scientific practice.

Mr. Erichsen continued:—The art and practice of medicine may be regarded as founded on a tripod—of science, observation or experience, and individual skill. The value of science, as a foundation for practical medicine, has received a recent illustration in the elaboration of the antiseptic method of treating wounds devised by Professor Lister. The second leg of the tripod, observation, comprehends not only the recognition of a phenomena by its signs, but its investigation aided by the judgment. The comparison of observations, especially when reduced to the statistical form, is a means for the determination of facts with absolute and mathematical certainty. Much has thus been done in ascertaining the causes of disease, and it is in this way, if in any, that the real value of remedies must be ascertained. Individual skill, the third leg of the tripod, is highly prized, and with justice, by both the public and the profession, but at the same time too much credit must not be attached to the simple possession of it. The manipulator should not be confounded with the inventor; the man, however skilful, who merely applies rules, with the other who has devised them.

From this it will be seen that medicine is neither a pure science nor a simple art, but the art can only be safely practised when its foundations are laid deep in the science of biology, which underlies the whole structure of the Æsculapian edifice. The student should endeavour to be neither wholly scientific nor wholly practical, but should combine the two somewhat opposite elements of science and of art, of learning and of experience, of thought and of action, ever remembering the advice of Bacon,—"They be the best physicians who, being learned, incline to the traditions of experience, or, being empirics, incline to the methods of learning."

The speaker then glanced at the different methods of learning, by books and lectures, in which were epitomised a knowledge—the result of the labours of generations—which the student could not possibly gain afresh for himself. They were to observe a due proportion in their studies, and not to devote themselves too exclusively to any one deparment. They were to trouble themselves less about what they did not know than about what they did know.

In conclusion he urged strongly upon his hearers the importance of clinical work and the recording of cases, as an aid to which he recommended them to cultivate, especially the arts of writing shorthand and of drawing. The latter was especially useful in fixing details in the memory, while by the former—an art easily learned and valuable in numerous ways to the medical student—they were enabled to record observations as rapidly as they could be made.

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[1] Dr. Pusey; Sermons by Contributors to "Tracts for the Times," iii, 300.

GUY'S HOSPITAL.

Dr. **Moxon**, after alluding to the strong varieties of character which are brought out by necessary habits in the several branches of social usefulness, laid this down as the distinguishing character of a profession as contrasted with a trade, that every member of a profession directly uses general principles in the practice of his profession. A medical man especially must be capable of exercising judgment when decisive and conclusive motives are not present. Hence he strongly urged on them the necessity of maintaining their minds free and capable of independent action, for the licensing bodies now demanded a vast extent of knowledge in candidates for diplomas, and much knowledge cast hurriedly into the mind would be too likely to smother young intellects, as too much fuel smothers scarcely kindled fires. Men were a preposterous race, doing things hind side before: they first talked, and then they learnt grammar—they first reasoned, and then learnt logic. They learnt much before they thought what sort of a thing it was to learn. He would have them now be beforehand, and as they were to plunge into so many sciences, consider what it was to learn. First, it was not storing into capacities, although many of their expressions implied that it was so, and some young men sought a reputation for implied capacity, which was very foolish, since the mind was never greater than what it held. Secondly, it was not receiving seeds of knowledge, for the function of the receiving mind was active—it was receptive activity. The mind received learning as a germ received pollen, and then arose new living thought, varying in different minds, and improving and propagating itself. On the question whether there are "sciences of medicine and surgery," he said these sciences were of three classes, and took as a type of the first mathematics, which is pure reasoning; of the second chemistry, which is reasoning from the facts of the chemical elements; and of the third zoology, which is mere classification. He compared the so-called "science of medicine" with each of these types. It was not like mathematics or chemistry, because each of these was constructive—the first of the elements of thought, the second of the elements of nature, and they had no constructive knowledge of diseases. They did not know how these elements were put together. It aimed to be like zoology, but was disqualified because they could not define a disease, and their knowledge of them was not comparable knowledge, for when one disease was a pain in the leg, and another disease was a growth in the stomach, and another a spider in the skin, they compared together as the solar spectrum and the key of C major with essence of peppermint. Some people erroneously called anatomy and physiology sciences, but they were no more than common narratives of fact. The practical result of these reflections was that medicine should not be studied in books as sciences were studied. They should learn diseases as facts in nature. They should know them, not as the geologist knows his genera and species but as the hunter knows his leopards and wild boars. No writer or speaker could describe a disease. The best attempt was only like a landscape taken from a railway; or like a print of a glorious battle where live struggle is chilled into dead shape. They must see individual cases for themselves, and so know the history of disease from its biography. But should they then discard science? Assuredly the very opposite. If there were no discipline in the facts, they must bring discipline in their minds. Like a colonel of irregulars, the physician must be a genius of discipline over his disorderly facts. This was the true theory of medical education: they must have minds disciplined yet free, and those opposite requirements must be supplied from opposite sources. The Medical Council would discipline them, cutting their garment of learning to their regulation model of a doctor. They carried their discipline too far. They filled every hour of the student's day; yet what could they in their curriculum offer them in place of that self-help for which they left no time? Their course of study would be in stages; layers of learning would have to be deposited on them like geological formations, or coats of paint, or like a plaster image they would be put together, the legs and body crumbling while they made the head. Meanwhile the students must take care of themselves. Let them see that they grasped firmly the principles of knowledge they gained, though they could not retain the details. Let them not cram for their examinations. The examination was not their real trial; they only gave bail there to appear before society, from which there was no appeal. This knowledge of principles through details could only come slowly, for their acquiring intellect was a point that traced enough lines on that vast chart by which they must pilot their future patients. He urged them to learn to observe well, to study anatomy practically, for that afforded the best practice or observation. Medical literature could only give them the meanings of names, their eyes must show them the nature of things. When medical literature went beyond what they could all see, it got contrary and uncertain. There was only one way in which they could avoid being deceived by it, and that was by observing for themselves, so that they could keep a check upon the writer, and follow this rule, "Never trust a man for what he cannot know," which would do away with opathies and theories. Faith might lead them, but reason must guide them. The place of reason was above and beyond faith, for their oracles were uninspired. As to medical progress, there was no such thing as progress, except for conveyance from place to place. All improvement was development. They must not leave what was behind, and they must have no mark to press to. It was because physicians pressed after great aims that they made so little advance in their development, for when the facts they saw did not promise to fulfil the aims they had, they turned away from the past, guessed their way towards the aim, and called the guesses "theories," to make them respectable. Let them beware of medical theories—they were images made out of a little dust of facts, into which some one breathed a little puff of himself, a breath of life that was not divine, and they fell to pieces when they had served their master's purpose, and were blown about the desert dust of medical literature. Don't guess, said Dr. Moxon, a guess is the squeak of reason oppressed by doubt—it no more helps reason than cries lessen pain. Be patient under doubt; don't let it make you guess in haste. Remember the danger of generous minds, which is this—that in striving to know what cannot be known, they leave unknown what they might know. We live not to an aim, but to a duty of observation and guidance—the aim at cure spoils our social reputation. Those minds that are shaken by sickness or by anxiety suppose that we cure them, and we allow the supposition. But when they come to themselves they change their view, and give nature the credit, and despise us as pretenders, just as their day-enlightened forefathers drowned those very witches whom they shuddered at in the dark. The public will not forsake you. It is not hope, but fear, that caters for the doctor. Let us patiently discharge our noble duty of observers and guides, striving to be to each individual sufferer under our care all that a man can be to his fellow man in sickness, and no more. We shall try to make you learned, *a vir doctissimus et ornatissimus et clarissimus.* Now remember, while you are getting all the fashionable learning that the newest patent clarified candle may give no better light than a well-managed dip, and you live to do duty, not to be admired. Get firm possession of that sort of knowledge which your daily usefulness will keep bright by activity, and add to it all the accomplishments you can acquire. In your noble profession no personal excellence is lost, but rather will help you in your wide range of duty which requires you to create faith and hope and fresh interest for the weary of life, and not merely to know things of which other people are ignorant.

Medical Societies.

ARMY MEDICO-CHIRURGICAL SOCIETY OF PORTSMOUTH.

Deputy Inspector-General Dr. C. A. **Gordon**, C.B., in the Chair.

Some remarks by Dr. **Bredin**

ON DELIRIUM TREMENS

were then read, their object being to point out that in his opinion the same decrease in the prevalence of that disease and other affections of the nervous system has not taken place, that recent improvements in the condition of the soldier have effected in some other maladies to which he is liable.

The **Chairman** then read some extracts from a report just received from Staff-Surgeon Roch, in which that medical officer gave an account of the voyage of the ship *Golden Fleece* from Annesley Bay to Portsmouth, *viâ* the Cape, with invalids from Abyssinia.

On the 5th of last June, 119 sick soldiers and fifteen sick officers embarked on board that vessel. Of the former, eight died during the voyage; and on the arrival of the ship at this port on the 1st of September, 111 were sent to Netley. Of the fifteen officers embarked, fourteen were under medical treatment during the voyage; one disembarked at Aden, and thirteen at Portsmouth for Netley.

Among the troops, the prevailing diseases at the time of embarkation were dysentery, diarrhœa, and hepatitis. There were also two men who had suffered from insolatio, two from fracture, and five from gunshot wounds. The officers were, like the soldiers, chiefly affected with hepatic diseases, two laboured under the effects of insolatio, three from diarrhœa, and two from rheumatism.

The heat in the Red Sea was intense and oppressive, and two soldiers died of heat apoplexy before the ship reached Aden, at which place it arrived on the seventh of the month. Three other deaths—namely, one by continued fever, one by hepatitis, and one by chronic dysentery, occurred between that date and the 14th of July, on which day the *Golden Fleece* made Simon's Bay. On the following day a soldier died from cancer in the stomach; on the 16th one from a relapse of dysentery, and on the 19th one from diarrhœa and general debility, after which no further death occurred during the passage.

After leaving the Cape the more severely ill among the men were separated from the less severely affected, the latter being all accommodated on the lower deck. Parades took place three times a week for the examination by the medical officer of the men not actually confined to bed; and on the 16th of August, at one of the parades so held, a soldier was found affected with scurvy in a slight degree. A minute inspection of the invalids was held the following day, and a general tendency to the disease detected, although only apparent in the state of the gums, and most distinctly so among the convalescents on the lower deck. The numbers who had in the first instance been allotted to that part of the vessel were diminished; pickles, lime juice, and fresh meat were liberally given from the time that the scorbutic tendency was observed. On 23rd of August the ship touched at St. Mary's, one of the Western Isles, at which place a supply of fresh fruit was obtained. The scorbutic tendency had, however, already begun to give way, as the medical officer thinks, chiefly in consequence of additional space having been given to the men on the lower deck. He notices the fact that the scale of rations had been good, and sufficiently varied throughout the passage, and that therefore the cachectic condition alluded to could not be attributed to any defect connected with food.

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Medical News.

In consideration of the numerous victims of homœopathic treatment, a decree of the Emperor of Russia prohibits the practice of homœopathy in the entire territories of Russian America.—*L'Union Medicale.*

Hydrophobia.—On Friday, a joiner, named Elkanah Turner, of Shay-lane, Ovenden, near Halifax, died in a fearful state from hydrophobia. It appears that about six weeks ago, a small terrier dog was given to deceased to destroy, it being a vicious animal. Instead of killing it, he sold it to a Mr. Smithson, and when on the way to deliver it, the dog bit him on the right hand. Next day the limb was inflamed, and gradually became worse, from which he shortly died in great agony.

The improvement in the Duke of Brabant's health continues, and every day adds to the hope of his recovery. He looks better, is more cheerful and animated, and his nights are less restless and more free from oppression and cough; so much so that during the whole of last week the doctors (Wimmer and Henriette) do not find it necessary to hold any consultation with Dr. Spring, who hitherto during the Prince's illness has come once a week from Liège, where he resides, to give his opinion about the malady.—*Court Circular.*

The Military Secretary, India Office, presents his compliments to the editor of *The Medical Press and Circular,* and begs to enclose a list of the candidates for Her Majesty's Indian Medical Service, who were successful at the competitive examination at Chelsea, on the 10th of August last. India office, 2nd October, 1868. K. M. Downie, 2,485; F. M. Mackenzie, 2,240; C. R. Johnson, 2,130; W. E. Wrigt, 2,015; A. W. Supton, 2,005; W. C. Kiernander, 1,945; F. H. Blenkinsop, 1,910; G. Hutchson, 1,870; J. Macgregor, 1,850; J. Rabb, 1,775. (Maximum, 3,400 marks.)

List of Entries in the Register of the Branch Medical Council, Ireland, for September, 1868.—1st, Henry George Hall, 12, Seville Place, Memb. R.C.S., England, 1867, Licentiate 1868, and Lic. Midwifery, 1862, K.Q.C. Phys., Ireland; 4th, Henry Frazer, Gilford, Co. Down, Lic. 1868, and Lic. Midwfery 1868, K.Q. Coll. Phys. Ireland, Lic. R. Coll. Surg. Ireland; 8th, Thomas Joseph Aloysius Ryan, Cork, Lic. Apoth. Hall, Dublin, 1865, Lic. R. Coll. Phys. Edin., 1660, Lic. R. Coll. Surg., Edin., 1680; 19th, John Laird, Drumshombo, Co. Leitrim, Lic. R. Coll. Surg., Ireland, 1865, Lic. 1860 and Lic. Mid., 1860, K.Q. Coll. Phys., Ireland; 12th, John Colvan Sugars, Portadown, Co. Armagh, M.D., 1868, and Mastr. Surg, 1868, Q. Un. Ireland; 15th, Edward Joseph Nugent, 129, Stamford Street, London, Lic. R. Coll. Surg., Ireland, 1866; 22nd, Albert Johnson Watson, Cooldrina, Leixlip, Co. Dublin, Lic. R. Coll. Surg., Ireland, 1868, Lic. Fac. Phys. and Surg., Glasgow, 1868; 25th, Robert Henry Stevenson, Tartaraghan, Co. Armagh, M.D. Qu. Un., Ireland, 1868; 29th, Robert Gage Fleming, Newtownlimavady, Co. Derry, Lic. R. Coll. Surg., Edin., 1867, M.D. Qu. Un., Ireland, 1868.

The Public Health.—The Registrar-General, in his usual return, states: In the week that ended on Saturday, Sept. 6th, the annual rate of mortality was 25 per 1,000 persons living. The rate was 22 per 1,000 in London, and 28 in Edinburgh; 19 in Bristol, 20 in Birmingham, 31 in Liverpool, 35 in Manchester, 42 in Salford, 23 in Sheffield, 32 in Bradford, 34 in Leeds, 22 in Hull, 25 in Newcastle-upon-Tyne, and 28 in Glasgow. The excessive mortality from summer diarrhœa, principally infantile, which recently prevailed, has nearly disappeared. The deaths referred to this disease in the eleven large English towns, which exceeded 900 both in the last week of July and the first of August, had declined to 228 in the week. During the ten weeks the annual death-rate from diarrhœa in the several towns was 4 per 1,000 in London, Bristol, and Newcastle, 7 in Bradford, 8 in Liverpool, Sheffield, and Hull, 10 in Manchester, Salford, and Leeds; and highest, 11 per 1,000 in Birmingham. More than 6,000 deaths were referred to this disease in these eleven towns during the ten weeks, thus raising the average annual death-rate by 6 per 1,000 persons living. The deaths registered in London during the week were 1,327. It was the thirty-ninth week of the year, and the average number of deaths for that week is, with a correction for increase of population, 1,285. The deaths in the present return exceed by 42 the estimated amount, and exceed by 507 the number recorded in the preceeding week. The deaths from zymotic diseases wers 371, the corrected average number being 337. Twenty-five deaths from measles, 101 from scarlatina, 7 from dyptheria, 20 from whooping-cough, 62 from fever, and 64 from diarrhœa were registered.

Colour-Blindness.—In an interesting paper recently laid before the Society of Industrial Sciences at Lyons, Professor Fournet announced that he had himself a singular imperfection in the visual organs known under the name of Daltonism, and which is much more common than is generally supposed. The defect consists of an erroneous perception of colours, and is named after Dr. Dalton, a celebrated English physician, who first discovered the peculiarity in himself, and found that cherries and their leaves had for him the same tint. M. Fournet knew two students of the Ecole des Mines, who, having no clear idea of colours, were unable to distinguish the various minerals, and one of them having to use a carmine wash in some drawing, used Indian ink for the purpose. In a lengthy treatise, Dr. Potton, of Lyons, has ranged in the same category a large number of shopmen who were obliged to be dismissed for the simple reason that they could never distinfrom the various shades of the stuffs which they had to sell. As this aberration of sight has been the cause of grave errors on railways, the companies' surgeons at present are most particular in testing on this point the candidates for employment. Dr. Favre, at Perrache, stated that the number of applicants whom he has been obliged to refuse because they were incapable of distinctly telling a green light from a red one was very considerable.—*Galignani.*

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APPOINTMENTS.

Patterson, J. H., Esq., M.D., was on Friday last promoted to the rank of Deputy Inspector-General of Hospitals and Fleets, on the retired list.

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Deaths.

Burkitt.—On September 16th, on his way from the West Indies, John M. Burkittt, M.D., L.R.C.S.I., second son of Dr. Robert J. Burkitt, of Waterford (Ireland,) aged 24 years.

Cookesley.—On the 23rd ult., at The Grove, Boltons, South Kensington, J. M. Cookesley, M.D., late of Boulogne-sur-Mer, aged 58.

Cost.—On the 12th of August, at Munmar, near Bombay, T. S. Cost, Esq., of Egutpoora, Assistant-Surgeon G.I.P. Railway.

Fisher.—On the 29th ult., at Sittingbourne, Kent, James Howard, the youngest son of Charles Holdrich Fisher, M.D., aged 2 years.

Greenbank.—On the 24th of August, at Philadelphia, the Rev. Richard M. Greenbank, A.M., M.D., of Sedbergh, Yorkshire.

Moore.—On the 19th ult., Y. J. Moore, M.R.C.S.E., of Torquay, aged 41.

Rootes.—On the 27th ult., of diphtheria, at Guy's Hospital. London, where he was one of the House-Surgeons, George Rootes, son of W. Symonds Rootes, M.D., of Ross, Herefordshire, aged 24.

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NOTICES TO CORRESPONDENTS.

Mr. F. S. Garlick, Halifax.—In our next.

Mr. W. E. C. Nourse.—Owing to the length of the Introductory Addresses and pieces of other matter, we are again compelled to defer the insertion of your letter. We have given four pages extra this week to accommodate our friends.

University of London.—Pass List received with thanks. We regret that press of matter compels us to postpone the publication of this List.

The following communications are in type, and shall appear as soon as possible:—Dr. Phelan, on "Lying-in Hospitals." Dr. Morgan, on "Total Destruction of the Epiglottis," illustrated. "Notes on Carbolate of Quinia," by Dr. H. S. Purdon. "The Forms of Pneumonia," by Dr. Octavius Sturges. "A Lecture on Health and Disease," by Dr. Thos. C. Shinkwin, &c.

Dr. McGrigor Croft.—Perhaps next week; the subject has, however, been before discussed in our columns before the invention changed hands.

Mr. R. Tebbott.—The points in your argument were clothed somewhat ambiguously; your second letter is eminently satisfactory, for which please receive our thanks.

The following will please to receive our thanks for enclosures received:—Dr. Booth, Manchester; Dr. Worth, Millbrook; Dr. Dinwoodie, Appleby; Dr. Dowse, Skelmanthorpe; Mr. Wm. Harrison, Gargrane; Dr. Nicholas, Wandsworth; Dr. J. Love, Castleacre; Mr. T. Turner, Manchester; Dr. Attenburrow, Jersey; Mr. Jackman, Swymbridge; Mr. Holden, Liverpool; Mr. Thos. Wilson, Leeds; Mr. F. S. Garlick, Halifax; Dr. Jones, Farthingstone; Dr. Johnstone, Darlington; Dr. Murphy, Cockermouth; Dr. Parry, Lydd.

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BOOKS, PAMPHLETS, &c., RECEIVED.

Annual Report of the Medical Officer of Health for the Holborn District.

On Famine, Fever, and other Forms of Typhus. By Rudolf Virchow, M.D. London; Williams and Norgate.

Injuries and Diseases of the Jaws. By Christopher Heath, F.R.C.S. London: John Churchill and Sons.

Clinical Lectures on Diseases of the Liver. By Charles Murchison, M.D., F.R.S. London: Longmans, Green, & Co.

The British Army in 1868 Third Edition. By Sir Charles E. Trevelyan, K.C.B. London: Longmans, Green, & Co.

The Journal of Mental Science.

The Pharmaceutical Journal.

Bible Animals. Part X. Longmans & Co.

The Practitioner. No. 4: Macmillan.

The Westminster Review.

The London Student.

California Gazette: New York.

[illegible] Medical Journal, Jour de Médecine de Bordeaux, Boston Medical [illegible], &c.

Advertisements.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS OF EDINBURGH.

NOTICE IS HEREBY GIVEN, that the PRELIMINARY EXAMINATIONS in GENERAL EDUCATION by the Royal Colleges of Physicians and Surgeons of Edinburgh, during the Sessional Year 1868-69, will be held on the following days, viz.:—Saturday, October 24th, 1868; Saturday, November 7th, 1868; Saturday, April 24th, 1869; and Saturday, July 24th, 1869. On each occasion the Examination will be continued on the succeeding Monday.

Information as to the Subjects of Examination, &c., may be had on application to the Officers of either College.

Intending Students of Medicine are reminded that they must pass the above Examination, or one of those accepted by the General Medical Council as equivalent to it, before they can be registered as Medical Students.

D. R. HALDANE, Secy. to the Royal College of Physicians
JAMES SIMSON, Secy. to the Royal College of Surgeons.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 14, 1868.

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SYPHILITIC AFFECTIONS OF THE LARYNX.

By Mr. Morgan, F.R.C.S.I., A.M., T.C.D.,

Surgeon to the Westmoreland Lock Hospital.

Affections of the larynx occurring during the various stages of syphilitic infection have always been of interest to the practitioner, and of great anxiety to the patient,—to the one from the difficulty of thorough inspection and appreciation of the morbid condition,—to the other, from the inconvenience of the diseased phenomena. Since the introduction of the laryngoscope, however, fresh and more definite information has been gained, and such facility attained, especially in the local application of remedies, that I have selected the following cases occurring in my wards of the Lock Hospital, in illustration of the increased facility of treatment, showing ulceration of the laryngeal membrane, whether as the sequel of a primary infection, of constitutional infection from child-bearing, or combined with primary at the time of its existence. All the cases illustrated were treated without mercury, and the cure of the laryngeal ulceration chiefly accomplished by the application of tannin solution, which I have found particularly to agree with these ulcers, whether touched directly with the solution, or applied by the spray producer.

TOTAL DESTRUCTION OF THE EPIGLOTTIS BY SYPHILITIC ULCERATION EIGHT YEARS AFTER INFECTION.

The accompanying illustration shows the extensive destruction of the epiglottis that can take place with impunity. Considering the extreme sensibility of this region and the delicate anatomical arrangement concerned, it is extraordinary that so protective and mechanically important a structure can be dispensed with, or that its office can be supplemented or even entirely supplied by the accommodation of the parts around.

In Baron Larry's celebrated case of the soldier who had the epiglottis shot away, the accommodation is well shown, as the patient was in danger of dying from inanition, such was the difficulty of swallowing drink or food, till time effected a compromise, though at first being fed with a tube introduced into the pharynx, the man was after six weeks enabled to swallow soft food, and finally could accomplish deglutition without difficulty.

The subject of the illustration No. 3, A. W., was admitted to my wards in the Lock Hospital (ward 1, bed No. 3), June 24th, 1868, complaining of hoarseness and difficulty of breathing, but specially annoyed by threatened suffocation when drinking, and that at night the secretions trickled down and awoke her with fits of coughing. The voice was not that of the syphilitic aphonia of Diday, described by him as a failure of voice on attempting high notes, but was peculiar in that, no matter how she exerted herself, she could not increase the tone or intensity, nor could she speak in a whisper; on attempting it, the voice was at once lost. This condition had existed for nine months. The patient is otherwise in good condition and vigorous, affording no symptom of chest affection; there is no stridor on taking a deep breath, or any very great inconvenience but in eating and drinking. She gives the following history:—She is ten years unvirtuous. Eight years ago she got a primary sore, and in a few weeks after got an eruption generally over the skin; from her description it would appear to be squamous,—since which date she has never had any sign whatever of the infection, till about nine months ago she became hoarse, and had some difficulty in breathing. There are no cicatrices, osseous enlargements, or other signs of any venereal taint. On laryngoscopic examination, the epiglottis is seen to be completely cut away by ulceration, the edge is irregular and jagged, and two small specks of ulceration still remain; the edge is eaten down to the very frænum epiglottidis, and the rima is plainly discernible uncovered by the epiglottis, which is as effectually taken away as the knife could do it; the arytenoid movements are free, and the vocal cords are not swollen, but seem rigid and unpliant, and can only be protected by the accommodation of the muscles and parts immediately around.

She is compelled to drink in gulps only, but can swallow solids tolerably well.

The ulcers were treated by applying a jet from a spray-producer of weak tannin solution, gr. xxx. ad. ʒj., every second or third day, the irritability of the opening being thus considerably diminished. The patient was discharged much relieved August 3, 1868.

(See illustration, No. 3.)

ULCERATIONS OF EPIGLOTTIS COMBINED WITH PRIMARY SORES ON GENITALS, AND BUBO.

K. B., aged 24 (ward 1, bed No. 7), was admitted 18th August, 1868, suffering from patchy soft sores on genitals, followed by non-suppurating bubo on one side. She is of cachectic appearance, with a murky skin, and of an apathetic, desponding temperament; unvirtuous for four years, and had been under treatment in the hospital on two previous occasions—1st, for eruption, three years ago; 2nd, for two genital sores, six months ago.

She has no eruption on the skin, pains, or alopecia; she is hoarse, and has some uneasiness in swallowing, referred to the upper part of the throat only, but has no inconvenience in drinking or tickling of the throat at night. There is a shade of dulness over the left infra-clavicular region, but no appreciable stethoscopic signs of disease in the chest.

On laryngoscopic examination, the appearance of the epiglottis was remarkable, four little ulcers being visible on the free edge, three the size of a large pin's head each, and the fourth about the half of a No. 5 shot. The epiglottis was otherwise healthy looking and pliable; the aryteno-epiglottidean folds appeared flabby and pale; the arytenoid movements were perfect and very distinct.

Treatment.—The ulcers were well brushed with nitrate of silver solution, gr. xxx. ad. ℥j., and tannin solution, gr. xxx. ad. ℥j., applied to the folds, which constringed the membrane, and caused the healing of the epiglottidean ulcers. The general treatment consisted of large doses of iodide of potassium, iron, bitter infusion, and good diet, with local applications to the sores and bubo, which was resolved. She was discharged cured September 28, 1868.

(See illustration, No. 2.)

DEEP ULCER AT THE BASE OF ARYTENOID IN A MARRIED WOMAN INFECTED BY CHILD BEARING, NEVER HAVING HAD PRIMARIES.

R. D., aged 26, a married woman (bed No. 11, married ward), admitted August 31, 1868, mother of two children, one two years old, another born one year since, but died, when eleven weeks old, of infantile syphilis. Two months after the birth of the first child she had sore throat and pains in the head, and in about four months she got a sore on the head over the frontal bone, which healed after treatment; she remained well till after the birth of the second child, when, in about three weeks, she got sore throat, and about nine months after got secondary sores on the arm, chin, eye, and head, over the parietal region; she never had joint pains or rash, primary sore or bubo; she is hoarse now for four months, is losing flesh, and has been under treatment for these affections for one year and nine months. The chest sounds are perfect.

On laryngoscopic examination, a well-marked deep ulcer like a chink is seen at the base of the right arytenoid, near the attachment of the false vocal chord; the mucous membrane generally in the neighbourhood is congested looking and tumid.

Treatment.—The parts around and the ulcer were brushed with nitrate of silver solution, gr. xxx. ad. ℥j., and every third day touched with tannin solution, gr. xxx. ad. ℥j. Iodide of potassium in large doses administered. The improvement after three applications to the larynx was remarkable, though the ulcer, from the mobility probably, was rather refractory.

This case is an interesting example of intermediate infection by child-bearing, and the more complete affection of the system after the birth of the second child. She is now again about four months pregnant. Discharged cured September 26.

(See illustration, No. 1.)

ULCER OF THE FALSE CHORDA VOCALIS, WITH FIRST SORES ON GENITALS, AND ERUPTION.

R. B., aged 23, a patient (bed No. 11, first admission ward), presented all the symptoms of syphilitic cachexia, being affected with several patchy soft sores of the labia, disseminated papular eruption, a murky hue of the skin, some osteoscopic pains, and suffered much from hoarseness with partial loss of voice. She dates the initial sore as occurring about six weeks ago, and that two weeks after its formation the papular eruption appeared, first in the lower limbs; and about two weeks after the eruption the hoarseness commenced, a feeling of obstruction in the breathing mostly inconveniences her.

She has never before had any venereal affection, and has been rather poorly circumstanced now, being eight months unvirtuous. There is no difficulty in swallowing; and on examination, the chest sounds are perfectly healthy; there is a slight anæmic bruit in the jugular veins; engorgement of the cervical glands, and of one under the jaw.

On laryngoscopic examination, the right false chorda vocalis is distinctly swollen, and sufficiently tumid to encroach upon the opening of the glottis; at its arytenoid extremity an ulcer is seen of a greyish colour, about the size of a split pea, exhibiting not so much the appearance of a "mucas patch" as of a distinct ulcer, with well marked edges, as if torn.

Treatment.—The ulcer was touched on four occasions with nitrate of silver solution, gr. xxx. ad. ℥j., and tannin solution, gr. xxx. ad. ℥j., ten-grain doses of citrate of iron and iodide of potassium in bitter infusion, good diet, and occasional warm baths dissipated all the symptoms, the patient being discharged with completely restored health, August 4, 1868.

(See illustration, No. 4.)

ULCER OF LARYNX NINE MONTHS AFTER PRIMARY INFECTION.

M. B., admitted July 31 (bed 6, ward No. 1), married, aged 31; was infected by her husband nine months previous to admission with soft sores, and a vaginal discharge; for these she was treated in the hospital by topical applications chiefly. She remained without any symptom whatever of the disease till three weeks previous to admission, when she became affected by the formation of "mucous patches" about the anus, and slight vegetations in the vicinity of the urethral orifice; she also suffered a little from osteoscopic pains. On admission, there was no hoarseness or difficulty of respiration; but about three weeks after this date she got hoarse, and gradually the voice became nearly extinct.

On laryngoscopic examination, an elevation of the mucous membrane, with ulceration of the surface, could be distinctly seen in the space between the bases of the arytenoid cartilages, the appearance being that exactly of a "mucous patch" of the membrane in this region.

Treatment.—The "patch" was touched with nitrate of silver solution, gr. xxx. ad. ℥j., and afterwards on four occasions with tannin solution, gr. lx. ad. ℥j., gr. x. doses of iodide of potassium in bitter infusion, and local applications to the anal patches, effected a cure. Discharged September 28.

(See illustration, No. 5.)

The occurrence in this case of the "mucous patch," both at the anus and in the larynx simultaneously, would go far to explain the cause of the peculiar voice of syphilitic infants, as called by Colles, "the peculiar hoarse cry," so characteristic a token of infantile infection. The hoarseness gradually comes on, as Rosen remarks, "without any manifest cause," and remains till the taint is removed by treatment. As the formation of "mucous patches" on the cheek, tongue, and lips is of so frequent an occurrence in infants it is to be concluded, as in this case, in the adults (fig. 5), that "mucous patches" form in the vicinity of the vocal chords. I have had an opportunity of fully and carefully examining, after death, the fauces of a child that died in the Lock Hospital, after an existence of six weeks in a pining condition from birth. The mother was suffering from syphilis at the time. The infant had no rash on the body, but had "mucous patches" at the anus and the commisure of the lips: it was impossible to see the back of the throat during life. After death, however, at the base of the tongue a patch was to be seen and another far down on the back of the pharynx. A full *post-mortem* was not admissible, but it is not unreasonable to conclude that the "peculiar hoarse cry" was caused by the existence of a "patch" in the more immediate neighbourhood of the vocal chords, as one of the phenomena

SYPHILITIC ULCERS OF THE LARYNX

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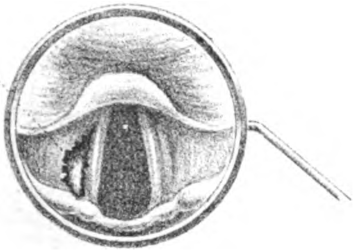

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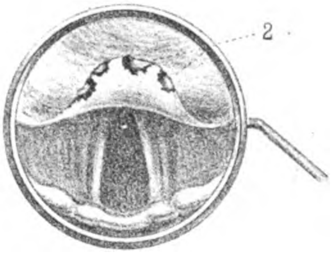

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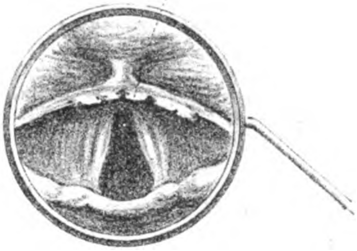

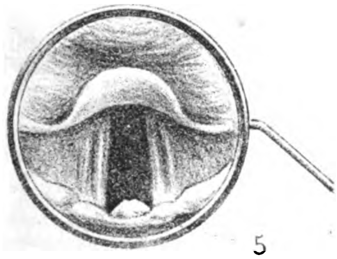

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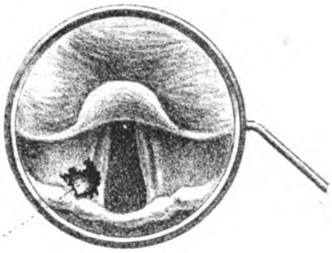

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By Mr Morgan. Surgeon to the Westmoreland Lock Hospital & Mercers Hospital Dublin.

of the earlier stage of secondary infection. This infant of six weeks old presented the identical symptoms of infection as did the adult aged thirty-one, furnishing illustration, No. 5.

The following is an illustration of the severer form of syphilitic ulceration, extending to the cartilages of the larynx. A man, stating that he was a scrivener's clerk, presented himself last March at Mercers' Hospital, suffering from debility, difficulty of breathing, and other signs of laryngeal irritation; he gave the following history:—He had syphilis six years previously, had two years afterwards some slight eruption, which was treated without mercury; since then he escaped till one year since, when he got some pains in the bones and three sores at successive intervals on the thigh, and within the last two months the commencement of the present affection; the chief symptoms being the teazing caused by a dry cough, especially at night, thin mucous expectoration, gradually becoming, as at present, purulent; the patient is still more alarmed lately by this being now slightly incorporated with blood; the voice, from being at first a huskiness, has now become inaudible but in a whisper, and that with considerable effort; the respiration is sibilant and very rough over the upper border of the thyroid cartilage, and considerable pain is felt during the act of deglutition, which the patient endeavours to relieve by holding the larynx steady between his finger and thumb during the moment of the food passing by, as in the case where the epiglottis has been completely lost (illustration No. 3). There is the same difficulty in swallowing fluids, to such an extent that the sufferer never tries now, but thickens all fluids with bread or flour; he is also much distressed by the fetid smell, which is constant, the expectorated pus giving the fœtor of necrosed bone or pus communicating therewith; the pus is also unlike the nummular sputa of phthisis, it is less solid from being mixed with a quantity of mucus. On percussion, the thyroid region of the larynx is painful, and the general feel that of ossification; there are no signs of phthisis to be found.

On laryngoscopic examination, the aperture was to be seen almost full of tenacious muco pus, which the patient could clear away by expectoration, and which re-formed, almost to the same extent, during the space of a laryngeal examination of a few moments' duration. The right arytenoid cartilage was partially dislocated, so that its inner edge, denuded of mucous membrane, impended considerably over the opening; a large ulceration was to be seen occupying this angle.

The parts were touched with a strong solution of tannin, ʒj. ad ℥j., and the ulcerated part with nitrate of silver solution, ʒji. ad ℥j. Iron and iodide of potassium were administered in large doses. After three dressings the secretion had somewhat diminished, and the general health was slightly improved.

I looked on this case as one of ulceration, combined with death of part of the cartilage, and hoped to have had a laryngoscopic drawing, which the patient promised a sitting for, but unfortunately he has been since lost sight of.

CASES IN ILLUSTRATION OF THE VALUE OF CHLOROFORM IN CONVULSIONS.

By John Dickie, M.D., L.R.C.S.E.

In 1852, Sir. James Simpson first suggested the inhalation of chloroform as a valuable remedy in infantile convulsions, and other spasmodic diseases (see Edinb. Med. Journal, 1852). Since that time the remedy has been sufficiently tested by the profession, to establish it beyond question, as a therapeutic agent of great value in the controlling of convulsive diseases, and especially the successful treatment of infantile and puerperal convulsions.

Having had an unusual number of cases of convulsions in my practice during the last few months, and having administered chloroform successfully in every case—irrespective of the cause of the fit—I would, with your permission, select the two following cases as the most remarkable, and lay them before the readers of the *Medical Press and Circular*, as interesting examples of the value of chloroform in the treatment of one of the most distressing and dangerous complications to be met with in general practice.

Case I. *Puerperal Convulsions, before and after delivery.*—On January 18th, 1868, I was sent for to Mrs. S—., a strong, healthy young woman, aged twenty-two, in labour of her first child. For a week past, she had been tormented during the night with false pains. She had enjoyed good health during pregnancy; her present illness commenced at 6 a.m., and as she was gradually getting worse, I was sent for at 4 p.m.; on examination, *per vaginum*, the os uteri was dilated to about the size of a shilling, the membranes projecting slightly during a pain and the head presenting. As matters appeared to be going on favourably, I gave a few general directions, and left for home; at 10 p.m., I was again sent for, the pain had been regular and increasing in strength, the os had opened to the size of a crown-piece, was soft and dilating. An hour afterwards the liquor amnii was discharged, and the pains, after a short interval, became very strong; I anticipated a speedy delivery. About an hour afterwards the patient complained of a pain in her forehead, and got very nervous and restless. She got out of bed to pass water and while sitting on the night-stool was seized with convulsions, and fell on the floor; the fit soon subsided, and she was assisted into bed. She was partially unconscious, and became so unmanageable that I had difficulty in examining her. I sent off immediately for chloroform, but before the messenger returned, which was about ten minutes, I had witnessed two of the most frightful convulsive attacks possible to conceive—the face was literally black and frightsome to look upon, and every muscle in her body rigidly contracted. The chloroform, administered from my pocket handkerchief, did its work in a few minutes, and the patient lay as in a profound sleep; meantime the pains continued to come on regularly and wonderfully strong. By periodical re-application of the chloroform, the anæsthesia was kept up for two hours, by which time the os was fully dilated and the head well down in the pelvis. Considering it advisable to deliver as soon as practicable I applied the forceps, and after half-an-hour's hard work, she was delivered of a healthy boy. The placenta was expelled twenty minutes after, by which time the mother had partially regained consciousness. She was informed that she was better, and she appeared quite surprised and asked for her child. She kept very well for an hour and I had thoughts of leaving, when I was horrified to hear her give a loud cry, and immediately she became convulsed. The chloroform was again administered with success, twenty minutes after another fit threatened but was immediately arrested by more chloroform. The fits continued to threaten whenever the anæsthesia wore off, I therefore made arrangements to keep her under the influence of the chloroform until they would cease, which was not till the following afternoon, sixteen hours after delivery. She still, however, remained partially insensible, but was able to swallow some light nourishment that was given her. At my visit the following day I was gratified to find her quite comfortable, pulse ninety, no pain, lochiæ moderate, and a large quantity of urine had just been passed. I tested it for albumen but found none. She made a good recovery.

Case II. *Uræmic Convulsions, following Scarlet Fever.*—Scarlatina has been more than usually prevalent in this town for nine months, and as usual in such epidemics, cases, illustrative of the different varieties of the disease have been observed, some of them exhibiting the mildest form of scarlatina simplex, requiring little or no treatment, more than careful nursing and confinement to the room; while others were of a more serious nature, indeed, many were of the most malignant character. The case which I propose to bring forward is a good example of scarlatina angennæ.

J. M—., aged nine years, who was attacked on the 25th August, 1868. I saw him the following day, he presented the following symptoms :—Tongue covered with a thick white fur, pulse 130, skin very hot and dry ; the rash had appeared over night, and was diffused in bright scarlet patches over the body ; tonsils, uvula, and part of palate were studded with spots of ulceration, and the mucous membrane around exhibited a dark velvety apperance, deglutition very difficult. I need not detail the progress of this case, suffice it to say I treated it by the *ammonia method*, with strong escharotics to the throat. *En passen*, I might mention that during this epidemic I have put to the test some of the specifics for all kinds of scarlet fever, indiscriminately, such as *quinine*, *iodine*, &c., and their adjuncts, and although the particular treatment was begun early and determinedly carried out, yet the result did not come up to my expectations. I believe no one special mode of treatment is applicable to scarlet fever. Its causes are as mysterious and unknown as those of typhus, or any other fever. Much depends on the constitutional tendency, unhealthy locality, and the particular type of the disease.

My case progressed favourably to convalesence till the twentieth day, when an interruption took place by a slight attack of anasarca and, subsequently, convulsions. The latter had set in quite suddenly about 3 p.m., and succeeded each other so rapidly and so violently that at 6 p.m., when I saw him, he appeared to be moribund, and when I sent off for chloroform I did not expect my patient would hold out until the messenger would return, his state appeared so utterly hopeless, however, I was disappointed, and on administering the chloroform the spasms gradually abated and the patient began to look more life-like. External heat was applied and every means used to get the patient into a perspiration : a purgative injection was also administered. The chloroform had to be renewed occasionally during the night and following forenoon, always with the effect of warding off a threatened convulsion. The patient continued in a dozing state for two days, and during that time had a smart attack of diarrhœa ; his urine, which was highly albuminous and almost totally suppressed for two or three days, gradually increased in quantity. The dropsy also gradually diminished, and day by day he improved in strength, and at the present—six weeks after his first attack—he may be considered convalescent, and likely to make a good recovery.

NOTES ON CARBOLATE OF QUINIA.

By HENRY SAMUEL PURDON, M.D., L.R.C.P. Ed., L.R.C.S.I.

Physician Belfast Dispensary for Diseases of the Skin, Assistant-Physician Belfast Charitable Institution and Infirmary, Member Ulster Medical Society, &c.

During the last five months I have prescribed the carbolate of quinia in various diseases, which remedy has been recently introduced into practice by Professor Bernatzik, (see 'British and Foreign Medico-Chirurgical Reveiw,' April, 1868). In the following brief notes I shall merely mention the results I have obtained ; and, firstly, a few words on the preparation of this remedy are necessary, as my formula is slightly different from that of Professor Bernatzik.

Take of quinia 120 grains, deliquered carbolic acid 30 minims, rectified spirit 75 minims, evaporate to the consistence of treacle, and make into pills with extract of gentian and powdered cinnamon, each pill to contain one grain of quinine and one-fourth of a grain of carbolic acid. This preparation has been always carefully prepared of uniform strength for me at Mr. Cantrell's establishment, in this town. Professor Bernatzik has used the carbolate of quinia with success in the treatment of pyæmia, erysipelas, typhoid and puerperal fevers. I have prescribed it with benefit in secondary syphilis, furuniculi, anthrax, as in the cases hereafter recorded.

Carbolic acid as an internal remedy is now becoming more frequently used, especially in "blood diseases," and the latest example of this agent being successful in a disease in which other medicines have hitherto proved useless is in leprosy, especially the anæsthetic variety. The formula used is carbolic acid, ♏iij ; dilute acetic acid, B.P., ʒjss. ; rum, ʒiij. ; syrup, ʒjss. ; water, ʒjv. ; to be taken directly after a meal, twice daily. (See Review of Dr. Newton's work on Anæsthetic Leprosy, "Journal of Cutaneous Medicine," No. vi, page 187.)

As an external remedy carbolic acid needs no special pleading on my part. The practice of Professor Lister, of Glasgow, founded on the "germ theory" of M. Pasteur being now well known.

Carbolic acid, especially when combined with a tonic, as quinine, has been given internally in zymotic affections, on the continent, on the principle of its destroying the fermentive process of the so-called blood diseases, and also I may mention that at a meeting of the Pathological Society of London, held on Tuesday, March 3rd, 1868, John Simon, Esq., F.R.S., in the chair, the President commuicated for Professor Hallier, of Jena, some discoveries concerning the relation of cryptogamia to contagious diseases. That gentleman had traced, some time ago, a fungus associated with cholera, and he had now discovered characteristic fungi in six other diseases, viz., in the eruption of variola, variola ovina, vaccinia, and in the blood of typhus, typhoid, and measles. Although Professor Hallier's views have not been confirmed in these countries, still, if correct, they would lead us to suppose that the carbolate of quinia will be a valuable medicine in such affections.

Quinine has likewise the property of destroying vegetable parasitic growths, and, as well as I remember, a statement appeared on this subject in some of the medical journals at the commencement of the present year ; and it is a remedy commonly prescribed in parasitic scalp diseases of children. Dr. Bence Jones some time ago pointed out the existence, in the human body, of a substance resembling quinine in fluorescence and possessing the optical and chemical properties of that drug, and Drs. Road and Pepper (Pennsylvania Hospital Reports quoted in *British Medical Journal*) have ascertained that a diminution of animal quinine is produced by malarial poison, as in ague, and I am inclined to think that we have in the carbolate of quinia an excellent remedy for ague and allied diseases.

From the preceding brief remarks, it will be evident that in combining two such valuable remedies together as carbolic acid and quinine, a combination is obtained which is likely to prove a useful medicine in zymotic diseases. I have only tried it in a few cases—it has failed two or three times. The following cases are briefly recorded, and are selected from out of the number treated with carbolate of quinia.

1. *Furunculi.*—Mrs. Minford, aged fifty-one, admitted at Dispensary for Diseases of the Skin, on June 24th, 1868, suffering from the appearance of successive crops of furunculi, duration of disease about two months, health below par, has been taking a good deal of medicine of one sort or other without benefit Lives as well as her means permit. Ordered one pill of carbonate of quinia thrice daily ; on July 15th discharged, convalescent.

2. *Carbuncle.*—A. Ewing, admitted June 10th, for carbuncle on back, is thin and delicate looking. No local treatment except an occasional poultice. One pill of the carbolate of quinia thrice daily, which after a few days increased his appetite. Dismissed July 8th, cured.

3. *Syphilitic Eruptions.*—Mrs. H—., æt. fifty, admitted at Dispensary for Skin Diseases, June 27th, suffering from a secondary syphilitic eruption, together with sore throat, states that she received the disease from her husband, had taken mercury, iodide of potassium, and sarsaparilla, before applying at the dispensary. It occurred to me that this would be a good case for trying the carbolate of quinia

in; and one pill, thrice daily, gradually increased, till six were taken. No local application. In September she discontinued attending at the dispensary as she was apparently cured.

4. Alex. Walsh, admitted for ulcerated throat and enlarged glands in the cervical region. His mother informed me that she formerly had syphilis, accompanied by an eruption of the skin. The boy has always been in delicate health, his teeth were notched, and complains of pains in the bones at night; had formerly taken iodide of potassium which gave temporary relief. After taking the carbolate of quinia pills for some time he was much improved in every respect, although a slight enlargement of a few glands in the neck remained.

The above cases might be recorded at greater length, but I have endeavoured to give only the most interesting features in each. Carbolate of quinia in all the cases in which I have tried it—about thirteen—has increased the appetite, and when fetor of the breath existed, removed it. I think it will prove a valuable remedy in certain forms of syphilitic affections, where mercury has been given injuriously, and when the patient cannot take the iodide of potassium, and are of the poorer class of society, having to endure hard labour, exposure to the weather, and bad food. In furunculi it is also valuable. I have not tried the carbolate of quinia in either erysipelas or fevers, but shall do so on the first opportunity, and have no doubt that it will prove sericeable. And now, in concluding these "rough notes," I hope that some other physician, whose experience and practice is more extensive than my own, may be induced to try this medicine and publish the results of his cases, mine being too few to form any definite opinion from. Thus the truth will be arrived at. "*Ad majoram gloriam Dei.*"

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Hospital Reports.

EDINBURGH ROYAL INFIRMARY.

Cases of Aneurism treated by Iodide of Potassium.

Under the care of Dr. George W. Balfour.

Last summer Dr. Balfour read before the Edinburgh Medico-Chirurgical Society a paper on the treatment of aneurism by iodide of potassium. He related several remarkable cases. Since then he has had several others of equal interest. We propose to lay the cases as a series before our readers, commencing with those which formed the basis of his paper.

Case I.—*Aneurism of the Aorta.*[1]—Peter Rice, a mason, aged 39, admitted into Ward III. on the 29th April, 1867. Patient has never had rheumatic fever, but for the last five years he has been subject to rheumatic pains in his hip, leg, and back, which are generally severe, and are most apt to recur in the changeable weather of spring. He has been in the habit of drinking pretty freely. About twelve months before admission, he fancied that he was overwrought, and when he got home he found that he could not take a deep inspiration freely; he also felt a sharp pain at a point about two inches to the right, and a little above the left nipple. This pain has continued ever since, and has latterly increased considerably. This pain is stationary at the part described, but when more severe than usual, it spreads upward to the armpit and shoulder, and down the left arm to the wrist, occasionally extending downwards to the scrobiculus cordis, and sometimes striking sharply through to a corresponding point at his back. It is specially apt to be severe at night, preventing him from sleeping, and is very annoying when it affects his back, as he cannot lie in any other position than supine. He has occasional fits of dyspnœa, and it is always painful for him to take a full inspiration. He has also some difficulty of swallowing. He is much troubled with palpitation, and a distressing feeling of pulsation, and these sensations annoy him most when the pain is severe. At such times, he obtains some relief by relaxing the respiratory muscles, by stooping forwards and leaning against a wall or other support, with his hands and arms extended. About a week ago, his symptoms had increased so much that he was obliged to cease working altogether. His appetite is good; his bowels generally confined. On percussion, the heart seems of normal size; its pulsations are distinct, and in their ordinary situation; the first sound is normal, the second accentuated. The right radial pulse is fuller than the left. About three years ago, the patient had muscæ volitantes, lasting off and on for about two years, appearing only for a few seconds each time; and still at times, he cannot see things at a distance so well as he thinks he ought, the letters appearing to swim before him when reading. His left pupil is slightly dilated. Some time ago he also had tinnitus aurium. His left cheek is often flushed, and at times he feels it warmer than the other. His lung-sounds are normal, but he has an imperfect, hard, clinking cough, without expectoration. He also frequently perspires without any apparent cause. There is a slight bulging of the walls of the chest, between the second and third ribs, at the left edge of the sternum, extending into the *manubrium sterni*, and gradually declining all round within an area covered by that of the mouth of a tumbler. Over this space, and for a corresponding distance downwards towards the heart, there is a dulness on percussion, and a distinct sense of liquid pulsation. Within this region, the heart-sounds are also extremely distinct, but there is no bruit.

Twenty grains of iodide of potassium were ordered to be given three times a day, and a belladonna and opium plaster was applied over the tumour. About a month after, on the 23rd of May, as the patient fancied he was not improving, the iodide was omitted, and a precisely similar dose of the bromide of potassium was substituted for it. At first, the patient fancied the change of remedy had done him good, for he had less pain, and got more sleep; but this improvement was apparently of short duration, even though the dose of the bromide was subsequently increased to thirty grains thrice a day, for on the 7th of June the iodide was again recurred to in doses of twenty grains thrice a day with the addition of one-twelfth of a grain of iodine in each dose. On the 17th of June, it is stated that "there is more pain over the aneurism, and he feels his left hand benumbed. The swelling seems to have increased in size since the 15th inst." On the 7th of July, however, it is entered that he "states that the pain in his breast and down his arm are not nearly so bad as they used to be, so long as he is quiet in bed; but when he rises and walks about, they become even worse than before." The patient continued to wear the belladonna plaster, but on the 7th of July the iodide was omitted, probably on account of coryza, which, though not recorded, the patient has told us that he suffered from about this time; and on the 8th the following pills were prescribed:—

℞ Extr. aloes aquosi, gr. i.
„ colchici acetic, gr. i.
Mass. pil. hydrarg. subchlor., gr. ij.
Misce fiat pil. mitte tales xii.
Sgr. one night and morning.

There is no further record in the books of Ward III. as to the iodide being again resumed, and I am not aware whether it was or not; I believe, however, that it was. The last entry is on July 18th.—"Thinks himself easier to day."

On the 1st of August, the patient was transferred to Ward VII., and placed under my care. He was at once placed upon thirty grain doses of the iodide of potassium three times a day, and these doses he has continued to take without intermission up to the present date (May, 1868), with continually increasing benefit, and without the production at any time of the slightest unpleasant symptom. For several months he also continued to wear a simple belladonna plaster over the tumour, but at last it blistered him, and produced so much eczematous eruption each time it was attempted to reapply it, that it had to be discontinued. On coming under my charge, he was strictly confined to bed, and for long he lay entirely on his back, that being the only position in which he found always comparative and, latterly, perfect ease. He was only allowed to get up and move about for the first time about three weeks before his dismission on the 2nd of April. He was placed upon fish diet at first—meat being subsequently given when he tired of fish, but he was at all times carefully warned of the necessity for strict moderation both in eating and drinking; water, small quantities of tea, and milk for supper, being the fluids supplied. With all this care, and notwithstanding the large doses of the iodide administered, his progress at first was extremely slow, but it was steady; and in a clinical lecture given on his case on the 19th of November last, I find it stated "there is no longer any tumour visible, and it is only on careful examination that you will discover any pulsation; he is so far recovered, that he is a little inclined to be rash, and to move about quickly in bed, or even to turn upon his side; but upon this the pulsation instantly returns—a sufficient warning to him that he is not yet cured." Indeed, it was not till the beginning of March, in this year, that he was able to move about freely, without discomfort or any return of the pain or pulsation. On the 1st of April, I had the honour of exhibiting this patient before this Society, just previous to his discharge from hospital, when you had the opportunity of observing the complete subsidence of the tumour described, pulsation being only to be obscurely felt in the situation where it formerly existed; you also heard the man's statement that his pain, dyspnœa, and dysphagia were gone; and you were able, from his healthy and energetic appearance, to form some idea of the importance and value of this mode of treatment. I may add, that I have repeatedly seen this patient since his discharge, and that he still continues to improve, while, from the active manner in which he marches through the streets, no one would suppose that but a year ago he was what might well be thought a hopeless invalid, afflicted with one of the most terrible and incurable of maladies. With all this improvement, however, Rice is not cured; it is doubtful, indeed, whether, under his circumstances, a poor man necessitated to do something for his daily bread, he ever can be cured. But he has obtained great and incalculable relief, and his case is an encouragement to us in the treatment of similar affections, and full of hope for those who, placed in happier circumstances, may yet labour under a similar disease.

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[1] This case was primarily under the care of Dr. Warburton Begbie, acting for Professor Laycock, and was transferred to my care when the clinical wards were closed, at the end of the summer session of 1867. The case is partly condensed from the report in the clinical records of Ward III.

The second case, though more obscure in its diagnosis, was even more satisfactory in its results.

CASE II.—John Kerr, a seaman, aged 26, admitted into Ward VII. on 22nd October, 1867. He states that he has been ill for eighteen months, dating his illness from the privations to which he has been exposed when on an arctic voyage, and the strenuous exertions he was, while in an enfeebled condition, obliged to make in hauling the boats over the ice and frozen snow. While in America he has been somewhat roughly handled for various diseases with which he was supposed to be afflicted. At last the diagnosis culminated in that of aneurism of the abdominal aorta, and to get relief from this, he crossed the Atlantic, and presented himself at the surgical wards of the Royal Infirmary here, and from them he was transferred to my care. He complained of intense pain in the scrobiculus cordis extending through to the back, and passing round both sides. On examination, a tumour could be obscurely felt a little below the sternum, and just under the edge of the right ribs; this was more distinctly perceived, falling, as it were, into the hand on turning the patient over on his left side; and in the situation referred to, a loud bruit was to be heard with the stethoscope. Notwithstanding the obscurity of the diagnosis in this case, it was considered right to place this man under the influence of iodide of potassium, as a treatment likely to be useful, whether the tumour was solid, or was really an aneurism; accordingly, he got thirty grain doses of the iodide of potassium twice a day; he was placed on fish diet, a restricted amount of fluids, and confined to bed. The result was most encouraging; he got almost immediate relief from the agonizing pain, while the uneasy pulsation felt by the man himself was also at once considerably lessened, and the force and fulness of the radial pulsations, as observed by us, seemed to be also greatly diminished. He continued steadily to improve: in a few months the tumour and bruit had completely disappeared, and, on the 22nd of January, 1868, he was dismissed at his own request. He considered himself so well, that he engaged for a short voyage for the purpose of testing his reacquired health before finally proceeding to sea. This case is one, the obscurity of which is patent to all, and I am not disposed to press the diagnosis of aneurism; nevertheless, the symptoms pointed strongly in that direction, while the success of the treatment, and the manner in which the relief was obtained, seem also to confirm it.

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Transactions of Societies.

ARMY MEDICO-CHIRURGICAL SOCIETY OF PORTSMOUTH.

OCTOBER 7TH, 1868.

Deputy Inspector-General Dr. C. A. GORDON, C.B., in the Chair.

Staff-Assistant Surgeon O'LEARY, Honorary Secretary, read a paper by Surgeon PORTER, 97th Regiment, on a case of

ABDOMINAL ANEURISM,

the subject of which, twenty-nine years of age, and ten years' service, was on 23rd of June, 1868, admitted suffering from debility and sickness after meals. He returned to duty on the 2nd of July, but on the 5th again came to hospital suffering from the same symptoms, and, in addition, from a sensation of weight in the epigastrium. He lost flesh. On the 24th of July his condition was reported to have been very weak; the irritability of stomach continued, but pressure on the epigastrium was unattended by pain or uneasiness. Careful examination of the abdomen was made from time to time, both before and subsequent to that date, but nothing was discovered to account for his condition. On the 29th of August he, for the first time, complained of pain in the back immediately above the sacrum, and from that date became daily weaker; was unable to sleep at night, and on attempting to get out of bed was seized with partial collapse and cold perspiration. On the 6th he was seized with faintness, from which he could not be rallied, and in about an hour afterwards he died.

Post-mortem examination revealed an aneurismal tumour, originating from the aorta, and imbedded in a fibro-serous-looking tissue, through which passed the duodenum, the renal, and mesenteric arteries. On the anterior surface of the tumour was a rent through which its contents had escaped into the cavity of the abdomen. The tumour, which had its origin at the anterior wall of the aorta where the cœliac axis commences, and was found to have been a dilatation of it, was about four inches in length; the communication between it and the aorta being sufficiently large to admit two fingers. The gastric, hepatic, and splenic arteries took their origin from the tumour itself. The case was considered to have the following points of interest, namely,—

1. That physical examination during life afforded no means of making a correct diagnosis;
2. In the absence of constitutional symptoms of aneurism;
3. In the absence of pain, although the tumour was embraced by the crura of the diaphragm; and
4. That the tumour was on the anterior wall of the aorta, where, according to Dr. Stokes, it is seldom met with.

Surgeon LAMPREY, 67th Regiment, read the following cases of

AORTIC ANEURISM.

1. In a soldier of the 35th Regiment, thirty years of age,

and nine in the service, who dropped in the ranks while engaged in running drill on the 8th of June last, and died almost immediately.

Post-mortem examination revealed a small aneurismal pouch immediately above the aortic semi lunar valves and close to the origin of the coronary artery. The size was not greater than an ordinary marble; a small fissure communicated with the pericardium, the cavity of which was filled with fluid and coagulated blood.

2. In a man of the 67th Regiment, twenty-seven years of age, and eight in the service, who, while in May last marching fully accoutred, from the Curragh to the railway station, was suddenly seized with alarming dyspnœa. On his admission into hospital at Portsmouth on 2nd of June, the presence of aneurism of the aorta was diagnosed. Shortly before his death, which occurred on the 21st of July, the severity of the dyspnœa increased to a great degree. There was swelling of the epigastric region, and puffiness of the face and chest.

After death the pericardium was found to be distended with blood and serum, the blood being evidently but recently coagulated. The ascending portion of the aorta was dilated to three times its natural capacity, but only slightly thickened in its coats, or roughened in its inner surface. Within the left aortic sinus a small bulging existed, into which the top of a finger could be admitted. The ventricles were hypertrophied.

3. In a soldier of the 33rd Regiment, thirty-three years of age, and thirteen in the service, who, on the 1st of September last, was admitted into hospital suffering from pain which extended from the abdomen to the right side of the chest, followed in the course of a few days subsequently by pyrexia, cough, and distress in breathing. Pleuritis was diagnosed to exist; a rough blowing murmur attended the first and obscured the second cardiac sound. On the 5th he began to expectorate mahogany coloured sputa, and it was apparent that his system was in a scorbutic condition. The progress of the case was very rapid; dyspnœa prevented him from lying down, and on the 10th of that month he expired somewhat suddenly.

The pericardium was found much thickened, and inflamed. Its cavity contained fluid blood, or bloody serum, but no clot. The heart was slightly enlarged; its surface red, with some layers of lymph deposited upon it. Inside the orifice of the left coronary artery there existed a large vertical opening in the corresponding aortic sinus, which led into an aneurismal sac, capable of containing a large filbert, and occupying the space between the aorta, left ventricle, and pulmonary artery. Its posterior part presented a lacerated opening. The inner surface of the ascending aorta was covered with atheromatous deposit; the fibres of the middle arch were friable and thickened.

The Honorary Secretary read a paper by Assistant-Surgeon McFall, 34th Regiment, on a case of

SUICIDAL GUNSHOT WOUND OF THE SKULL.

A soldier, on the 12th of September last, having shot himself with a Snider bullet, the whole of the flat bones of the skull were broken by the missile into pieces varying in size from an inch to an inch and a-half. The bones of the face were also broken into several pieces, and the lower jaw into three portions. The bullet itself broke into five pieces, the whole of which, with the plug, weighing in all 471 grains, were removed from the skull. The entire weight of a Snider bullet is 520 grains, and the peculiarity of this case lies in the circumstance that the thickness of the man's skull not having been particularly great, the missile did not pass through, but broke into fragments against it.

The **Chairman** then read a paper by Inspector-General **Lawson** on

YELLOW FEVER.

The author described the circumstances under which the disease was in 1793 imported from Bulam into the West Indies, by means of the ship "Hankey," and criticised in detail the views of Chisholm, Bancroft, Pym, and Blair in regard to its origin and manner of propagation. He believed that with our present knowledge, we are justified in regarding yellow fever as distinct from ordinary remittent or intermittent; but as illustrating his views as to its non-propagation by means of human intercourse, states that many places are found where the disease was severe, it may be for months on end, while there are others in the immediate vicinity—sometimes as near as fifty feet—where for the like period there was scarcely any trace of it, though the residents were numerous and mixing daily with those of the infected locality. He laid great stress upon the facts recently ascertained, that about the third day of the disease the kidneys began to give off albumen and tube casts, and that a means of diagnosis is thus afforded between the disease and those of malarial origin. Another means of distinguishing between yellow fever and pure remittent existed in the black discharges from the bowels in cases of the former. The results of his experience lead him to believe that the malady is not contagious, and such is the general belief in the countries where it prevails.

Mr. Lawson believed that the immunity of persons from a second attack had been detected in 1802, when placards were exhibited in Cadiz to that effect during the epidemic then raging. He was of opinion that during the prevalence of yellow fever as an epidemic, all other diseases give way to it. As to the question of whether the actual cause of the disease may after a state of activity become dormant, to lighten up on a subsequent occasion, the views held by authorities in regard to it are different according to whether they belong to the contagionist or non-contagionist party.

Sir **David Deas**, K.C.B., made some very valuable remarks on the paper that had been read. He observed, that in all that had been written on the subject of the disease, there was not, with the exception of an unpublished paper by Lallemand, any account of a remarkable epidemic which occurred in the Brazils and Pernambuco in 1848. In that epidemic, which was the first that had occurred there, no European or person of European descent escaped; this was also the case with the native-born or European African, although the imported negro escaped. He considered that this epidemic was without a doubt imported from the coast of Africa. His own views were in favour of the doctrine of contagion with reference to this disease; but as illustrating the possibility of a person escaping the disease, although in the midst of it, he mentioned the case of a ship which had lost four crews in succession, and yet one European boy who remained on board throughout escaped an attack of the disease. With regard to the liability of a person who has once suffered from yellow fever to become attacked a second time, he considers that the same degree of liability existed as there did in a person who had suffered from one attack of small-pox to another. At the same time, he added, he had never seen recovery take place in a case in which complete suppression of urine existed. As to the modifying influence upon other diseases exerted by an epidemic of yellow fever, he believed that when it prevails, all other diseases for the time subside or merge in it. The influence upon which it depends may, in his opinion, become for a time dormant, again to spring into activity; and he has had occasion to observe the occurrence of epizootics among the lower animals, and *smut* and *mildew* among the vegetable kingdom immediately before or during the prevalence of epidemics of this disease in man.

MEDICO-CHIRURGICAL SOCIETY OF GLASGOW.

At the last meeting of this Society held in the Faculty Hall, St. Vincent street—Dr. J. G. Fleming, President of the Society, presiding.

The **President** having delivered an Opening Address,

Dr. **Fergus** read a paper on the Sanitary Aspects of the Sewage Question, and dwelt first on the evils of the present system of sewage and the causes of the pollution of the river; secondly, the failure of the scheme of Messrs. Bateman and Bazalgette to cure these evils; and in the third place he submitted some of the most feasible schemes which had been proposed for the prevention of the pollution of rivers. While giving the authorities credit for wishing to do what was best, he objected to the scheme of those eminent engineers, who were already committed, by all their past training and work to sewage by water carriage, whereas the question was a sanitary-economic as well as an engineering one. He went to prove, by quoting the case of the Thames and the Tyne, that water-closets were the sole cause of the pollution of the Clyde, and that human excreta, shut up in the sewers, was a fruitful source of disease by the decomposing and giving off poisonous gases. He quoted the highest authorities in medicine—namely, Drs. Murchison, Parkes, Acland, &c., to demonstrate that gastric fever could in almost every case be traced to the breathing of sewer gas. He exhibited pieces of leaden and zinc waste pipes removed from houses, the sides of which were perforated on the upper surface, allowing the escape of sewer gas. These holes were caused by pieces of lime eating through the lead. Other pipes were perforated on the under surface from the action of the excreta from within. Dr. Fergus mentioned that he had caused several of these pipes to be removed from houses in the best localities, the inhabitants of which were suffering from the inhalation of sewer gas. He also showed that the scheme of Messrs. Bateman and Bazalgette would cause an enormous escape of sewer gas at each heavy shower, as they depended greatly on the impounding capabilities of their sewers, which, as the water filled, would repel the gases with a force which no trap could resist. He quoted Mr. Simon, officer of health of the Privy Council, to prove that cholera was owing to the taking into the system of human excrement either by air or by water, and stated that the whole excreta for Glasgow and its suburbs amounted to four-hundred million pounds per annum. He condemned the folly of erecting works capable of conveying 110 millions of gallons per day to the Ayrshire coast, and showed that when arrived there the matter would have lost some of its most valuable manurial ingredients by producing the poisonous sewer gases. Turning to the question of the commercial value of human excreta, he showed from high authorities that this had been estimated at 10s. a head, and that the British nation, according to that estimate, wasted about ten millions sterling of manure. Dr. Fergus showed from official documents that the outfall of the London Main Drainage Scheme was blocking up the bed of the Thames with decomposing excreta, and went on to remark that in London, after the expenditure of 30 millions of money in water carriage, the authorities were at a dead-lock and the public health not improved. This would always be the case, because water carriage was contrary to nature, the order of which was from the earth to plants from plants to animals, from animals back to the earth again, He cited China and Japan as supporting one-third of the human race by preserving and using human excreta as manure. He expressed the opinion that water closets were contrary to nature and revelation, and that the only satisfactory mode of dealing with our sanitary difficulties was, to keep all excreta out of the sewers and river, and that we would never be right till we had abolished water-closets, and adopted as our motto the *dictum* of Mr. T. O. Ward—"the excreta to the soil, and the rain-fall to the river." He observed that sewage irrigation had never succeeded commercially where pumping was required, and affirmed that loud complaints of the smell arose from the people living in the neighbourhood of the irrigated land. He exhibited an example of Mr. Moules' earth closet, and recommended it highly for mills, hotels, asylums, hospitals, country-houses, and villages. He also produced drawings of Captain Lienur's pneumatic system, which he thought would be very much improved by the manufacture of the excreta into portable manure. He mentioned Mr. Stanford's system, who proposed also to remove the excreta by pneumatic pressure, and to destroy fœtid gases by the use of seaweed charcoal. He exhibited a model and drawings of Mr. Hoey's plan. The latter proposed to leave us the comfort and convenience of our present water-closets, but to disconnect these from the waste-pipe, and to convey the excreta to a reservoir underground, thence to be removed by atmospheric pressure and converted into guano. Any of these schemes would be better than our present system, and could all be tried by our authorities at a small outlay, to ascertain which was the best.

Dr. Fleming, after referring to the able and lucid paper which Dr. Fergus had read, suggested that as the evening was somewhat advanced, the discussion on the paper should be postponed for a fortnight.

This was agreed to; and on the motion of Dr. **Andrew Buchanan**, a vote of thanks was given to Dr. Fergus, and the meeting separated.

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SOCIAL SCIENCE CONGRESS.

The Twelfth Annual Congress of the "National Association for the Promotion of Social Science," has been held at Birmingham.

The Earl of Carnarvon's address, as President, was occupied with much that interests the profession, and accordingly we give an abstract of it.

Having first referred to the general scope of the Congress and the details of its programme, the noble Chairman entered on the subject of Sanitary Science, and remarked that: To its manifold functions, and even to its importance, it would be impossible to do justice on such an occasion as this. Its literature alone is so voluminous that, as one of its most distinguished advocates has recently said, there is sometimes a possible risk that its value may be injuriously exaggerated. But this merit, at least, it has, that not only does it affect the very life of the nation and the preservation of the race in its physical strength and vigour, but that, as a practical science, it is singularly free from all uncertainties. It is, of course, impossible for any science or human vigilance to make the life of a large town as healthy as that of the country; but how much can be achieved even in unfavourable circumstances is shown by the fact, that of the great cities of England the health of London now stands the highest, and, if I mistake not, next to London ranks that of Birmingham. Of the scanty legislation of the last session of Parliament on this subject, it is right that I should briefly call your attention to the Pharmacy Act, the Vaccination Act, the Act for the Improvement of the Dwellings of Artisans and Labourers, and lastly, the Poor Relief Act. The Pharmacy Act was due to the exertions of private members of both Houses, and may, I hope, prove of considerable value. The Vaccination Act was a Government measure, but it is one pronounced by the Committee of the Medical Association to be so clogged by restrictions, that they anticipate but little increase of public vaccination under its provisions. The Act for Improvement of the Artisans and Labourers' Dwellings, introduced and carried by private members, was referred to a select committee of the House of Lords, by whom it underwent considerable alteration. The importance of its subject matter cannot be overrated. Strong objections are entertained, and not without reason, to State intervention in these matters; and it will, doubtless, be best if the desired end can be secured by the joint action of the private owners of property and of the local authorities; but failing this, the evil is so great, and goes so deeply down into the roots of society, that larger and bolder measures may become necessary. The Poor Relief Act was a Government measure, intended to be the legislative complement in country workhouses to the Act of 1867, which had done so much for the improvement of the metropolitan unions. Recent disclosures, as it will be remembered, had brought home to us the painful conviction that many of the unions in the country, which, from a change of circumstances there as in London, had become infirmaries for the sick and aged, rather than workhouses in the old sense of the word, were discharging their new duties very defectively. There was, in some cases, both an insufficiency of inspection and an absence of comfort, decency, and of the necessary medical and surgical appliances, which were little creditable to our central and our local administration.

His Lordship, having expressed a doubt whether the late Act could be looked upon as a conclusive settlement, passed to the subject of Water Supply, observing that, in spite of the Metropolitan Water Act, we are painfully and gradually opening our eyes to the discreditable deficiencies of the water supply of London. Immeasurably inferior to its great type and rivulet of the ancient world, whose aqueducts, built tier above tier and striding over the Campagna, still in their very ruins carry their living waters into the heart of Rome; inferior to Marseilles and Lyons; inferior to her own provincial towns, such as Aberdeen and Glasgow, Sheffield and Cardiff, London is provided with a water supply less than health and domestic purposes require—less than the protection of property from fire may justly claim; open, in fact, to objections on the score of quantity, quality, cost, and unnecessary waste. Without venturing to anticipate, on such a point, the verdict of Parliament, which will be given in next session, I think there are some considerations that may be here briefly noted. 1. Though London, from its vast population and gigantic interests, has a special importance of its own, it is only one of many towns that suffer from a deficient water supply; and I doubt whether the great manufacturing towns of the North would consent that London, great as she is in her population, her interests, and her necessities, should intercept and appropriate that supply which they look upon as their own. 2. The relative merits of those two rival systems, distinguished by engineers as the intermittent and the constant supply, must be brought to a decision. Whilst 150 great provincial towns enjoy the benefits of a constant supply, the capital of England is dependent upon an intermittent provision. I hope that we shall, in the discussions of the week, hear it fairly elicited by fact and argument whether or no there is, as is alleged, a serious waste of water under the constant system; and, if so, whether such a waste can be restrained by reasonable checks and supervision. 3. The question of a proper water supply is intimately connected with the purification of our rivers, and the restoration of their waters to all the purposes of domestic economy. 4. Hardly less important is the liberation and employment in the service of agriculture of all that matter which, while present in our rivers, poison their waters, but which, if once extracted, would make the poorest soil rich.

The next subject touched was that of Crime. The noble chairman thought that penal discipline should, up to a certain point, be reformatory, and that the punishment of the criminal and the security of society could not be overlooked. The reformatory system was chiefly applicable to the young and older criminals, especially those previously convicted ought to be dealt with much more severely than they now are. The law with regard to the vagrant class is susceptible of improvement; but of the various suggestions which have been made for dealing more effectually with them, none holds out a reasonable promise of reformation, as regards the criminal, or of material relief to society. Unpalatable as may be the conclusion, his Lordship believed that very lengthened sentences are alone likely to be effective. Meanwhile, the difficulty of the case is aggravated by the fact that some guardians give relief freely to all who apply for it; others assume a power of discriminating between those who deserve and those who, in their opinion, do not deserve relief; here they employ the police, there the ordinary relieving officer; in one case their discipline is severe, their diet spare, their casual wards comfortless; in another, all these conditions are reversed; and though numberless circulars have been issued by the Poor-law Board—many differing widely in their recommendations—no distinct regulations have been laid down in a form and with an authority binding upon guardians and the officers who administer the poor law under them.

Having remarked on the general subject of penal legislation and approved the abolition of public executions, the noble chairman turned to the subject of education, which, in view of the present state of society and recent changes, he pronounced of the highest importance; not altogether approving the common school system of America, but admitting that the United States had been greatly benefited by it. The chairman turned to our present condition, and said:—Hitherto voluntaryism, self-government, denominational, and consequently religious instruction, with a certain amount of State aid and inspection, have been the accepted principles of English primary education. Speaking cautiously, but looking to the circumstances and feeling, as well as the wants of the country, I hardly see how we can altogether dispense with any one of these principles. We may perhaps add to them, we may recombine them, but the uniform conversion of a voluntary into a compulsory, of a religious into a secular system, are neither necessary, nor, I think, at present desired. Though you have proposed for discussion, the distinct question how far compulsory education is desirable, and under what conditions, I will not enter further upon this grave subject than to observe that the equally grave question of religious instruction—with all its subsidiary considerations of the when, the how, the where, the what, the how much—is inseparably blended with it. It will be ultimately found impossible to consider one apart from the other. Primary education is but one, though the most pressing, branch of this large question, but Parliament will have before it next year the consideration of those middle-class educational endowments of which, with some great and noble exceptions—as, for instance, King Edward's Grammar School in this town—there has too often been a misappropriation of revenues and a misapplication of studies. Nor is the question of national education exhausted with the discussion of our primary and middle-class schools. The great public schools to whom so many generations of famous Englishmen have owed a career of honour and usefulness have been brought under revision. Happily, however, this task does not now rest on Parliament. The reorganisation of their revenues, discipline, and studies has been taken out of our way by the Act of last session, and has been delegated to an able commission, which I trust will know how to do justice to conflicting claims and considerations, and to reconcile the necessities of a nineteenth-century education with the grand traditions of the past. Finally, I cannot, here in Birmingham, the centre of such great manufacturing and artizan life, pass by, without one word of recognition, the increasingly serious question of what is termed technical education. For my own part, I believe that that great race of international industry and skill is too close and severe to justify us in throwing away any chance that we can command; and though I have every confidence in English qualities, I doubt if our natural and uncultivated strength lies in those specialities of taste which have become necessary for many artistic productions. I will only say of all technical education—whether of the higher grades of professional life, or of those lower paths with which the manual labour of the individual artizan is concerned—that its basis must be laid in sound principles of elementary instruction; and that the latter teaching is dependent upon the earlier. I dare not here enter upon the question of State interference. I can only say that, within certain limits to be carefully defined, the State may, I think, afford aid and facilities for such a culture as I have indicated. At the same time the principles laid down by a recent French commission, that the pupils should be mainly out-of-door pupils, that payment should be the fundamental rule, that gratuitous admission wholly or partially the exception, and that the course of instruction should be for not less than two years, seems to me substantially sound and right principles.

Turning to the subject of trades unions, reorganizing the law of demand and supply, as true in practice as well as theory, the chairman also acknowledged the value of mutual help and brotherhood, but expressed a belief that the artisan can secure the advantages of the unions by a better and more economical agency, and that the real interests of employers and employed can be conciliated by gentler and more civilised expedients, than by the rough and ready mode of strikes and lock-outs, which essentially belong to the organisation, and the *raison d'etre* of trades unions as now constituted. There are probably more ways than one to attain this end, but we should be strangely insensible to the success which has already been achieved by the principles of arbitration and co-operation if we failed to give them a still further trial. But, fortunately, we need not look to arbitration alone for a solution of that labour question which seems sometimes so perplexing a problem in our present phase of modern commercial life. I have great faith in the sister principle of co-operation, if fairly and prudently applied; by which I mean both the union of workmen amongst themselves primarily and principally for the sale and purchase of articles of consumption, and the union of workmen and capitalists for the purpose of industrial partnerships. In England co-operation has stood free from State interference on the one hand, and from demagogism on the other. It has, in fact, reflected some of the best of our English qualities—good sense, and the practical adaptation of available means to the ends desired and the necessities of the time; it is accepted by most reasonable men of all opinions; it is at variance with no principle of political economy, no instinct of human sympathy; and it promises, I think, before long to give to the working man many of those comforts and luxuries which have hitherto been only within the reach of a far wealthier class. Whatever be our point of view, one may cordially wish it well, and accept it as one, at least, of the means granted us towards a solution of a most difficult problem.

Having touched on several other subjects, his lordship thus concluded his address:—

More than ten years have gone by since the foundation of this society, which was intended by its authors to become to moral and political science, in the widest acceptation of the word, what for so long the British Association has been to mathematical and physical science; and it now happens that the self-same town in which its career was inaugurated welcomes back its members to the keeping of their eleventh anniversary. The Association has travelled, and seen much. It has received hospitality in the capitals of Scotland and Ireland; it has studied the commercial greatness of Liverpool, of Glasgow, of Belfast; it has discussed the problems of modern life, amidst the venerable traditions of York; it has numbered amongst its friends many who have left their mark upon the history of their time. Some of these are with us still—with us, to render good service, by act or word, to their country; some have passed away. But of these, none can ever hold in the memory of this society so memorable a place as its founder, its president, and its constant friend, Lord Brougham. In the wide range of your discussions his restless intellect delighted to expatiate, and he, whose ardent mind neither the toils of his early years could satisfy, nor the infirmities of advancing age could tame, found within the circle of your studies a congenial field of labour in "the spent hour-glass of his passing life," to use the expression of Lord Bacon with regard to himself, long after the time when men are entitled to repose. Eminent in many things, and in none more than this, he never ceased to hold out to his country the living principle of constant work. It is a lesson which may possibly, in some few cases, be carried too far, but which is not without its value in an age of, perhaps, too much self-indulgence; it is a lesson which those, of whatever class or nation who aspire to rule or influence, must never weary of learning. Of any imperfections that may have marred that bright genius, it is not our place here to speak. It is, as the great German historian truly said, but a miserable temper that cares only to discover the blemishes in the character of great men or great periods; and when every allowance has been made to human infirmity, there will remain enough in the life of Lord Brougham for Englishmen to admire and to imitate. In the history of a great people there is room for ability of more than one kind, and, like the Roman Pantheon, it may contain every virtue and high quality that can ennoble and consecrate the life of the nation. English history is rich in its almost endless variety of great men. For centuries they stand along every walk of public and private life, holding out to each man separately the encouragement or warning which he individually may need, and filling the mind of the nation collectively with the traditions and instincts of all that is worthy. Such lives are the heritage of a people—heirlooms that connect the present with the past, and even help on the increasing purpose of the future—safeguards, which, when idle fancies are mistaken for substantial truths, or when rational morality is lowered by an idolatry of wealth or success, or when high qualities are in danger of passing into mere wind and wordiness, utter a protest that can be silenced neither by force nor flattery; raise the wavering standard of public principle; in prosperity maintain the dignity of the country, and in adversity make disgrace impossible.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 14, 1868.

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THE BROTHERHOOD OF ST. LUKE.

As sensation paragraphs have been going the round of Medical and other journals regarding a society styled "The Brotherhood of St. Luke," and as criticisms, for the most part conceived in entire ignorance of the subject, have been freely lavished on the "brotherhood" aforesaid, we have taken the trouble to inform ourselves regarding it; and we hereby beg to set before our readers all which can be known about it from the most authentic sources.

Many appear to have thought that this society had something to do with lunacy, because a London hospital for the insane happens to be called St. Luke's; and having put the name of this brotherhood and the name of the hospital together, they have hastily given expression to jokes about the "brotherhood," probably consisting of lunatics also; forgetful of the fact that St. Luke was "the beloved physician," and of the other fact, that he, perhaps because he was a physician, accurately distinguished, in his gospel, between those possessed of demons, and lunatics properly so-called, and that to this circumstance, in all probability, is due the peculiar association of his name with the London hospital above mentioned.

"The Brotherhood of St. Luke the Physician and Evangelist," for such is its title, was founded in London in 1864, with the object of promoting and defending the Catholic faith, as held in the Church of England, amongst members of our profession, by means of "frequent and regular communions, intercessory prayer, personal influence, and promotion of works of mercy." It consists of students and members of our profession who are communicants of the English Church, and is governed by a Provost, a Warden, and a Master. The present Provost and Master are well-known London surgeons, and the Warden is perhaps the best-abused English clergyman at the present day. He, and all concerned, appear to be identified with what is popularly called "the High-Church party."

This "society" has set before it, not as rules, but as "recommendations," some such as the following, in addition to the "means" above adverted to:—

"To say daily the prayers of the brotherhood, to devote half-an-hour daily to devotional reading and meditation, the Holy Gospels always forming part of such reading; to strive continually to remember the presence of Almighty God, and to offer up all our actions to Him; to avoid all idle and questionable conversation; to speak or repeat ill of no one, especially of our superiors, unless necessary from love to others; to keep a strict guard over the eyes, hands, and thought, especially in the discharge of professional duties; to treat reverently the dead body, which may have been a member of Christ."

Such are some of the "recommendations" set before the members of this brotherhood, and they are accompanied by others of equal worth and moment to members of our profession, as well as to men of other callings.

Now, it is not our business to preach sermons, or even to moralise to medical students; but it is as plain as possible, that, looking at the matter merely from a worldly point of view, the wide extension of societies, based on some such principles as these, will not only not afford a theme for the ridicule of the ignorant and the sceptic, but will tend greatly to raise the moral standard of our calling in the eyes of men, and to increase the usefulness of our profession, especially among our poorer brethreu.

BARRACKS.

FROM the days of BROCKLESBY until the present the subject of barracks has at intervals cropped up among the writings of authors on Military Hygiene. There was, in the first place, a discussion as to whether or not such buildings were necessary; then protest after protest by Army Medical Officers against the construction, site, and internal arrangements of those that were erected. By way of economising space, but in total disregard of the health, personal comfort, or moral well-being of the soldiers, tiers of shelves, one above another, were arranged along the walls of the rooms in these buildings, and on them the men had to dispose themselves at night, as best they could; the sick as often as not being, in the absence of hospitals for their reception, ranged alongside the healthy, until the latter in their turn became affected with one or other of the diseases that, under such conditions, swept them away like a perpetual pestilence.

Early in the present century the attention of the public became alive to defects and horrors which the representations of Army Surgeons had been powerless to mitigate, far less remove; yet no sooner had the subject of accommodation in barracks been so taken up, than the written opinions of our more eminent military brethren suddenly obtained a degree of attention that had not previously been accorded to them. It was under such conditions that the views of Jackson, and after him of McGrigor, were seriously entertained. They had not only urged upon the military authorities the evils to health and efficiency that were produced by the barbarous way in which our soldiers were thus, amidst disease and dirt, huddled together, but impressed upon them the fact, subsequently confirmed by experience, that for the requirements of health it was necessary that the number of men in each room should be diminished; that each should have a separate bed, and that the number of beds in each apartment should bear a certain reference to its superficial and cubic area. After much delay these arrangements were partially carried into effect; but in so doing, a barbarism was introduced of a nature so horrible that we need have no wonder at the social evils to which it gave rise. No accommodation having been provided for such of the men as were married, it was until quite recently the custom to have at each of the corners of a barrack room the bed in which a man, his wife and children, if they had any, slept; a flimsy curtain, which during the day was taken down, being the only means of separation that existed between them and the single men in the same room. It is unnecessary to enter into further particulars in regard to such a state of matters. Suffice it to say they do not now exist; yet it is considered that a good deal still remains to be done in order to place the soldier, in regard to accommodation, under circumstances the best calculated to ensure health and morality.

There are few barrack rooms in the United Kingdom, if indeed any, in which more than twenty-five soldiers are accommodated. The great majority are only intended to contain eighteen, while some are only estimated for twelve, and a few for four or five men each. Now, it has by some persons been assumed that if in a large room there should happen to be two soldiers of vicious habits, their influence is more likely to be baneful among their comrades than the existence of one such person would be among the smaller number; and it is moreover assumed that the majority of good soldiers would much prefer to occupy rooms containing the smaller number, while a few would go even further and desire to have a small recess for their beds, and into which each could retire whenever he desired to be alone. We must never forget that for conditions such as those under which our army exists, measures of an administrative as well as those of a hygienic nature can only be effective when directed for the good of the mass; so in regard to the present question, we should look not so much, perhaps, to what would best meet individual tastes and desires as to what is likely to ensure the largest amount of military efficiency. The difficulties that most distinctly present themselves in regard to these two measures have reference to the extent of buildings that would thereby become necessary to the preservation of cleanliness; to the maintenance of what is called discipline; and last, but by no means least, to the subversion of insubordination or other sentiments that should not exist in the military machine.

But why should the experiment not be tried at some of our large camps or stations in the United Kingdom, of having a certain number of soldiers accommodated in the smaller description of rooms such as have been mentioned; certain other portions being accommodated in the ordinary sized rooms, along the sides of which each shall be provided, by means of half partitions, with a recess properly lighted, in which he may, whenever he wishes to be alone, read or work at such manual occupation as he may desire. Let the experiment be tried for a year; the results as regards crime, health, and self-improvement noted. The desirability or otherwise of extending the measure to barracks in all our temperate dependencies might then be considered. It is feared that for the tropics, neither measure is adapted.

Notes on Current Topics.

Medical Auction Bidding.

It is no part of our duty, as medical journalists, to quarrel with the value which any man puts upon himself and his services. It is seldom, however, that we find a medical man clamorous to be placed by his own estimate in an inferior grade to his fellows, and we cannot deny such of our brethren the publicity which they desire for their modesty. It will be remembered that some months ago the medical officers of the Birmingham General Dispensary memorialised the Board for an increase in their salaries out of the surplus income which the committee of management were embarrassed to dispose of. This remuneration was surlily refused, and the medical officers at once resigned, *en masse*, feeling most justly indignant that, after they had given their labour to the Dispensary during 15 years of adversity they should not have been refused some return when the funds were admittedly too large for the objects of the charity. The means for which the committee hoped to carry on the Dispensary without the services of the medical officers, was to appoint a single paid consulting physician, and a single paid surgeon.

The medical officers at once held a meeting, at which all were present, and a mutual and unanimous understanding was arrived at that these appointments should not be accepted by any of those present without previous consultation with his colleagues. At this conference Dr. Anthony was present, and in the arrangement distinctly acquiesced. The medical officers did not exact any further pledge than that the contemplated appointment should come again under their consideration before it was accepted, for they felt that it might be inadvisable to throw it into other hands by refusing it without first ascertaining the views of the profession in the matter. The medical officers had gained a substantial advantage in securing that in future the medical officers should be remunerated, and they did not wish at once to throw away this gain by pledging themselves to a refusal.

What was their surprise when they learned, for the first time, through the daily papers, that Dr. Anthony had accepted the offer, and was actually appointed consulting physician at 100 guineas a year.

We will, for the moment, go no further than this fact. That Dr. Anthony did accept, and now occupies, the office which was created by the ousting of six of his colleagues is undisputed—that he did so in defiance of a well-understood compact, to which he was a distinctly consenting party, we should hesitate to believe on less convincing authority than that on which we write. If we hesitate to believe the latter statement we cannot escape from the former, and we declare that our profession is discredited by such a proceeding. If the ex-medical officers had never met at all, or had never arrived at even an implied compact, still it would have been the duty of any member of the profession, notably that of a colleague and *confrère*, to ascertain the effect of his conduct on his brethren before giving his countenance and encouragement to the committee of the dispensary. But even these circumstances are not the worst of the affair. When Dr. Anthony became consulting physician, the committee, being emboldened by his hot haste to snap up the office, determined to administer another snub to the ex-staff. They went back from their original intention to appoint a consulting surgeon on the same footing as Dr. Anthony, and, without offering the appointment to any of the ex-medical officers, they directed their resident surgeon, when his and Dr. Anthony's surgical powers proved insufficient, to call in the senior surgeon of the General Hospital. Thus, Dr. Anthony becomes responsible for having acquiesced in the insult which was put upon the ex-surgeons of the dispensary because he unhesitatingly associated himself with another surgeon to their complete exclusion.

We add no comment to the entire transaction, which we well know the profession will estimate as it deserves. If members of our profession be screened in their enjoyment of the cast-off clothes of their brethren, which (willing persons ever ready to jump into them) should be replaced by more becoming attire, our brethren must be content to occupy for ever the beggarly livery which their employers are always too ready to force upon them.

Gas Analyst.

Dr. Letheby has resigned the office of gas analyst to the City of London. The Commissioners of Sewers, at their meeting on the 6th instant, resolved to give him a vote of thanks for his invaluable labours as their referee for the last seventeen years in elucidating the many questions connected with photometry and gas analysis, and their practical importance in recent parliamentary legislation. This expression of their thanks they have resolved to present to the learned doctor, emblazoned on vellum, at a cost of twenty guineas.

We understand that while retiring from the more arduous post, Dr. Letheby has accepted the appointment of chief gas examiner for the Metropolis, under the Board of Trade, in accordance with the provisions of last year's Act.

The Metropolis is to be congratulated on securing the services of, unquestionably, the most competent authority on the questions that will come before him.

Radcliffe Infirmary, Oxford.

Attention has been called to a plan of giving the out-patients of this institution refreshments while waiting. To meet the fatigue and exhaustion which are, not seldom, the result of "going to the infirmary," an apparatus has been supplied, by which, for the small sum of one penny all out-patients can receive, before they leave, within the walls of the infirmary, a basin of hot nourishing soup and a piece of bread. Tables, spread with *neat* white table-cloths, are laid; basins and spoons, with salt-cellars at intervals, and plates for the bread further furnish the room where the soup is supplied. The soup is made in a large boiler in the same room.

Unqualified Interlopers.

Some ill-natured remarks have been made by some of the papers in reference to the case of interlopers, upon which we have commented. How uncalled for they were is manifest from the following:—

Conviction of Unqualified Medical Practitioners.—At the Hales Owen Petty Sessions, on Tuesday, Thomas Holland, an unqualified medical practitioner, residing in Birmingham street, Oldbury, was charged with holding an appointment of surgeon to a Friendly Society, held at Langley, Oldbury, he not being duly qualified. It was given in evidence that the defendant attended members of the society, and professed to be a medical man. It was also found that the defendant had been, nominally at least, assistant to Dr. Dempsey, who was the official medical man of the society. The bench held that the charge and another of a similar character had been made out, and ordered the defendant to pay fines amounting in all to £20, with costs. He had been previously convicted. Peter Norman Webster, of Blackheath, was then charged with holding an appointment of surgeon to a society called the "Loving Brothers," held at Causeway green, Oldbury, he not being a qualified medical practitioner. The case was similar to the foregoing, and the Bench, after hearing all the evidence, inflicted a fine of £5 and costs, as this was the first case against him.

The Societies.

The various medical societies are again at work, and we are able to state that a goodly number of interesting papers will be read. We hope that discussions may be more full than ever, since this is the breath of life of these societies. The mere reading of papers can accomplish but little good. The Press can communicate them to far larger numbers, but is quite unable to supply the place of free discussion. Those who have the societies most at heart should do all they can to encourage expressions of opinion by the many able listeners who are frequently present.

Treatment of the Apparently Drowned.

In the current number of *The Life Boat* the journal of the National Lifeboat Institution, are interesting papers on the rescue of drowning persons, and the restoration of the apparently drowned; from the latter paper we make the following extract, which has been forwarded to us with the expression of a hope that it will receive everywhere the prompt and earnest attention of medical men:—

"There is one point to which we think it most important that attention should be drawn in the replies in the two cases above quoted, viz., that involved in the answer to Query 12,[1] in each case; and we think it the more important, inasmuch as that the two Codes of Instructions now prominently before the public, and each largely circulated, viz., those issued by the National Lifeboat Institution and those promulgated by the Royal Humane Society, are divergent on that point: we allude to the discharge of fluid from the mouth at intervals, and which is often continued for a long time after the body has been taken out of the water.

"Other striking cases have come to the knowledge of the National Lifeboat Institution where such has been the case, and notably that recorded in No. 55 of this journal for January 1865, when Dr. Trollope, of Hastings, found Dr. Silvester's system for promoting respiration utterly futile, until, by placing his patient in the prone position, or face downwards, the latter was relieved, at intervals, of the large quantity of water which he had swallowed whilst immersed.

"It is at this moment, we believe, an unsettled point with medical men as to what extent, if any, water finds access to the lungs in cases of drowning; but that to some extent it does so we think there is little doubt. There can, however, be no doubt that the pressure on the diaphragm of large quantities of water in the stomach impedes the action of both the heart and lungs, and must consequently greatly obstruct and often entirely prevent the recovery of drowned persons.

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[1] Two interesting recent cases of successful treatment of the apparently drowned according to the rules of the institution, which are based upon those of Drs. Marshall Hall and Sylvester. The query was "Was much fluid discharged from the mouth, and at what intervals?"

"We desire, therefore, earnestly to implore the very serious consideration of the Royal Humane Society and of all medical men to what we believe to be a very serious, indeed fatal, defect in any and every system of treatment of the apparently drowned which takes no steps to promote the discharge of the water which has been swallowed during immersion.

"Successful treatment, in the interest of humanity must be equally the paramount object of one and all of us; and we cannot but feel it to be a grave evil that two Codes of Instructions, differing on so important a point, should be thus placed in the hands of the public for practical use."

Mr. Sydney Jones lately removed the entire scapula at St. Thomas's Hospital, but the patient died on the fifth day. Our readers will remember Sir William Fergusson's case, reported in a recent volume of the Medical Press and Circular.

Mr. Sampson Gamgee lately removed the entire tongue of a patient in the Queen's Hospital, Birmingham.

A Government Inspector has been sent to investigate the epidemic of fever near Liverpool.

A new hospital has been opened at Alloa. Fever cases will be admitted.

A curious instance of the craving of our medical contemporaries for popular notice, on which we have often commented, is seen in a statement made in the *Times* last week respecting poisonous socks. A correspondent of the leading journal asserts that months ago he sent to a medical contemporary a full account of a case with an analysis of the dye by a well-known chemist, but nothing was heard of his communication until Mr. Webber's statement in Court drew the attention of the daily press to the subject. Our contemporary then immediately rushed into the field with a meaningless annotation on the very subject on which it had so long withheld facts in its possession. Clearly the only object of that paragraph was to get it quoted or referred to in the general press.

Birmingham has no Medical Officer of Health. At the late meeting of the Social Science Congress it was clearly shown how much one is needed, in spite of the favourable mortality returns of the Midland capital. Mr. Godwin, whose knowledge of these subjects is equal to any one's, and whose efforts at amelioration are beyond all praise, described some of the courts and alleys he had visited, and brought on a discussion which, we trust, may lead to action.

Mr. Nobel has brought out a preparation of nitro-glycerine said to be far safer, but quite as effectual as the ordinary substance. It is called dynamite.

Dr. de Beauvoir de Lisle, of Guernsey, died on the 27th ult., at the ripe age of 62.

Sir William Fergusson, Bart., is expected to preside at the General Meeting of members of the Medical Club, to be held this afternoon (Wednesday) at two o'clock.

Notice of change of address, &c., should be sent at once to the Registrar of the General Council, in order to secure alterations in the Register for 1869, which is to be ready early in January next.

A special meeting of the Council of the Royal College of Surgeons of England is summoned for to-morrow, to fill up the vacant examinership.

We have to welcome a new journal, the *California Medical Gazette*, which promises well, and to which we wish success.

LAYING THE FOUNDATION STONE OF THE GLASGOW UNIVERSITY NEW BUILDING BY THE PRINCE AND PRINCESS OF WALES.

Last Thursday this imposing ceremony was performed by their Royal Highnesses in the presence of an immense and enthusiastic assemblage. The departure of the royal party fron Edinburgh was signalised by a display of loyalty only eclipsed on the arrival at Glasgow, where general holiday was kept, and the streets were decorated with arches and the houses with flags. Everywhere the initials, A.E., the Prince's motto, *ich dien*, and feathers met the eye.

A procession was formed from the station at Glasgow to the city hall. It was superb, consisting of twenty-nine carriages. The royal carriage was drawn by four magnificent greys. The liveries were scarlet for the postilions of the royal carriage, green for the city authorities, blue for those of the university. The state harness is said to have cost £200.

The Freedom of the City was conferred and addresses read, to which the prince read a suitable reply. The procession then re-formed and proceeded to Gilmore Hill, the site of the new buildings; the whole of the distance being accomplished amidst demonstrations of loyalty. The decorations along the route were truly worthy of a royal visit of state.

We may here add that the same enthusiasm prevailed on the return, after the ceremony had been successfully gone through, and accompanied their Royal Highnesses to the railway on their return. The arrival at Edinburgh, where the royal party stayed a short time, was also the occasion for another display, and crowds went to see the Prince and Princess at the station on their leaving for London.

CONFERRING DEGREES OF LL.D.

The members of the University Court and Senate received their Royal Highnesses, and the Rector and Principal conducted them to the drawing-room, where they remained for a short time till the Senate was constituted. The Senate having met in an adjoining room, the Prince and Princess entered, along with Prince John of Denmark, the Marquis of Bute, and Lord John Manners. The proceedings were opened with a Latin prayer by Principal Barclay. Sir James Fergusson, as Dean of Faculties, proposed the Prince of Wales and Prince John of Denmark for the degree of LL.D. The proposal was unanimously adopted; and their Royal Highnesses were presented to the Principal in order to receive the degree. The Principal delivered a short Latin speech, and conferred the degree, the ceremony of capping being performed in the usual manner. The Princes were then invested with the hoods (black silk velvet), and signed their names in the book containing the list of graduates. The Princess having retired, the Prince of Wales remained entering into conversation with the members of the University Court and Senate. Among those present were the following deputations from the Universities of Edinburgh and St. Andrews:—From Edinburgh—Professors Syme, Kelland, Fraser, Balfour, Playfair, and Turner. From St. Andrews—Principal Tulloch, and Professors Swan and Shairp.

LAYING THE FOUNDATION STONE.

About a quarter to two o'clock, the commencement of the ceremony of laying the foundation-stone was announced by two trumpeters, who led the procession from Gilmorehill

House along a platform to the site of the stone. The Prince and Princess took their seats on a dais immediately in front of the stone, on the right being General Knollys and Major Teesdale, and on the left Prince John of Denmark, Lady Belhaven, Baroness Ruthven, and Mrs. Coke. In addition to the principal foundation-stone there was a "companion stone," which was to be laid by the Princess, the two stones forming the base of a door-way in the central court of the College. The stones were suspended by tackle with a galvanised wire rope, attached to an engine working outside the building. On the entrance of the procession from the Senate Hall, the Choral Union, which was stationed on the right of the platform, sung two verses of the Queen's Anthem.

The Lord Rector came forward and requested the Prince of Wales to receive an address from the Senate of the University, his royal highness consented, and Principal Barclay read the following address :—

"To his Royal Highness Albert Edward, Prince of Wales, the humble address of the University of Glasgow :

"May it please your Royal Highness,

"We, the Principal and Professors of the University of Glasgow, in Senate assembled, beg leave to approach your royal highness with feelings of devoted loyalty to her Majesty the Queen, and of dutiful attachment to her royal house.

"We offer our warmest thanks to your royal highness for having graciously consented to honour our ancient university by laying the foundation stone of its new buildings ; and we rejoice that the ceremony of this day is graced by the presence of your illustrious consort.

"The occasion on which we are permitted to address your royal highness is of peculiar interest. Our university, which was founded upwards of four hundred years ago, is now for the second time changing its site, and for the third time renewing its buildings. The university owes much to the liberality of former benefactors, but their gifts have been surpassed by the munificence of our fellow-citizens, whose subscriptions, along with a corresponding grant supplied by the wisdom of Parliament, enable us now to rear the buildings of the university on a scale befitting the magnitude of its objects.

"We hail the presence of your royal highness this day as a proof of the deep interest which, after the example of your illustrious and lamented father, your royal highness cherishes in the advancement of learning, and as a public recognition of the services which this university has in time past rendered to science and philosophy.

"We assure your royal highness that it will be our endeavour, with the increased facilities now placed at our disposal, still more effectually to promote the objects for which the university has been instituted.

"That it may please Almighty God to bless your royal highness and your illustrious consort with length of days and unbroken happiness, is our fervent desire and prayer."

"Done in Senate this eighth day of October, one thousand eight hundred and sixty-eight years, and signed in our name and by our appointment."

The PRINCE OF WALES then read the reply, as follows :— My Lord Rector, Principal, and Professors,—I thank you for your address, for your expressions of devoted loyalty to Her Majesty the Queen, and of dutiful attachment to the royal family. It affords me the highest satisfaction to become a member and graduate of your University, and, at the same time, to visit a city, the close connection of which with you has become so beneficial to both, as well as to the interests of learning and knowledge. The presence of so many of all classes of the citizens of Glasgow around me, and their liberal subscriptions for the prosecution of the work we are engaged in this day, attest the value they attach to its completion, and their sense of the advantages they and the people of Scotland derive from your institutions. The interest which my lamented father took in the advancement of every branch of science and education would stimulate me to follow his example, and promote, by every means in my power, the success of your University and the objects for which it has been founded. We may confidently expect that the eminent men educated here in time past are only the precursors of a long train equally to be distinguished by every scientific acquirement. The Princess of Wales rejoices in the opportunity afforded her of taking part in this day's ceremony, and cordially thanks you for your kind wishes. (Loud cheers greeted the Prince at the conclusion of the address.)

Lord Provost Lumsden then officially requested His Royal Highness to lay the foundation-stone, and the ceremony proceeded.

Professor John Caird, D.D., offered up a prayer, after which the stone was lifted from its bed, and the jar deposited in the cavity prepared for its reception. In this jar were placed Oliver and Boyd's Almanac, 1868 ; University Calendar, 1868-69 ; printed lists of students, 1867-68 ; the current coins, bank notes of the three Glasgow Banks, the *Times* of October 7, *Punch*, October 3 ; *Edinburgh Courant*, *Scotsman*, and *Daily Review*, *Glasgow Herald*, *North British Mail*, and *Morning Journal* of the day, and *Evening Citizen* of 7th October ; map of Glasgow ; names of the architect, assistants, clerk of works, and contractors ; vital statistics of Glasgow. The stone was raised and lowered by a steam-engine outside the building ; the signals being made by red flags held up at the platform. From a misunderstanding, when the Prince had spread the mortar, the stone was raised instead of lowered, and there was a general laugh as it ascended, in which the Prince heartily joined. When the stone had gone up about a dozen feet, the engine being reversed, the block was lowered to its final resting place. The trowel used by the Prince of Wales in spreading the mortar was made by Mr. J. W. Benson, of London. It had a carved ivory handle, enriched with heavy gold cords, at the top of which was placed the coronet of his royal highness in gold and enamel, and jewelled with precious stones. In the centre of the handle was the garter in enamel, also the monogram of the Prince—A.E., and on the ferrule the Prince of Wales' plume, coronet, and motto, "Ich dien." Supporting this were the arms of the University, with the national emblem, the thistle, and the motto "Resurgat in Gloria," executed in variegated gold and enamel. The blade was of silver, parcel gilt, having on the front the inscription, "Presented to his Royal Highness Albert Edward, Prince of Wales, K.G., on the occasion of his laying the foundation-stone of the new buildings of the University of Glasgow, October 8th, 1868." The reverse bore an elaborate engraved interior view of the grand hall of the University.

The trowel was handed to the Prince by the Principal, and Professor Allen Thompson presented the jar, which was deposited by Mr. Thompson, the contracor. The architect then handed the level, and Mr. A. Orr Ewing, Chairman of the Subscribers' Committee, handed the mallet, with which the Prince finished his share in the ceremony.

The Lord Advocate then requested the Princess to lay the companion stone. Receiving the trowel from the Lord Provost, the Princess advanced to the stone, and made the requisite application of mortar. The trowel provided for her Royal Highness was of ivory, enriched with gold ; on the top was her coronet, above a border medallion of turquoise, with the monogram A. in pink coral on white enamelled ground, thus forming the Danish colours. The ferrule was enriched with the plume, coronet, and motto of her Royal Highness, and the arms of the University, with motto, thistle, &c., enamelled in natural colours. The blade was decorated with ornaments of the period of Queen Anne, and the reverse bore a finely engraved view of the exterior of the University. The mallet, square, and plummet were beautiful pieces of work, ornamented with the plume, coronet, and monogram of their Royal Highnesses, with an inscription.

The jar was brought forward by Mr. James A. Campbell, Chairman of the General Council, and deposited by Mr. Thompson. It contained a history of the proceedings connected with the new building, a list of the General Committee, the Union Railway Act, 1864, containing provisions for the purchase of the present buildings, list of subscribers to date, amounting to £112,000 ; memorial of the University to Government for a grant from the public purse ; letter from the Lords of the Treasury engaging to propose to Parliament a grant of £120,000 on condition of a like sum being raised ; facsimile of list of subscribers for the restoration of the University Buildings in 1632 ; photograph of the present University. Mr. Scott and Mr. Orr Ewing again presented the level and mallet, and the ceremony was concluded by the Princess giving the customary three taps upon the stone. At the conclusion of the first stone-laying, the 100th Psalm was sung ; and on the final act of the ceremony being performed, the "Hallelujah Chorus" was sung. Dr. Caird pronounced the benediction, and the royal party returned by the gangway to Gilmorehill House. The procession was here re-formed, and on its departure a royal salute fired from guns placed on the slope in front of the new building.

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Introductory Address

DELIVERED AT

THE LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE,

THURSDAY, OCTOBER 1st, 1868,

By FREDERICK T. ROBERTS, M.B., B.Sc.,

Lecturer on Botany, and Demonstrator of Anatomy, Physician to the Northern Hospital, &c.

It has hitherto been generally considered necessary on these occasions to speak in defence of provincial schools, but it is quite needless for me to follow a similar course, as their influence has now been pretty generally recognised and acknowledged. A leading metropolitan journal makes the following remarks with regard to them :—"We feel strongly that the utility and influence of the provincial schools are increasing year by year. The professional staff are thoroughly in earnest in their endeavours to impart the highest and best amount of knowledge ; they aim at enabling those under their tuition to reach in due course the highest standard of excellence in medical science, and to acquit themselves with noticeable credit. To this end the facilities for observing disease have been largely increased and gradually improved in the provinces, so as to render it possible that they may be brought in time to the verge of a competition with some of the London schools." All this is quite true, and perhaps even a little more ; but I think that with such testimony we may for the present rest content, leaving it to the future to reveal that provincial schools may possibly compete, not only with some, but even with all of those in the metropolis. With regard to this individual school, I will, however, venture to say, without comparing it either with those in London or in other provincial towns,—that it possesses every means requisite to make you thoroughly acquainted with what you ought to know, in order to become conscientious and successful practitioners. There is no subject required for any medical or allied examination that is not taught here, with what success the results of the examinations for the past year shall testify. Without entering into minute particulars, I may be allowed to state, that since we last met on an occasion like this, no candidate who has gone up from this School of Medicine has been rejected, either at the College of Surgeons, the College of Physicians, the Apothecaries' Hall, or the Scotch Colleges, and the results at the University of London have shown a great advance over past years, are quite as satisfactory as we ought to expect, looking at the difficulties of the examinations, and will bear favourable comparison with most other schools. This is not said in any spirit of boasting, but merely to prove that we are making progress, and to stimulate those of you who have to pass through similar ordeals in the coming year, to put forth every effort to do so successfully ; and see to it, that the credit which, I think, has been justly won for the schools by your predecessors, does not suffer in your hands, at all events, through any want of exertion on your part.

I must not omit to mention here that no effort is being spared to increase as much as possible the usefulness of the library and museum, and we have to acknowledge with much gratitude a most handsome donation of about one hundred valuable modern works to the former, which Dr. Inman has kindly presented.

It does not fall to my lot to allude to the occurrence of any large number of changes here during the past year ; but it is with feelings of deep sorrow and regret, shared, I am sure, by all who were acquainted with him, that I call attention to an event by which one in the full vigour of manhood, and possessing talents that must have ultimately elevated him to a high position in the sphere of labour which he had selected, was unexpectedly removed from our midst. I refer to the untimely death of our late esteemed colleague, Dr. Birkenhead. To those who knew him, I need say nothing in his praise ; to those who did not, I can point him out as an example they might copy with much advantage to themselves as well as others, seeing that it was entirely by the exercise of those mental gifts with which he was endowed that he raised himself to the honourable station which he occupied at his decease ; while his geniality of manner, kindness of disposition, and charitable feeling towards others, were such as few attain to. It is a great satisfaction to us, and one which we could scarcely have expected, that in his successor, Mr. Brown, we have one in whom these qualities are also very prominent, and I trust he may long be spared to shed lustre upon our school. Though rather an addition than a change, this seems the proper place to mention, that in order to render the course for the dental diploma complete, a Lecturer on Dental Mechanics has been recently appointed, in the person of Mr. Stewart, and we have much pleasure in welcoming him thus publicly, as a colleague and fellow-labourer.

I would first ask you to examine with me what motives have prompted you to enter the medical profession, and see whether they be of the right kind ; for it appears to me that proper views on this point at the very outset, are of the greatest importance. There is no doubt that many join our ranks just as they would enter upon any other vocation, with the sole object of trying to gain wealth, having no thought or intention beyond this ; and possibly such may be the feeling of some of you here to-day. Now, the desire to obtain a competency in this, like in other callings, is, in my opinion, perfectly legitimate and just ; nor, judging from observation, does it seem to be such a difficult task as some appear to imagine : indeed, many, in the strictly honourable performance of their duty, manage to acquire by no means small fortunes. It is true we do not, as a rule, have the opportunity of suddenly amassing great wealth by the fortunate issue of some medical speculation, as we have seen so commonly in other departments during recent times, but, as in other walks of life, success in a pecuniary sense will usually follow steady and persevering application. The general law is, that fortune only comes with labour, and our case certainly forms no exception. Now I think it my duty to observe that there is a danger sometimes lest we should forget what we owe to ourselves with regard to money matters. Many of the public seem to imagine that all kinds of gratuitous work may with perfect justice be demanded from us, not only for those among the poorer classes, but also for those occupying respectable positions—and it is well to be careful, lest, by doing too much in that way, we should encourage such an idea, and thus be unjust to ourselves. But, I fear me, the converse of this is far more often the case, and is a source of much greater evil. The desire for wealth forms the ruling passion, and stifles down even the slightest tendency towards a good action. If this is the only, nay, indeed, the chief aim in any man's life, it will be but a miserable thing ; but it is especially out of place in the medical profession, as it will prevent its possessor from performing any of those good deeds which ought to be inseparable from it, while it will lead him to the commission of acts which bring marked discredit upon us as a body. The evils which the inordinate craving for wealth produces in our profession are, I believe, both many and serious. What but this is at the foundation of some (I by no means say all) of the special hospitals which have been so lavishly established in late years, and has led sometimes to the issuing of so-called "reports," which vie with the elegant compositions that emanate from the vilest quacks, and which cannot fail to arouse a feeling of shame and disgust in the minds of all right-minded men ? What but this is, alas ! but too often the cause of all the backbiting and attempts to undermine the reputation of one professional *brother* by another ? What but this is the source of the various species of quackery, which are almost as numerous within the limits of our profession as outside them ? What but this is the origin of the mean, low tricks which some practitioners indulge in, trying, as it were, to undersell their competitors, as if they were engaged in the barter of the most paltry article of merchandise ? No, gentlemen, if this be the great end of your existence, I warn you that you have mistaken your occupation, and are on the wrong road. The medical profession is a calling that can give you enough, but it is not one suited to your tastes, which will most likely tend towards actions that will bring anything but credit upon it.

It may be that with some of you one of the objects you have in view is to raise yourselves in the social scale. Such an object every man has a perfect right to entertain. Some appear to imagine that no one is justified in entering our profession who is not already in a good social position, and it is not an infrequent argument urged against provincial schools, that they give too many facilities for those to join our numbers who do not reach up to the proper standard of respectability. Without, however, for a moment granting that this is true, I cannot understand what right we have to exclude any man from our profession who has acquired the requisite amount of general instruction (as evidenced by his ability to pass the preliminary examinations instituted by the examining boards), who has the capacity for it, and is prepared to conduct himself in accordance with its lofty precepts. Certainly it was never instituted for any particular class, and the mere possession of wealth or social standing can give no claim to it. If we appeal to facts, we find in this, in common with other professions, that many of those who have occupied or do now occupy its most coveted positions, had to raise themselves, often from the *deepest obscurity*, by their own praiseworthy exertions. Therefore, if any of you are aiming at elevating yourselves socially, I would urge you to go on, heedless of every rude taunt, as well as of every effort made to bar your progress. But beware of imagining that the mere fact of your becoming a physician or a surgeon will raise you ; that must depend on your own behaviour in the future. You are entering a profession which has that within itself that can raise the very best of men; but it is only as you endeavour by your conduct to elevate it that it will do the same for you. Therefore see to it, lest instead of it being the means of lifting you up, any of you should, by your actions, assist in bringing it down from that high position which, from its very nature, it ought to occupy among the professions of the world.

The desire for fame is a motive power strong in the human mind, and probably this has had an influence with some of you in urging you upon the course you are now taking. If so, it is deserving of all encouragement, and there is no path in life which gives greater hope of gratifying it than that you have chosen. So much has been discovered in the past, that some fear there is nothing more to be found out, and that consequently there is no opportunity of acquiring fame ; but though much has been done by our predecessors, there is still plenty remaining to be accomplished. In every branch of medicine and surgery new fields are being opened up daily, by earnestly labouring in which, he who has the capacity and the will, cannot fail to attain eminence. But even if you do not possess the requisite talent for discovery, there is still quite sufficient in the mere honourable practice of your profession to enable you to create names for yourselves that shall remain long after you have passed away.

It sometimes happens that the mere love of, or inclination for, the medical profession, or some of the sciences connected with it, is the cause of its being selected. Where such an inclination exists, I believe it is to a certain extent an earnest of future success ; and therefore, I trust, gentlemen, that you all possess it to some degree at all events, for you will then be more likely to make progress than if you had no sympathy with or had a decided antipathy to it ; indeed, when there is such an antipathy, I doubt whether success can ever be gained.

The motives I have hitherto alluded to are all more or less of a selfish nature ; but it would be folly to expect that any of us have yet attained to such a degree of self-abnegation as wholly to lose sight of them ; still, we must not forget that there are other and higher motives, in which we look away from ourselves, and fix our attention upon those to whom we shall hereafter be called to minister. Undoubtedly the opportunities of doing good to others form, in the case of some, the chief attraction to our profession, and if we rightly apprehend our work, this ought to have no small influence upon every one of us. It has been said that "the cause of the physician is the general cause of humanity," and this is a saying full of truth. Upon the medical man devolves the duty of caring for others, no matter to what rank they belong, in almost every circumstance of difficulty, trial, or distress. It is he who has often to give advice in their daily wants, to minister to them in their infirmities, and to sympathise in their trials and afflictions ; to his lot it falls to instruct them as to the proper regulations of their minds and bodies, as well as of surrounding conditions, with the view of maintaining them in a state of health and comfort ; with him the power frequently lies of driving away the pangs of pain, and he is the instrument chosen to raise the sufferer from the bed of sickness, or perhaps snatch him from the very grasp of death. Surely the remembrance of all this ought to take a firm hold upon each one of us ; and while, gentlemen, according to your various inclinations, you may be looking forward—one to wealth—another to position—another to fame,—let none of you lose sight of what ought to be the grand object of your existence—an object to which every other should be subservient, seeing that it will even reflect upon yourselves more real pleasure than all the rest combined can give—the desire of doing good to others, and shedding abroad incalculable blessings among those in whose midst you may be called upon to labour.

Whatever feeling may have prompted you to aim at becoming "doctors," I presume that most of you have made that choice, and have come to this School of Medicine professedly for the purpose of making yourselves competent to fulfil the duties which lie before you in that capacity ; but let us now candidly inquire whether such is really the case with you, and if any of you have erroneous ideas on the subject, or wrong intentions, try to set them right. It is a fact that some enrol themselves as students for no other reason than that the regulations compel them to pass through a certain curriculum ; were it not for this, they have plenty of conceit to imagine themselves quite fit at once to practice their profession, or at all events to prepare themselves for it without any assistance. No less is it a reality that some enter upon this reponsible work with the deliberate intention of wasting their time, and spending it in the gratification of their own lusts and pleasures. This is a sad truth, but it is not the less a truth, though I am thankful to be able to add, not one of frequent occurrence—and I will take this opportunity of emphatically declaring, that the degraded character so commonly attributed to medical students in general, constitutes a gross libel upon them ; for I venture to assert, that as a class the students of medicine of the present day are as well-behaved, high-principled, and noble-minded a body of men as is to be met with in any other walk of life. Still, I have seen cases—and probably such has been the experience of others present—in which men, and, what makes the matter worse, often possessing talents of a high order, have set about preparing for a profession, demanding above all others the full exercise of every mental faculty and the application of all the knowledge they can possibly acquire, by deliberately and intentionally, and not merely as the result of temptation, deliberately plunging into all kinds of folly and vice, utterly regardless of every right principle, throwing away their valuable time and opportunities, and rushing madly to their own physical and mental ruin. Removed from the restraint of home and friends, they give the reins to their vicious inclinations, and as if seized with a species of insanity, hurry recklessly on in their downward course. This is no exaggerated picture ; but I sincerely trust there is not one among you but thinks it to be so, for then it will prove that at all events the description does not apply to you. Let me impress upon you that it is for no mere routine you come here ; there is work before you, and that of a grave nature, and until you go through it, you are by no means qualified to practice your profession, however much you may think you are. And have a care that you do not enter upon your task—a task so full of vital importance to yourselves as well as others—with the intention of wasting your precious moments in idleness or vice, else the issue cannot fail to be your utter downfall in every respect.

Probably the great object which the majority of students have in view when beginning their career, is to pass their examinations successfully. Now it is quite proper that this should be regarded as an important end, and I believe if it is steadily kept in view from the first, and a final "cram" not relied on, a very fair amount of professional knowledge will be gained ; but it is a serious mistake to look upon the mere obtaining of degrees or diplomas as the grand end of a student's life, and to concentrate all efforts upon that. There is a future beyond the period of the examinations, and that future is full of importance, and demands for itself the most earnest preparation. It is then that the real struggle begins, when you will have to enter into daily competition with your fellows, and reveal to the world how you have used your opportunities as a student. Therefore he will have proved himself to have employed his time to the best advantage who, looking forward not only to the examinations which shall end his career as a student here, but also to the period that lies beyond these, determines to avail himself of everything that can contribute to his success then. To this end it should be your aim to lay up a store of knowledge of every kind that can in any way prove of value to you as practitioners, as well as to learn how to turn that knowledge to account. Remember that, though of course the point of greatest moment to you is to become thoroughly acquainted with the subjects more immediately connected with medicine and surgery, yet there are other branches of knowledge in which you are expected to be more or less versed, and which you will find of use in many ways. Thus an acquaintance with general literature, and other subjects which go to constitute a "liberal education," is for several reasons very valuable ; while it is incumbent upon you to learn something at all events of the various sciences, not only because you will be looked up to for information on many points connected with them, but because in some branches a certain amount of knowledge is absolutely necessary before you can conscientiously engage in practice. Learn also to exercise those intellectual powers which have proved to others, and will prove to you, of such eminent service in after life; cultivate the faculty of observation; be ready to take in all that is going on around you, and also exercise yourselves in collecting and arranging the facts which you observe, so that you may be the more able to learn the lessons which they teach; and bearing in mind the circumstances in which you will frequently be called upon to minister, do not neglect those genial qualities which are of so much value on such occasions; strive to cultivate kindness of disposition, gentleness of manner, and the power to sympathise with others, combined with a proper degree of firmness —qualities which go so far in making a medical man acceptable to his patients.

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It is a fact, with but few exceptions, that the position which any one ultimately gains, falls short of that which he has set before himself as the aim of his life; therefore, in order to attain to anything great you must always keep in view some objects that shall be worthy of your efforts. Ambition, if it is of the proper kind, and makes use only of legitimate means, is deserving of all praise, and I would urge upon you all to be ambitious. Place some high model before you, and strive after that. You may not be able to reach it, but at all events you will rise to a better position than if you had no desire to elevate yourselves. And the earlier you begin to do this, the more likely will you be to succeed in gaining your end. As I have already remarked, there is no lack of opportunity for each and every one of you to distinguish himself in our profession, and I trust the day may come when the names of many I see before me now shall be known far and wide, as belonging to men renowned in science or some department of medicine or surgery. Do not imagine this to be impossible. You know not what you can do until you try. Those who have advanced to the foremost ranks were once students like yourselves, and probably had as modest an opinion of their abilities as, I hope, you have; but they kept a grand object in view—they strove after it—they gained it, and you may follow in their footsteps.

In order, however, to achieve anything noble, you must set out with a determination to be patient and persevering, to overcome all difficulties, and strenuously to resist every temptation by which you may be assailed. It is the law in every path of life that difficulties and trials have to be met with. Life is familiarly illustrated by a voyage, during which adverse winds or tempest and storm must sometimes be encountered; or by a journey, which is not always along smooth and pleasant paths, but often across very steep and rugged mountains; or by a battle, with its reverses as well as its successes; and our course is no more exempt from such vicissitudes than is that of others. Difficulties will meet you in your way—obstructions will rise up against you—barriers will intervene to check your footsteps; but resolve to overcome difficulties, to break down obstructions, to surmount barriers, and it can be done. Do not, however, start with the idea that this will be an easy task; it will often require you to call forth all your efforts, and will demand patient and persevering labour. You must not be dispirited if the goal which you have set before yourselves is not speedily reached, for remember that we must be content for a time with the lower stages, if we intend ultimately to gain a high station. It is astonishing what can be accomplished by perseverance in the use of faculties, limited though they may be; it frequently leaves so-called "talent" far in the shade. Our greatest men are often not those possessed of what are termed "brilliant capacities," but those who by quiet, earnest, continuous labour, have removed obstacle after obstacle, until, while benefitting mankind, they have raised themselves to the highest pinnacle of fame. Bear in mind that whatever may be your abilities or opportunities, without your own co-operation they can avail you nothing. Not that the possession of talents is a thing to be despised—nay, rather it adds immensely to the responsibility of the possessor. If one of you, having abilities of a high order, which, with proper use, are capable of doing great things for yourself and the world, yet by their neglect, allow one who is much inferior in intellect to surpass you—it will only redound the more to your disgrace and shame. You are wasting God's richest gifts, and a poor account will you one day be able to render of the manner in which you have employed them. To those who are not favoured with unusual mental powers, it is a comfort to remember what can be accomplished by work, a evidenced by every stage and grade of existence from th school to the throne. If any of you are feeling disappointe to-day at a want of success in the competitive examinations, let that feeling only prompt you to more strenuous efforts, and a far higher prize must be your reward. To every one of you —from the most profound genius to the least talented—I would say, start now at the outset with a determination to conquer, and to raise yourselves to positions of dignity and honour; let that resolve lead to perseverance, not short-lived, but continuous; and for this end, it is well not to be too vigorous at the first. It is not an infrequent thing in a race, to see one competitor rush off far in advance of the others, seeming to have everything his own way; but after a time, his efforts flag, the interval between him and those behind gradually lessens, until he finally drops away altogether; while, perhaps, one, who has for some time been far in the rear, and apparently out of the contest, appears to gain power as he goes on, and his speed increasing, he rapidly gains upon his adversaries, and reaches the goal the winner of the prize. This is not unlike what takes place with some students—they make a most energetic start, but as the session advances, their exertions gradually diminish, until at last they cease entirely, and some quiet plodder wins the day. Begin then not too rashly, but steadily, and you will find that as you go on, your powers will increase, your efforts gain strength, and continuing stedfast to the end, you will at last reap a rich reward. I have told you to aim at a high position, but be not satisfied with merely *seeking* for this, but *strive* after it. There are few who do not seek in a certain way to achieve something at all events, *i.e.*, they desire to do so, if they could only succeed without labour; but to strive is another matter —it is to strain every nerve to gain the end in view, and to make every opportunity contribute to its attainment; and it is in that spirit that you must set about your task, if you intend to succeed. Do not lose sight of the fact that in your future life, you will be compelled to practice patience and perseverance, if you wish to exercise your calling with any prospect of success. You may not think so now, but daily experience will hereafter convince you of it, and if you do not begin to cultivate those qualities now, you may find it then a task more difficult than you imagine, causing you to look back upon your past neglect with the deepest regret.

(To be concluded in our next.)

THE PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.

The opening of the session of this society was celebrated on October 6, when the prizes were distributed by Mr. G. W. Sandford, President. An Introductory Address was also delivered on the occasion by Mr. Henry B. Brady, F.L.S., F.G.S.

The **Chairman** observed that, in the interval since the last meeting, another great advance had been made towards enlightened legislation in respect to pharmacy, the greatest step probably since the first recognition by the state in 1841 of the claims of special education as set forth in the charter of incorporation. They were now something more than a mere voluntary association, and stood in the same relation to the government as other professional bodies who held compulsory examining powers. The latest Pharmacy Act was but the consummation of twenty years' steady effort in a fixed direction, and embodied the acceptance of principles which the Pharmaceutical Society was founded to support. The legislature had given them, as a body, a certain monopoly on an educational basis, and Parliament had done all that lay in its power to make pharmacy a profession. It rested with them, and especially with their younger members, to qualify themselves for the enlarged sphere opened to them, and they must look to those who, in the course of nature, might expect to see the new order of things that time must bring to qualify themselves by closer mental training for that higher social position which it would be their own fault if they did not occupy. Amongst the most gratifying features in their recent Parliamentary experience was the absence of opposition on the part of the public, and the general approval with the act had been received by the medical profession. There still existed some remnant of an old jealousy, which sometimes showed itself in the correspondence columns of the medical periodicals, which might be traced to recent parliamentary debates, and even in the proceedings of the Medical Council. The relations between medicine proper and pharmacy had till now been so ill defined that much forbearance was needed on all sides whilst things were settling into their proper order. Medical practitioners, from time immemorial, had been accustomed to dispense; indeed time was when they only were properly qualified for the purpose, and for the state of things which was desired they must rely on the change that was gradually taking place in medical education, which tended more and more towards physiology and therapeutics, and concerned itself less and less with pharmacy and materia medica. On the other hand, they might fairly claim from the medical profession due consideration, since they were both servants of the public, whose ideas of right and wrong in respect of medical advice could only be reformed by a sort of educational process. Most of all it was for them to show that practice in those branches of medical science to which they were specially devoted might safely be left in their hands, and in the mutual confidence thus established the ground for jealousy would soon disappear. The lecturer then delivered a warm welcome to the new students, and laid down the precept which he considered best calculated to direct and aid them in their studies, advising them to strive earnestly for proficiency in their profession, and to adopt as their watchword "Thorough," or, if they would, take home to themselves that olden injunction of King Solomon, "Whatever thy hand findeth to do, do it with all thy might."

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THE SALT-CURE OF REICHENHALL.

Reichenhall owes its existence as a watering-place to its salt-springs, one of which, the Edelquelle, is the strongest in Europe. It contains more than 23½ per cent. of salt, and has a temperature of 57° F. The baths are of various kinds—ordinary warm or tepid baths, douche and vapour baths, and so-called "Wellen sprudel bäder," in which last form the water is forced upwards under pressure into the bath, so as to imitate the effect produced in sea-bathing by the striking of the waves against the body. A "cure" lasts four or six weeks, and comprises from twenty to forty baths, in which the salt-water is sometimes used pure, sometimes mixed either with mother-liquor (which resembles the mother-liquor of Kreuznach), or with the extract of the dwarf Alpine pine, the latter mixture being specially recommended in cases of rheumatic gout. The temperature, concentration, duration, and number of the baths are under strict medical supervision. Another mode in which the salt-water is used is that of inhalation, of which two forms are employed. One plan consists in allowing the patient to sit or walk up and down in the immediate neighbourhood of the so-called *Gradirhäuser.* These erections, which form striking objects in approaching the town, may be described as enormous hedges, forty or fifty feet high, composed of bundles of twigs arranged horizontally, in such a manner, that the surface of the wall is formed by the projecting ends. Their purpose is to afford a large evaporating surface for the concentration of the weaker kinds of saline mater—those containing only a few percentages of salt. The water is conveyed by pipes from the springs to the top of the graduation-hedges, whence it is allowed to trickle slowly over the bundles of twigs into reservoirs. By this process the liquid is brought up to a strength of about 20 per cent., and is then ready to be conveyed into the vats, where the further process of evaporation is accomplished with the aid of heat. The degree in which the air on the lee-side of the graduation-hedges is impregnated with salt is surprising. It has been accurately determined by analysis, and has been found to vary at ordinary temperatures from 0·028 grains to 0·052 grains in a litre, or from 0.054 grains to 0·123 grains in a cubic foot, so that the air is considerably richer in suspended saline particles than ordinary sea-air. The second method consists in impregnating the air of a room in which the patient is allowed to sit for a certain number of hours daily, by means of the process of pulverization. For this purpose the liquid is forced by steam power through an iron pipe terminating in a number of minute apertures, from which it issues under a pressure of four atmospheres, in fine jets. Opposite each jet, at a distance of four inches, is a metal ball, by which the stream is converted into invisible spray. The tube stands upright in the middle of the inhaling room, like a post, with the jets and pulverising balls arranged round the top. The air of the room becomes impregnated with moisture and salt, in a degree proportionate to the distance from the pulverizers. Near the post it contains from twenty to forty milligrammes of salt in a litre of air; in the corners of the room not more than four to five. The humidity of the air is far below saturation: it does not exceed 86 per cent.—*The Practitioner.*

Medical News.

University of London.—1868.—First M.B. Examination.—*(Entire.)*—Pass Examination.

First Division.—Alfred Ashby, Guy's; Ashley William Barrett, London; John Mitchell Bruce (*M. A. Abrd.*,) Aberdeen; Alfred Cotterill, King's College; John Curnow, King's College; Frederic Durham, Guy's; Richard Clement Lucas, Guy's; Robert Wishart Lyell, King's College; Henry Newell Martin, University College; Rushton Parker, University College: Edward Cox Seaton, St. Thomas's; Alfred Shewen, University College; Herbert Alder Smith, St. Bartholomew's; Richard Thomas Smith, University College; Hugh Eccles Walker, Guy's. *Second Division.*—William Henry Allchin, University College; Edgar George Barnes, St George's; Charles Henry Carter, (*B.A.*), University College; Alphonso Elkin Cumberbatch, St. Bartholomew's; John De Liefde, Guy's; James Alfred Harris, University of Edinburgh; Robert Harris, Guy's; Richmond Leigh, Liverpool Infirmary School of Medicine; Walter George Lowe, St. Bartholomew's; William Smith Paget, Liverpool School of Medicine; Alfred John Wall, St. Mary's; William Beach Whitmore, King's College. Physiology only.—*First Division.*—James Reginald Stocker, Guy's. *Second Division.*—Thomas Bridge Bott, University College; Edward Hepburn Seccombe, King's College; Charles Tanfield Vachell, King's College. Excluding Physiology.—*First Division.*—William Frederick Richardson Burgess, Guy's; Alfred Thomas Gibbings, King's College. *Second Division.*—Fletcher Beach, King's College; John Thomas Darby, University College; Arthur William Smith, Guy's; John Taylor, (*B.*), Guy's.

Examination for Honours.—Anatomy.—*First Class.*—John Curnow, (Exhibition and Gold Medal), King's College; John Mitchell Bruce, (Gold Medal, worthy of Exhibition). Aberdeen. *Second Class.*—Alfred Cotterill, King's College; Rushton Parker, University College. *Third Class.*—Herbert Alder Smith, St. Bartholomew's; Frederic Durham, Guy's; Hugh Eccles Walker, Guy's. Organic Chemistry, and Materia Medica and Pharmaceutical Chemistry.—*First Class.*—John Curnow (Exhibition and Gold Medal), King's College; Herbert Alder Smith (Gold Medal), St. Bartholomew's; Richard Thomas Smith, University College; Alfred Shewen, University College: John Mitchell Bruce, Aberdeen; Henry Newell Martin, University College.

Abortion as a Cause of Insanity.—The Superintendent of the Michigan Insane Asylum, in his report just published, says:—"Mental derangement has generally occurred as a result of local injury, and the serious impairment of general health, directly traceable to the criminal act. In a few cases it has operated as a moral cause; as, for instance, when the unfortunate sufferer has borne a child which has been permitted to remain with her only long enough to show the unhappy mother the priceless value of the gift she had previously refused to accept. In these cases the immediate cause of the insanity is remorse. Unless this most disastrous practice be speedily arrested by the efforts now being used to suppress it, and by more stringent laws, severely punishing all parties implicated, it will materially increase the number of female patients annually presented for treatment."—*N. Y. Medical Journal.*

Prolapsus Ani.—Dr. Schartz, in "Hufeland's Journal," recommends for this affliction a solution of the ext. of nux vomica of the strength of one or two grains to the ounce of distilled water. Of this solution he gives six to ten drops every four hours. This is the dose for very small children; to larger children fifteen drops at the same intervals. Children at the breast two or three drops.—*Nashville Journal of Medicine and Surgery.*

An Aged Primipara.—With respect to childbearing in advanced life, Dr. Cachot, of St. Mary's Hospital, informs us that he delivered in that institution a female of her first child, at the age of 53 years, and again in sixteen months. The labour in both confinements was tedious, from inertia of the uterus, and required the forceps. The mammary glands enlarged, but produced no milk. The children lived in both cases.—*Pacific Med. and Surg. Journal.*

Minute Investigation of the Kidney.—M. Rendonsky (*Virchow's Archiv*, bd. 41, 1867) gives the following results of his investigations of the minute structure of the kidney:—1st. The uriniferous tubules are continued into the capsules of the malpighian bodies, or terminate in blind extremities. 2nd. The malpighian capsules are placed on convoluted tubules, lined by nucleated epithelium; other and smaller canals, supplied with transparent epithelium, communicate finally with these tubuli. 3rd. Straight tubuli are connected with some capsules, which, at a short distance from these capsules, show the characters of the convoluted tubuli. 4th. The convoluted and the straight tubes are connected by tubuli, which are lined by transparent (non-nucleated) epithelium; the convoluted tubes are in communication with the capsules, and the straight tubes open into the pelvis of the kidney. 5th. Henle has described canals with transparent epithelium, as continuations of the tubuli uriniferi, which are really blood-vessels,

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"SALUS POPULI SUPREMA LEX."

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Lecture.

LECTURES ON STRICTURE.

WITH SPECIAL REFERENCE TO ITS TREATMENT.

By Rawdon Macnamara,

Vice-President and Professor of Materia Medica in the Royal College of Surgeons of Ireland, and Surgeon to the Meath Hospital.

GENTLEMEN,—In the fulfilment of a promise, now of some months standing, I am here to-day to commence a few observations on the difficulties that you will experience in the treatment of stricture, and of some of the diseases allied thereto, and *in limine*, I may be permitted to observe that, I by no means pretend these observations to be by any means exhaustive of the subject. They are simply intended to be clinical records of what I myself have observed, and are offered to your consideration as the result of some years observation and experience in the treatment of a class of affections, admittedly amongst the most difficult which surgeons are called upon to treat; in a word, as the exposition of the surgical faith which is within me upon these topics; a faith which is based upon numerous cases of many of which you yourselves have been the intelligent observers. Now, I may divide the difficulties to which I alllude into two distinct classes,—first, difficulties which are totally unconnected with the patient, and secondly, those which are connected with the patient. The difficulties which are totally unconnected with the patient are on your side. They belong to the operator, and it is your duty to educate yourselves in such a manner as to overcome these difficulties. Let us consider what these difficulties are. They are, first, difficulties connected with your knowledge of the natural anatomical arrangement of the parts. It is perfectly evident that you must be acquainted with the anatomical relations of the part which you are going to treat; and premising that you have made yourself master of all these details, you have next to educate your hand in every way possible to make yourself familiar with the use of the instruments which you are to employ in the treatment of disease. Now, as to the study of the anatomy of the part, my advice to you is to make yourself familiar with good plates. I dont't want to inculcate the idea that anatomy is to be learned from plates, but in this case you will facilitate your practical anatomical studies if you examine good plates and good drawings of anatomical preparations. Having done this you are prepared to study the anatomical relations of the parts on the dead subject. I would advise you to lose no opportunity of studying these parts. Then, having learned the whole of the anatomical relations, and having fixed the leading landmarks in your own minds, you should proceed to the further action of passing the instruments on the dead subject. When you go into the dissecting rooms you should always have a catheter, which you should endeavour to pass on the dead subject. You can do him no hurt, and you will thereby educate yourselves to recognise the difficulties that you will have in passing the instrument through the living one. And I say here, seize every opportunity of passing the catheter through the living subject, as by so doing you will educate yourselves for the treatment of disease. Of course you may think that it is because I have devoted so much of my time and study to this subject that I will say it is one of the most important duties that will be required of you hereafter. I can assure you that in the writings of every surgeon of any experience, if you open his works, you will see how thoroughly is recognised the difficulties which attend a bad case of stricture. Every surgeon, whose name is a household word, will tell you that the difficulties which attend the treatment of strictures, are amongst the most embarrassing that attend the every-day duties of a surgeon. You will not be long in practice until you will be called upon to treat some such case as you have witnessed here. But it is not then that you should have educated yourselves. You should have done so long before you were called upon to take charge of the case. It is a remarkable fact that any gentleman who commences practice in town will meet more cases of this sort than those who go to the country. I believe also, that strictures are far more difficult to deal with in town than in the country. But it is possible that even should your lot be cast in the country, you will meet with such cases, and then you will have to act upon your own resources, for possibly you will not be able to call in other surgical assistance. Therefore, I impress upon you the necessity of studying these cases. I have been told by gentlemen in the country that they rarely have cases of stricture, and that they rarely have to pass an instrument; but in the city we know how repeatedly we meet with bad cases of stricture. The only way we can account for this is, by taking into account the healthy life a man leads in the country, contrasted with that which he leads in town. Men are not so likely to contract disease in the country as persons are who live a city life. In towns, unfortunately, and but too frequently, they may lead a dissipated kind of life, but the peasant leads a far more rational life than the inhabitant of the city. He goes to bed early, and rises early. He lives in country air, and he is employed in toil of a healthy description ; whereas, in a town, a person lives a life the very reverse of all this. The townspeople, too, are exposed to temptations to which the country people are not, and they are, therefore, more liable to disease. This is the principal reason why it is that strictures are so rarely met with in country, and so frequently in city practice. But then you may meet a case even in country practice. Although it may be your lot to go to the country, men may go down to your district suffering under bad stricture, and you may be called upon to treat the case. Don't hug yourself with the idea that because you live in the country you won't meet with such cases. Cases also may present themselves to your notice in the country, in which it may be that you will be called upon to relieve a patient of what I I shall presently refer to—retention of urine unconnected with stricture. In the town districts we always have numbers of persons to assist us, if we think it necessary ; a number of adjuvants also in the treatment of such diseases, such as warm baths, drugs, &c., are at our command in towns. These we may not have in the country. The responsibility there will be all your own, and, therefore, will it be all the more necessary for you to know how to manage these cases.

So far, as to what is connected with yourself, now we shall proceed to consider the difficulties that are connected with the patient. I think the first of these are the difficulties which are connected with the healthiest state of the human constitution. I have here before me a work which is very valuable. I don't know whether it is as great a favourite now as it was in my student days ; but it is very valuable and I should recommend it to your notice. It is entitled 'Morton on the Perinæum.' It contains much important matter on this most important anatomical region. The plates here are exceedingly accurate, and they give you a very good idea of the parts you have to treat. You have here also on this black board, diagrams giving you some idea of the anatomy of the region of these parts. Now, first as to the urethra. I don't pretend to go into a minute anatomical description of the urethra. I shall only endeavour to give you a few observations on it, such as will enable you to follow me in my remarks. The urethra is generally described as being nine inches long—be that more or less ; we will admit this measurement as being correct in the description we are about to give. This urethra is divided into three principal regions ; beginning from the bladder, you have the first inch of it which is called the prostatic portion of the urethra, which terminates an inch from the opening into the bladder. The next is called the membraneous portion of the urethra also about an inch in length, and the remaining seven inches are called the spongy portion of the urethra. You see here the three portions :—the prostatic, the membraneous, and the spongy portions. Where the spongy portion of the urethra is about to terminate, there is a large development of the spongy tissue on the inferior surface, and this is called the bulbous portion of the urethra. This has been occasionally described as a region, so that then it would be divided, commencing from before backwards into the spongy, bulbous, membraneous, and prostatic portions. But the bulbous is nothing more than a portion of the spongy ; so that if you divide it into three regions it will do you very well. Here you have the anterior termination, which is called the meatus urinarius. This is always the narrowest portion of the urethra, and of this you may be sure that any instrument which will pass the meatus urinarius, ought to traverse the entire of a healthy urethra into the bladder. You will have to take that as a guage of the size of the instrument that you employ. This is the narrowest portion of the healthy urethra, and in many instances is the chief difficulty you have to encounter in passing a large sized instrument. On the mucous surface of the urethra you have several openings of mucous glands and follicles which are called lacunæ. These little black spots which you see on these diagrams are what are the so-called lacunæ of the urethra. There is one larger than the rest situated about an inch and a half from the external orifice upon the upper surface of the urethra which is called the lacuna magna. It is evident that the mouths of these lacunæ are presenting towards the orifice of the urethra and may possibly entangle our instruments. This is the second difficulty. In passing a *small* instrument into the urethra you may entangle the end of it in the mouths of one of these lacunæ and especially in that of the lacuna magna and so have its course retarded, After a little practical education you will be able to recognise that you are going into one of these. If you forcibly push through them you may lacerate the walls of the urethra, and so make a false passage. If, in passing a small sized instrument, you experience any resistance about this point, your duty is to withdraw it a little, vary its direction, and then possibly you may override this difficulty. This lacuna magna is mentioned in every work on anatomy ; but there is another lacuna which is not mentioned in any work on anatomy that I know of, but which I have very frequently met with myself. I think it necessary to draw your attention to it. It is a lacuna which is on the *lower* surface of the urethra, and about half an inch further back than the lacuna magna, I have got into it very frequently in passing an instrument so as to avoid going into the lacuna magna. You may ask me how did I do so, and I don't know how to explain it to you except that in trying to avoid the lacuna magna, I have dropped from Scylla into Charybdis ; but I have frequently got into it, and I now warn you of its existence. The majority of these lacunæ are on the under surface of the urethra, hence you are properly advised to keep the instrument rather towards the upper wall of the urethra in passing it in, for there are fewer of these lacunæ, once the lacuna magna is passed, on the upper surface. The majority of them are all on the under surface, and to avoid them you are to keep close to the upper surface. Avoiding thus these lacunæ we may go down from six to seven inches fully through the healthy urethra without experiencing much difficulty, and then we come to the sinus of the bulb. When you come to that point, you will experience another difficulty, and that is situated in the triangular ligament. In this diagram you see the triangular ligament and an opening in it ; this opening is about an inch below the symphisis pubis, and is for the purpose of allowing the urethra to pass through. On arriving at this point, you can readily perceive how by either unduly elevating or depressing the beak of your instrument you may hitch it against the fold of ligament and so impede its further progress. If at this point you find any difficulty, withdraw the instrument a little, change its direction, and its onward progress into the bladder in a healthy urethra will no longer be impeded. That difficulty having been got over, the next thing you come against is the prostate gland, which, in an aged person especially, is a difficulty to the passing of the instrument, and, finally, at the entrance into the bladder, we meet with a ridge or elevation that occasionally impedes the entrance of the instrument, a difficulty, however, which can readily be overcome by depressing to a corresponding degree the handle of the instrument. In addition to these natural impediments to the passage of an instrument through the urethra, may also be mentioned the openings of the ducts of the prostate gland, which, in rare instances, are found so preternaturally dilated as to admit the entrance of a small sized catheter ; and also the Sims' pocularis, a slight depression upon the surface of the verumontarium, within the margins of which may be observed the openings of the common ejaculatory ducts. In this latter position, however, the difficulty which we shall experience is not so much of a mechanical character, as due to the severe pain which the passage of the instrument as it traverses this region, even in the hands of the gentlest manipulator, occasionally gives rise ; this pain occurs most frequently in patients who have been in the habit of inordinately indulging in sexual excesses, or in the pernicious habit of masturbation. So far for the natural anatomical complications of the parts; it is absolutely impossible, if you are not acquainted with these, that you can with safety to your patient introduce any instrument.

Presuming that a case has arisen for passing the catheter, how are you to do it. Here one simple rule above all others is to be observed. The patient comes to you to have an instrument passed. Take a *large sized* instrument, and if he says, "Oh, Sir, that instrument is too large," never mind him. Take a large sized instrument, No. 9 or 10 of Weiss' guage, and even if he has stricture you will be able to take soundings. Some people will come to you to be operated upon, fancying that they have stricture, who really have no such disease, and presuming them to have a normally healthy urethra, by using a large sized instrument you escape all these dangers; and in fact almost all those difficulties are avoided by using a large sized instrument. Having consulted with your patient, the next step to be considered is, as to the position in which you will place him while passing the instrument. Some people invariably place the patient in a standing position, others lying down. My advice to you is not to adopt any invariable rule at all. If any person weds himself to any particular line of conduct he will get into a habit, outside of which he will experience some difficulty. Put the patient into the recumbent, or erect position as it suits his case. You cannot get a patient in fever to stand up, you must operate upon him lying down. A great deal depends upon the position in which you have your patient. You should never dream of passing the instrument in the erect position unless he is propped up in some way. You can put your patient against the wall if he is to be standing up, so that he may have a *point d'appui*. You will let him lean up against the wall with his feet about a foot asunder, and about eight inches from the wall, so that you place him in a kind of slanting position, the buttocks leaning against the wall, and in that way you get him at nearly as possible in the best and most favourable position for the passing of the instrument. If it be the first time that the patient is having the instrument passed, I am supposing even that there is no disease at all,—be sure to have a chair convenient, for over and over again, at the sight of the instrument in the surgeon's hands, the very idea of having an instrument passed has produced such an impression as to make him faint; you will know that he is going to faint by the tottering of his knees, and you must then put him seated on a chair, or better still, lying on a sofa. You must remember the danger of his fainting, and see that no harm happens him. Your own observation will justify this statement, that the mental impression in anticipation of the operation has been sufficient to produce this effect. Some practitioners have rests fixed in the walls of their studies for the purpose of facilitating the introduction of the instrument into the urethra. They have padded pieces of wood coming out from the wall, in order that they may be placed under the armpits of the patients; some of them have others lower down, also to be grasped by the patient's hands, but these are refinements we are scarcely called upon to have. So much for the erect posture, now for your own position. Sit down before the patient; avoid also that stage trick, the trying to introduce the instrument with one hand; use both hands, and remember it is a nice trick to pass the instrument, and you have a right to give every fair play to your patient. I think it is taking a great liberty with a man not to do otherwise; to take the catheter, pass it under the penis, toss it up, and try to catch it in the meatus, is a juggler's trick unworthy of a surgeon seriously intent upon discharging his duty by his patient. What you are to do is this: take the penis in your left hand, hold it gently and put the instrument in, having first seen that the instrument is of the same temperature as that portion of the body, and properly oiled. If it be below the right temperature, you can bring the instrument up to the required temperature by rubbing it in some wollen cloth, or dipping it in hot water. You are next to see that it is properly oiled. You cannot oil it too much. Have it thoroughly lubricated, and of the same temperature as the part, and you have done a great deal towards effecting an entrance for the instrument. You should always pass it in most gently—upon this point I shall have occasion in a future lecture to speak more forcibly. You introduce it into the meatus urinarius, and in passing it will place your hand below, in this way. You have remarked that I introduce it by placing the handle towards the left groin, inasmuch as you get more room in this way. According as you slip it in, you bring the handle round towards the mesial line, keeping it still close to the abdominal wall, until the beak approaches the opening in the triangular ligament, and then depress gently, and so continuing, at last the instrument will gently glide into the bladder. You are not to imagine that this procedure is intended for the *tour de maitre.* This consisted in keeping the hand down at the commencement of the operation between the patient's legs. Then you introduce the catheter so, until you get to the triangular ligament, when you give it a sweep around to the mesial line, and the idea was that in the turn round you slipped it into the bladder. This was nothing but a stage trick, and I think that in trying to effect the *tour de maitre* many a false passage has been made. Well, I will presume that you have gotten the instrument down towards the opening in the triangular ligament, and the handle goes down between the patient's thighs, and as you depress it, the instrument does not go in. We are here now at the triangular ligament, and this diagram represents the opening in it. It is evident that the beak of the instrument may be hitched against its lower margin, the most frequent source of the impediment to its ingress, or against its upper margin; in either case withdraw the instrument slightly and alternately depress, or elevate the handle, and its passage through this portion of the urethra will be secured. It is evident that if you bring the handle of the catheter down in this way, you turn up its beak, and so change its axis, that you bring the beak of the instrument up by the very act of depressing its handle, and *vice versa*, and so it slips on into the bladder. You thus avoid all that natural difficulty of the triangular ligament; and the prostatic difficulty, which you will subsequently meet with, will also be overcome by depressing the handle of the instrument; this, however, is a subject to which I shall yet have more particularly to allude. As a general rule, it is always better at this point to depress the handle of the instrument, and so avoid the inferior margin of the triangular ligament, and by the same manœuvre you avoid the prostate gland. So much now for passing the instrument in the erect position, remembering always, on the first occasion of passing the instrument, the danger of the patient's fainting. The next position is in the recumbent posture. Here you take great care to have the patient lying evenly on his back. It is evident that if you have him placed more on one side than another you endanger the chance of passing the instrument. You put him lying evenly on his back. These trifling details may appear to you to be unimportant. An old writer has said, "these things may be trifles, but trifles make perfection, and that is no trifle." Put the patient lying evenly on his back; then, with the left hand, lay hold of the penis and introduce the catheter in the way I have described to you in the last posture. There is one great advantage in the recumbent posture—that even if he faint you can take advantage of his faint; you can introduce the instrument, and leave it in until he recovers. Another advantage accrues from the habit of practising catheterization upon the patient in the recumbent posture, and it is this: that it is the posture in which, in many cases of disease—fever, for instance—the instrument perforce must be passed, and so you become familiar with that which you hereafter must practise. So that it becomes all-important for you to familiarize yourselves with it, before being called upon to discharge this duty. In either of these ways, all cases where the urethra is healthy may be easily treated.

There is a third way, which is a mixture of the recumbent and erect positions, and which is most useful, and that is to seat the patient in a large arm chair. You put him in the arm chair, and he has the arms of it to hold on to for support, and you can place yourselves between his legs to operate; you have the advantage, that if he faints you may let him lie there, and the arms of the chair keep him from falling over. That is the way in which I frequently operate. I have an arm chair in my study for the purpose, and in that position I pass more instruments, perhaps, than in any other. When operating in any one of these positions, it is a very good plan to hold the penis between the second and third fingers, as by so doing you leave the other fingers free. You leave the forefinger and thumb free to assist in any way that may be required. And it will be as well to have the forefinger well oiled, so that, in the event of any difficulty occurring, you can slip your finger into the rectum to free the instrument from the obstruction, and then in it goes.

The question now arises—Under what circumstances, other than stricture, may you be sent for to pass the catheter into the urethra to relieve an over-distended bladder? Retention of urine may happen to a person who is perfectly free from stricture, but who may have been drinking heavily at a party. He may have a perfectly healthy urethra, and yet not be able to pass one drop of water. This is generally called paralysis of the bladder. I cannot understand why it is called paralysis, for even were the bladder paralysed, the abdominal muscles pressing upon the bladder should of themselves be able to expel the water. It is something other than paralysis of the bladder. If you can imagine the bladder distended, and that it rises up out of the pelvis, and into the abdominal cavity; as it rises it elongates the neck of the bladder, compressing it against the under surface of the symphisis pubis, and thus mechanically prevents the passage of the water. When a man experiences any difficulty in the passage of his water, he gets into a fuss; but the worst that can happen him is a short-lived inconvenience and fit of nervous apprehension. For in such a case do you introduce your instrument, draw off the water, and the probability is that he never troubles you again. In some instances, however, this temporary inability may be of longer duration; but eventually, under proper treatment, the patient will recover complete control over his bladder. A somewhat similar condition may arise also after the operation for the cure of hæmorrhoids by the ligature; here, also, a favourable prognosis may be given your patient, and the treatment will be the same.

In the course of continued fever, also, it frequently becomes our duty to relieve an over-distended bladder; and hence it is that you will experience the vast advantage of having accustomed yourselves to practise catheterization upon your patient placed in the recumbent position: for evidently, it would be highly culpable of you, even were he able to assume it, to place him in the erect position. Every practising physician knows how much a case of fever is complicated by inability on the part of the patient to empty his bladder—how the bad symptoms are intensified—and how frequently a successful catheterization improves the aspect of an otherwise unpromising case. And here I must caution you of an easy source of error. The nurse may assure you that not only is he passing his water, but that it is absolutely running away from him—in fact, that it is what we term incontinence of urine; and yet all the time the bladder is distended with urine to its utmost capacity, and this is but its overflow. When the bladder is distended to such an extent, it can readily be recognised by the dull sound elicited upon percussion over the lower portion of the abdomen. Should, however, any doubt exist in your mind upon the subject, solve it by the introduction of the catheter, when, if this condition exists, you will confer material benefit upon your patient, but if, on the contrary, it does not exist, you will have done him no harm, provided always that the operation has been skilfully performed.

Independent of retention of urine from enlarged prostate—a fertile source, by the way, of such a condition in the aged—there is rather a rare condition which occurs just in this situation, and of which I have seen some examples. One you yourselves may have recently observed, under the care of Mr. Stronge; it is abscess in the cellular tissue surrounding the prostate, or in rarer cases still, in the prostate gland itself. The earliest case of the kind that came under my notice occurred in a gentleman suffering under the worst attack of typhoid fever from which I ever saw a patient recover. Early in the progress of his fever he got retention, and the catheter had to be used two or three times daily for four or five days. This condition after a time passed off, and we had no more trouble from the urinary complication until convalescence was far advanced, when I was called early one morning to his assistance; I found him perfectly unable to empty the bladder. I proceeded to introduce the catheter, and experiencing an unwonted difficulty in the prostatic region, I examined him *per anum*, and found a tense tumour in the region of the prostate, which subsequently suppurating, was tapped through the rectum with a long curved trocar, a large quantity of pus given exit to, and from that time all difficulty in micturition ceased. A remarkable feature in this case was the appearance all over the patient's body of a copious crop of ecthymatous pustules, a condition of system that may throw some light on the development of the abscess in the prostatic region.

In very bad attacks of acute gonorrhœa, also, considerable difficulty may be experienced on the part of the patient in emptying his bladder. It has never been my lot to meet with a case of the kind so bad as that, unable to relieve it by appropriate treatment, I have been compelled to use the catheter. Still, I can readily imagine that such a case might occur, and then the catheter will be our only resource.

A not unusual source of inability to empty the bladder, especially so in young boys, is the impaction of a small calculus in the urethra. The very first operation I ever was called upon to perform in this Hospital after my appointment to it as surgeon, was for the relief of a case of this kind. Every other means having failed in dislodging it, I cut down upon the calculus, extracted it, introduced a large-sized catheter into the bladder, which I fastened there, and allowed the wound to heal over it. After some days the patient left the Hosital, having made a good recovery. In concluding this lecture, permit me, gentlemen, to give you these practical hints, which hereafter may save you some trouble:—If sent hurriedly to see a case of retention of urine, inquire always the age of your patient; in the majority of cases, if it be a young boy, you will find the difficulty to consist in a calculus impacted somewhere in his urethra; if an adult, it is more than probably a case of stricture of some kind or other; and if an aged man, the enlarged prostate will be the source of the evil. With a knowledge of these probabilities, you can prepare yourselves beforehand with the instruments most likely to prove of use in the treatment of the case.

(To be continued.)

Subcutaneous Injections in the Radical Cure of Varicose Veins.—Dr. Stephen Smith, in the *Medical Gazette*, recommends the subcutaneous injection of the persulphate of iron in this troublesome affection. The patient being in the erect position, from 5 to 15 drops of Squibb's preparation of the persulphate may be forced into the cavity of the vein by the use of the common subcutaneous syringe, the vein bieng pressed by the finger. In a few minutes the clot may be detected by the finger, and the needle may be withdrawn. The patient should remain in bed several days, and cold applications be made to the puncture. To prevent the possible escape of a clot into the general circulation, a compress and roller should be applied to the trunk of the vein on the cardiac side. The larger trunks are usually injected, and at several points at the same sitting. The clot at once perfectly occludes the vessel.

Original Communications.

MORBID CONDITIONS OF THE THROAT IN THEIR RELATION TO PULMONARY CONSUMPTION: THEIR DIAGNOSIS AND TREATMENT.

By S. SCOTT ALISON, M.D. Edin.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, LONDON, AND PHYSICIAN TO THE HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, BROMPTON, AND THE SCOTTISH HOSPITAL.

No. IX.

TREATMENT OF ASSOCIATED CACHEXIÆ.

In a previous paper the morbid conditions of the system which have been found to complicate disorders of the trachea and other parts of the upper air-tube apparatus, simulating pulmonary consumption, were enumerated. It was pointed out that cases so associated were remarkable for obstinacy, more particularly when the associated general morbid conditions were not early recognised, and were not duly subjected to that general treatment applicable to the constitutional evil.

The remarkable obstinacy observed in such cases has, happily, in a large proportion of cases, been speedily brought to an end by the adoption of suitable general means, and so much depends in this class of cases on such management, that I have deemed it right to dwell at some length on the chief morbid cachexiæ or taints which we find most frequently associated with the disorders under consideration.

The Scrofulous Cachexia.—When the associated cachexia has been the scrofulous one, the best results have been obtained by residence at the sea-coast, by regular and ample exercise, the strength of the patient being duly regarded, by the administration of medicines calculated to give tone and increased vitality to the solids, and to the thorough production of a healthy, well organised, and well proportioned blood. The temperature of the body has demanded nice management; the avoidance of excessive and long continued cold in winter, and of long continued over-exciting dry heat, or of relaxing, hot, moist air in summer, and a suitable adaptation of clothing to the various seasons, and even the transitory alternations of the temperature of the surrounding atmosphere.

When debility has been a marked feature without febrile action, the preparations of iron have been most serviceable; the iodide, the ammonio-chloride, the ammonio-citrate, and the phosphate have afforded the best results. When there have been associated great relaxation and languid, oozing, cold sweatings, the tincture of the perchloride has quickly imparted tone to the system.

Iron, in the form of mineral waters taken at their source, has done much good; and of these waters the Tunbridge and the Chalybeate of Buxton found, as they are, in bracing localities, are eminently calculated to correct the scrofulous taint or cachexia. Cod-liver oil and vegetable tonics have contributed much good. Salt water baths, warm in winter and cold in summer, have greatly contributed to the invigoration of the general health in the scrofulous cachexia.

The syphilitic taint demands general treatment. Mercury in moderation, given so as to act as an alterative, and to invisibly promote the secretions of the skin and the various emunctories of the body, has been found very necessary But I have found great caution to be required in its administration. With the irritable mucous membrane of the alimentary canal, it is incompatible except in very minute doses, and guarded by combination with hyoscyamus or a very small portion of opium. When a febrile state prevails, with a furred tongue, thirst, and active inflammatory action of the tonsils and velum, the exhibition of mercury may induce destructive ulceration or gangrene. A young man with the syphilitic taint consulted me very lately; he was extremely emaciated, had a phthisical aspect, and had much cough and great hoarseness. The pulse was very active, the tongue was covered with yellow fur, and the velum palati was perforated and presented ragged edges. To endeavour to heal the parts while the system was so disturbed seemed visionary, and to give mercury was likely to aggravate the ulcerative and destructive action; he was therefore put upon a course of saline treatment, and tranquillity of the body was enjoined by confinement to bed at first. In the course of ten days he returned, with a quiet pulse and clean tongue, and all the wounds smaller and disposed to heal up. Small doses of mercury were now ordered, but in combination with the saline treatment, and after some days the hoarseness and cough had entirely disappeared. The patient had lately contracted syphilis, and was at the time suffering from virulent gonorrhœa.

In chronic syphilitic taint, to which disorders of the trachea and other parts of the air-tube apparatus simulating pulmonary consumption is superadded, it has been found better to administer iodide of potassium or the bromide of potassium in small doses, long continued and given in combination with sarsaparilla. It is necessary, when there is much irritability of the mucous membrane of the fauces, to watch the effect of iodide of potassium, for it sometimes leads to sudden and great effusion of that part.

Warm bathing has been found a great corrective of this taint, and to aid the removal of the local mischief.

The gouty cachexia presents, for the most part, the simulative disorders of the upper air-tube apparatus, if not in a very formidable form yet manifesting very great obstinacy; and it is therefore necessary to deal at once with this general morbid condition. The gouty condition is, indeed, very frequently found in combination with the disorders of the trachea and fauces simulating pulmonary consumption.

Treatment directed solely to the local disease—*i.e.*, consisting of merely local appliances—will very generally fail to afford much relief, or to impart anything like permanency to what benefit they may chance at the time to impart. The persistent employment of the alkalies will be found very necessary. My experience in treatment of the local disorders under consideration, when associated with the gouty condition of the system, has proved the superior efficacy of bicarbonate of potash. When, owing to irritability of the stomach, this remedy is ill borne, much advantage will result from the employment of bicarbonate of soda, and this may be reinforced by the carbonate of bismuth, whose valuable property of subduing irritation and combining with noxious and acrid secretions, is now so much required.

The action of the skin is to be promoted by the internal use of sulphur, and the greatest advantage is perceivable by the long-continued employment of hot, sulphureous, and saline baths, such as those of Bath, Buxton, and Harrogate in this country, and those of Baden-Baden and other well-known health resorts in France and Germany.

The internal administration of the mineral waters of the Eaux Bonnes, Bath, Cheltenham, Leamington, Harrogate, and Buxton, is pre-eminently useful, and in obstinate cases, and when the circumstances of the patient will permit, should on no account be omitted. Seltzer soda and Lithia water form excellent beverages, and when spirits are ordered may be made the receptacle for their administration. The value of a treatment of this nature now recommended was duly pointed out years ago by Dr. Gueneau de Mussy, of London, in his valuable work on "Angine Glanduleuse," a copious notice of which, by the writer of these papers, will be found in the *Medico-Chirurgical Review.*

Treatment of the Anæmic Condition.—The means of dealing with this condition are so generally known, and as I have no particular remedies to recommend, I shall content myself with doing little more than enforcing the necessity of this condition being recognised and duly and efficiently treated, even when the symptoms give a very great prominence to the local disorder. The employment of vegetable tonics, cold bathing, and the arrest of exhausting discharges are very necessary. Exhausting leucorrhœa and excessive catamenial discharge must be duly dealt with. I have found tannic acid locally employed very useful, and in some examples of excessive catamenial discharge the internal exhibition of the tincture of ergot of rye has produced good results.

The internal employment of iodine by anæmic subjects suffering from disorders of the throat simulating phthisis, though affected with bronchocele, is to be deprecated. The bronchocele, at all events in such cases, is a condition of atony not to be obviated by the internal use of iodine. Pure country air, free from damp, serves greatly to invigorate the system and to obviate the associated local disorders of the upper air-tube apparatus.

The hysterical condition is one which demands careful and persistent treatment when associated with throat disorders simulating pulmonary consumption. The singular conditions, both of mind and body, which manifest themselves in this condition must be dealt with, would we prove at all successful in our treatment of the throat disorder.

The mind must be strengthened and regulated by sober, firm, yet affectionate instruction. The partly voluntary absurdities in word and action which the hysterical often commit must be deprecated in a kindly and firm manner. The mind is to be subjected to moral control as the brain ; its physical medium must be invigorated by means adapted to the physical organisation, by pure air, suitable diet, and the avoidance of excessive spirituous stimulation when that has been in operation, which is not unfrequently found to be the case.

The shower bath, friction along the course of the spine, exercise regularly taken, with a healthy object in view, have been very useful. With respect to medicines, the best I have found have been ammonia, camphor, galbanum, assafœtida, and valerian. The latter, combined with zinc and iron in the preparations of valerianate, of these metals is very useful. Mr. Morson, of Southampton row, took great pains, some fifteen years ago, to prepare for me a tincture of the valerianate of iron, which I have found useful in such cases. The removal of irritation, either in the uterine region or in the bowels of course, is essential to success in treatment, and of local disease so far removed as that even of the trachea.

The treatment of the scorbutic state is so well known to the profession that it is unnecessary for me to say more than that I have found cases of disease of the upper air-tube apparatus, simulating pulmonary consumption, to be hastened in their cure by the full employment of fresh fruit, including grapes, and fresh vegetables, lime juice and the securing of pure air and cleanliness.

Besides the conditions which I have noted above as complicating cases of disease of the upper air-tube apparatus, simulating pulmonary consumption, I have seen such cases of local disease occasionally associated with another general state, viz., one of psoriasis, freely manifested on the integument of the arms and legs, and also displayed in oval and round, white, and sometimes polished patches on the tongue. In most cases the administration of Fowler's solution of arseniate of potash has been found very serviceable both as regards the general state of the skin and the local affection of the throat.

The treatment of cases of throat diseases simulating pulmonary consumption, has hitherto occupied the chief place in these communications, but it seems proper to say a few words respecting the treatment of throat affections complicating or super-added to pulmonary consumption.

From the full details of the treatment in simulating disease which have been given, the necessary treatment of the same local disorders when associated with the more graver affection of the lung in its early stages, the reader may infer what I conceive to be the proper and necessary course of management to be adopted. It is therefore unnecessary to do more now than to refer to the preceding observations. It is otherwise, however, with the grave condition of the fauces, larynx, &c., which we find associated with pulmonary consumption when about to end in death. The morbid state of the larynx gives rise, in the sinking patient afflicted with phthisis, to such cruel sufferings that a little time may be usefully and perhaps humanely employed in reciting the means which I have found most useful under such melancholy circumstances.

The red, the aphthous, and even the ulcerated conditions of some or all the parts seen on opening the mouth of the patient dying of pulmonary consumption, demands the kindly and careful consideration of the physician. Borax, citric acid, and mineral acid gargles are scarcely ever tolerated under such circumstances, being too irritant. Tinct. of honey and olive oil, glycerine and oil, or glycerine and tannic acid, cakes of chocolate, and lozenges of bismuth and acacia afford much temporary relief, and are greatly prized by the poor sufferer in his lamentable state. The chocolate is found very serviceable ; it readily passes down the œsophagus and goes to supply, in some degree, the place of the usual food which the patient too frequently finds himself utterly unable to swallow. The lozenge of extract of beef, sold by Coleman and Co., of St. Mary-at-Hill, and manufactured by Tooth, of Sydney, in Australia, is an admirable form of nutritious, agreeable, and demulcent food, extremely notable in such cases. I have sometimes found advantage from pencilling the aphthous parts with a very weak solution of nitrate of silver, two grains to the ounce of nitre.

The fearful difficulty of respiration which is sometimes observed in cases of pulmonary consumption about to terminate in death, and which proceeds from obstruction of glottis, associated with destructive ulceration of the larynx, occasionally gives rise to a question respecting the propriety of performing tracheotomy. This question has frequently come before me, and not without some embarrassment on my part, for the actual good to be obtained by the operation is only a respite from death for a few days; and to purchase this the patient has to pay, in pain, alarm, and is in some degree in danger of immediate death.

I have, under such circumstances, sought the aid of surgical skill; but the result has always been, that we have rested satisfied with mild temporary expedients, such as those referred to above, and with the use of the gentle exertion of the neck, with chloroform and camphor liniments, and with the employment of light fomentations, such as those of chamois leather soaked in hot water and covered with impermeable material, or of spongio-piline, moistened with hot water, nicely fitted to the throat.

EXPERIENCES OF A REGIMENTAL SURGEON IN INDIA.

By C. A. GORDON, M.D., C.B.,
Deputy Inspector-General of Hospitals.

The reader need hardly be informed that in 1857 the Sepoy mutiny occurred. The regiment to which these notes specially refer had the misfortune, in July of that year, to sustain a heavy loss in officers and men, by a part of it falling into an ambuscade at Arrah, on which occasion, of six officers one was killed on the field, and two wounded, of whom one shortly afterwards died ; of 152 men, there were killed on the spot 47, and wounded, more or less severely, 32. Thus there occurred on this single occasion a far greater loss of life than the corps had sustained during some of the hard fought battles in which it had taken a part previous to the subjugation of the Punjaub being completed.

Throughout the other affairs in which the regiment was engaged during that year, 2 officers were wounded, 7 men killed, and 43 wounded more or less severely. Thus we learn that, in an average of 705 men, the ratio for the whole period was of killed before the enemy 7·65 of strength. Of the 75 wounded, there died 7, or 2·42 more; that is, 10·07 men out of every 100 were killed or died of their wounds during the year. The deaths from all other causes at, and absent from, head-quarters were 59, or at the rate of 8·36 per cent. strength in addition; or a grand total of 18·43 per 100. But great as is the list of casualties here given, it by no means represents the entire loss sustained by the regiment during this eventful year; 44 men were, by the nature of their wounds, or other circumstances incidental to service, incapacitated for continuing at their duty, and as a result had to be invalided and sent to England.

To render this fearful state of causalties still more evident, I remark that, in an average strength for the year of 705, there were—

Killed in an ambuscade	47
Killed at head-quarters during the Lucknow campaign	7
Of 75 wounded, there died	17
Died of disease at, and absent from, head-quarters during the year	59
Invalided and sent to England	44
Total casualties	174

Showing a rate of decrease, from all these causes, of 24·68 per 100 strength per annum!

The following table shows the nature of the wounds and injuries from which our soldiers suffered; those injuries that did not prove fatal on the spot being alone enumerated namely:—

	Injury.	Occurred.	Died.	Invalided.
1	Vulnus Sclopitorium...	60	10[1]	11
2	„ Incisum.........	8	0	0
3	„ Punctatum.....	1	0	0
4	Amputatio..............	5	1	0
5	Fractura.................	1	0	0
6	Subluxatio.............	7	0	0
7	Contusio............	13	0	0
8	Ambustio...........	6	6	0
9	Concussio Cerebri......	1	0	1
	Totals...	102	17	12

[1] Two of these died of Tetanus.

The military surgeon will have no difficulty in gathering from the above figures the nature of the service in which the subjects of the injuries were engaged, thus the inconsiderable proportion of sword cuts as compared to gun-shot wounds indicate as clearly as need be, that our troops were seldom enabled to come to hand-to-hand combat with the rebels; the almost entire absence of bayonet wounds, there being only one enumerated, and it of very trifling nature, clearly showing that it was no part of the Sepoy's tactics to stand a charge by our indomitable Infantry.

Burns from explosions constitute some of the characteristic injuries that attend a siege; mines, tumbrels, and expense magazines on such occasions, often explode either by intention or by accident, inflicting the most terrific injuries upon the unfortunate men in the vicinity, that it is the lot of the regimental medical officer to witness, among all the terrible sights to which on a campaign he must become accustomed.

What do we learn from the rate of occurrence and mortality of gun-shot wounds. Let us first compare what has taken place during the first year of the Indian mutiny, with what happened during two previous campains in that country in which the 10th regiment took a distinguished part.

	Number. occurred	Number died.	Rate of death per 100 treated
1st. year of Sepoy Mutiny	60	10	16·66
1st. Seikh War	55	6	10·81
2nd. Seikh War	149	14	9·46

We see from these simple figures that on the present occasion the wounds inflicted upon our men have been much more severe in their nature than on either of the two former. How is this? It clearly shows that whereas on these two occasions, the career of the regiment against the enemy was one continued glorious success, the latter being pressed so closely and effectually as to prevent them from taking steady aim, a party of our men on the present occasion were led into a trap where the enemy had it in their power to take deadly aim at their victims, themselves being the while secure from danger. Can anything, therefore, more clearly prove than they do that not only saving of life on the field, but great saving in the severity of wounds that do not prove immediately fatal, are best secured by pressing on rapidly to close quarters with the foe.

The meaning conveyed to the mind by the word "gun-shot wound" is, to most people, sufficiently plain, yet if we are asked to define what an injury of this nature really consists of we have some difficulty in clearly expressing ourselves regarding it. Let me see then what some of our standard authorities say on the subject. Hennen (p. 32) says "that a gun-shot injury is a violent contusion with or without solution of continuity, suddenly and rapidly effected by a solid body projected from fire-arms." Druit[*] is less correct. He states that "they consist of severe contusions with or without solution of continuity," a definition equally applicable to injuries inflicted by a bludgeon in an Irish faction fight as to a wound inflicted by fire-arms. Guthrie[†] seems to be satisfied with stating generally "that a wound made by a musket-ball is strictly a contused wound." Ballingall does not stop to ask the question what is a gunshot wound.

The ordinary kinds of what is called gun-shot wounds met with on active service are 1st., from cannon-balls, 2nd. from fragments of shells, 3rd., from grape canister or shrapnell, 4th., from musket bullets, and 5th., from pistol bullets. An injury from a cannon ball must always be severe in its natural, and dangerous in its results. In the early part of its progress a missile of this description ploughs a lane through an advancing column, mangling the unhappy men whom it happens to strike in a manner terrible to look at. After it has expended its force, however, it will often impinge against a person so slightly as not to break the continuity of the skin, perhaps merely inflicting a bruise, but more generally breaking the bones, or if it strike the chest or stomach producing instantaneous death. Cases of this description used to be referred to the wind of the shot. Hennen in his work on "Military Surgery," expresses his belief in such a cause, and at page 94, thus expresses himself, "I should be very far from denying altogether the influence of *the shock*, whether that is electrical or not, because we frequently meet with cases where no local injury can be detected after death. That the compressed air alone or the friction of the ball, has no such effect appears to me satisfactorily proved by the usual arguments drawn from instances of near comrades being killed, or parts of the body being torn off without the individual being destroyed; and it is rendered if possible still stronger by instances of escape owing to a sudden contortion of the body in the attempt of evading the summary military punishment inflicted in some foreign countries by blowing men off from the mouth of a gun.

Among the remarkable cases of injury of this nature, we have that where death has been occasioned by a cannon ball striking a load carried upon the head, *post-mortem* examination failing to detect any lesion of tissue. Sir George Ballingall mentions the case of an officer whose knee-pan was dislocated, as he firmly believes, "by the wind of shot during an action on shipboard," and quotes from Sir Gilbert Blane the instances of two men who were killed in Lord Rodney's action in the West Indies, by balls passing across the pit of the stomach. There is no doubt, however, that in all these cases, actual mechanical contact took place; and two similar cases came under my own observation, in one of which instantaneous death was the result, in the other, fracture of the clavicle.

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[*] Surgeon's *Vade Mecum.*

[†] On Gun-shot Wounds.

A man of the 20th Regiment, during the advance upon the guns of the Oude rebels at Sooltanpore, February 23rd, 1858, dropped dead in the ranks at the instant that two others beside him fell wounded by a round shot. Not an injury could for some time be detected; and the placid expression of the face strikingly illustrated what has so often been remarked in death from bullet wounds. The only unnatural appearance was a considerable degree of lividity of the lips and face generally.

This man's chest was afterwards found to have been completely flattened, the sternum absolutely ground to small fragments, yet not a scratch was evident on the skin. The other instance was that of private John Byrne, who was wounded at Humeerpore on the 19th February, 1858; a six-pound shot in its ricochet struck the left side of the chest, over the upper border of the pectoralis major, just grazing the skin. Considerable swelling occurred at once, there was much tenderness, but apparently no fracture. The patient, a very powerful man, was brought to the rear in a state of great mental agitation, but the pulse remained natural. Cold water was applied, a little stimulant given, and by the 21st he suffered only from stiffness and inability to use the left arm. Several days after receiving the injury, on turning himself suddenly in bed he felt a sharp snap, and a transverse fracture of the clavicle was found to have occured at its middle. The ordinary apparatus for the treatment of that accident was applied. He was sent to the field hospital, when favourable recovery took place. He subsequently rejoined the regiment, and was killed while charging the rebel Sepoys.

Guthrie in his work on "Gun-shot Wounds," states that injuries of this description were formerly attributed to the wind of ball, but the opinion was abandoned from a total want of any positive evidence in support of it, whilst much positive evidence could be brought against it. The Baron Larrey explains that a cannon ball is propelled at first with a rectilinear movement, and if, during this part of its course, it strikes against any part of the human body it carries it away, but the ball after having traversed a certain distance, undergoes some change of motion in consequence of the resistance of the atmosphere and the attraction of the earth, and turns on its own axis in addition to the direct impulse received from the explosion of powder. If it should strike any part of the body when the velocity with which the ball is passing is greatly diminished, it does not carry away as in the preceding case, but in consequence of its curvilinear or rolling motion it turns round the part in the same manner as a wheel passes over a limb instead of forcing a passage through it. The soft elastic parts, such as the skin and cellular membrane yield, whilst the bones, muscles, tendons, arteries, &c., offering a greater degree of resistance are either bruised or fractured. If the ball should strike one of the cavities of the body the viscera suffer in like manner. So far as my experience enables me to form an opinion, I am inclined to believe that this explanation is the correct one. Most extensive swelling and ecchymosis follow injuries of this nature, and the liability of the part injured to suppuration or sphacelus is well known to military surgeons.

Shells are even more destructive to life than cannon balls, for while the latter when they strike only carry death in one direct line, a shell, by virtue of its very nature, sends death and destruction equally on all sides. Besides this, a cannon ball * if discharged a distance of 800 to 1,000 yards leaves sufficient time, before it travels over that distance, to enable men against whom it is directed to take advantage of any means of shelter that may be available. This I have personally witnessed at Lucknow, and there are still officers in the 10th Foot who were present when two companies of that regiment had for several hours a continued duel with one of the rebels' batteries, the fire from which they "kept down," so as to be comparatively harmless.

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* We now allude to *round shot.*

THE RADICAL TREATMENT OF HÆMORRHOIDS.

One or two points in Mr. Henry Smith's operation for the radical treatment of hæmorrhoids may be worthy of note.

The first point is the facility with which the clamp grips the part; the second point is the extremely minute amount of local pain experienced by the patient on and after the application of the actual cautery.

On a late occasion, where Mr. Smith operated, the pain experienced by the patient appeared to be more acute during the time the hæmorrhoids were being drawn down, in order to be clamped, and during the application of the Æther spray, than at any other time during or after the operation.

The clamp used by Mr. Smith is not of the nut-cracker or cork-presser pattern, with joint at extreme end. It is more the pattern of that very domestic piece of cutlery, the scissors, with fulcrum near the centre, and with blades which close uniformly from points to heel—the blades run parallel (to be again domestic in illustration), like the blades of a curling-tongs. Where secondary hæmorrhage is expected, the clamp has a screw arrangement which allows gradual dilatation, in order to free the part, so that the presence or absence of hæmorrhage may be ascertained.

With regard to the trifling amount of pain experienced by the patient during, and after, cauterization, Mr. Smith is of opinion that it is attributable to the non-conducting guards attached to the inner sides of the clamp blades, and which check the transfer of heat from the irons employed (through the blades) to the healthy surface behind them. Be this as it may, the pain experienced by the patient (a medical gentleman) was, as we have said, less, during and after the operation than prior to it.

The clamp was very easily applied, removed, and re-applied (as more than one hæmorrhoid required extraction) with facility; the simplicity of the instrument may in part account for the facility of its application—a point of importance to patient and to operator.

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Hospital Reports.

EDINBURGH ROYAL INFIRMARY.

Cases of Aneurism treated by Iodide of Potassium.

Under the care of Dr. George W. Balfour.

Case III.—James Wilson, aged 44, a mason from Newcastle, admitted into Ward VII., on the 31st of August, 1867. About nine months before admission, this patient began to have occasional attacks of lightness in the head, accompanied with a flashing of light before the eyes. These attacks came on usually while he was at work, and obliged him to sit down for a little to recover himself. At first they occurred once or twice a-day, but they soon became more frequent, and he always felt much weaker after them. During these attacks he suffered from profuse perspirations. About the same time the patient began to suffer from "beatings" in his abdomen, in the left side of the chest, and on the right side of his neck. At the last-mentioned place a swelling appeared, which gave him great uneasiness, and produced a choking sensation. He consulted various medical men without relief, and at last came to Edinburgh, as already stated, on the 31st of August last. On admission it was found that he had no radial pulse in the left arm, but there was nothing to account for this, the "beatings" on the left side being apparently merely cardiac palpitation; on the other hand, those in the abdomen and on the right side of the neck had each an abnormal and evident cause. About the lower part of the epigastric region, towards the left side, and lying close above the aorta, whose course could be distinctly traced, a small pulsating tumour, the size of a small orange, could be distinctly felt, pulsating itself, and not merely moved by the artery beneath it; over this tumour a loud bruit could be heard. On the right side of the neck there was also an evident pulsating tumour, extending up into the neck from the sterno-clavicular articulation, and towards the mesian line. This tumour was somewhat larger and longer than that in the abdomen, resembling in shape and appearance a large kidney potato. Upon any excitement, and especially when the man was up and walking about, its size increased considerably. No distinct bruit was heard over it; nevertheless it was evidently an aneurism implicating the innominate, subclavian, and carotid arteries. He was at once placed upon thirty-grain doses of the iodide of potassium twice a-day, which he has continued to take steadily, with occasional intermissions, up to the present time, and a diet and regimen similar to that already described, were prescribed for him; but as his symptoms were not so severe, strict recumbency was not insisted upon, and he was allowed to go to chapel every night. The intermissions in the use of the iodide were necessitated from the circumstance that it was not so well borne by him as by the other two patients; every now and then pain in the stomach or severe headache giving warning that it was time to stop it, These symptoms, however, always abated after leaving off the medicine for a day or two. His appetite was always good, but his bowels required to be regulated by medicine. No immediate effects were observed from the remedy, but after the lapse of some months the abdominal aneurism was found to be quite firm and solid to the feel, while the bruit had disappeared, and could only be reproduced by pressing somewhat strongly with the stethoscope; the tumour is now gradually disappearing. After a time, and only within the last two months, the aneurism in the neck ceased to swell out when he walked about; it also gradually became firmer, and though still quite evident, he no longer suffers any inconvenience from it. The coats of the arteries in this position seem to have undergone fusiform dilatation, and it is doubtful whether further treatment will be of any avail. His health has, however, much improved; he has no longer any disturbing pulsations; and though he occasionally suffers from lightness in the head and dazzling flashes of light, his condition is unquestionably better than it was, and considering his inveterate aneurismal diathesis, he has probably reaped as much benefit from the treatment as is possbile under the circumstances.

MERCER'S HOSPITAL.

Case of WM. BYRNE:—ILEUS,

Under the care of Dr. EAMES.

Seen at dispensary Sept. 23rd, 1868. Complained of constipation. Bowels had not been moved since 31st of last month (four days). Had taken purgative medicine without effect. He was aged fifty-four. Previous health pretty good; married, and of temperate habits; a warehouse porter by trade. He was ordered to remain in the house for a few hours, and to have a turpentine enema. Saw him again the same day at four o'clock p.m.; the enema had not affected the bowels. Had him stripped and put to bed. Nothing remarkable about the face. Heart's sounds and position natural. The abdomen was swollen and tympanitic. No local pain on pressure; passed water freely; distressed only by sense of fulness in the abdomen, and slight dyspnœa. Ordered ℞. Pil. col. co., gr. viij.; ext. hyoyc., gr. ij.; two pills to be taken immediately. Warm turpentine stupe to abdomen. Wine, ℥iv.

Sept. 4th.—Bowels had not been acted on by the pills. Abdomen more tense. Dull pain on deep pressure over the cæcum. Abdomen generally tympanitic. Pulse 100, small and compressible. Ordered the stupes to be continued, and a turpentine enema with O'Beine's long tube. Four o'clock, p.m.—Bowels still unmoved. Ordered him to be placed in a warm bath, and an injection to be thrown up whilst in the bath: the abdomen to be gently kneaded. Wine, ℥vj.

Sept. 5th.—Bowels still unmoved. Tympanitis increased. Pain in various parts of the abdomen on pressure; especially over the cæcum. Had passed no water since previous evening. Pulse, 120, small and thready. Frequent vomiting. Countenance anxious. Three ounces of urine drawn off. To have ice in the mouth, and draughts of acid. hydrocy. dil., ♏ij.; aquæ dist., ℥j.; to allay the vomiting. A drop of croton oil in ℥ss. of castor oil, with ♏xx. of Battley's sedative liquor of opium, to be given in an hour. The abdomen to be covered with a light poultice of linseed meal sprinkled with tr. opii., ʒij. Wine as he might require it. Four o'clock, p.m.—The oil was rejected about five minutes after being swallowed. Ordered elaterium, gr. ss., in mucilage.

Sept. 6th.—In every respect worse. Tried electricity, passing a strong current from the cæcum and various parts of the abdomen to a pole introduced into the rectum: without effect. The long tube passed eight inches without meeting obstruction. Subcutaneous injection of morphia. A consultation of the entire staff at 2 o'clock, p.m. The patient was evidently sinking; resolved to try calomel, gr. iij., opii., gr. ss., in pills every four hours; mercury to be rubbed into the axillæ and groins. Ten o'clock, p.m., met again, no hope; died at one o'clock the following morning.

Autopsy nine hours after death.—The abdomen immensely distended. On being opened, this was found to be due to the enormous distension of the small intestine. About six feet of the lower end of the ilium intensely congested, and in some parts gangrenous. The colon was found lying behind empty and collapsed. The cæcum contained part of the last enema. About two inches from the ileo-cæcal valve the ilium had twisted on itself, and presented an appearance like that produced by drawing out a glove, and then twisting it round. The walls at this spot were glued together by an annulus of recently effused lymph, and there was local peritonitis around it.

The patient was examined for every form of hernia. The vomiting was at no time stercoraceous. It is evident from the lesion that purgatives, whether by the mouth or rectum, could afford no relief. Electricity might, perhaps, if tried at the very outset, have caused the gut to untwist itself. The fumes of tobacco, I do not think, could have been of use, as the twist was impermeable.

The question of opening the abdomen arose during consultation. The opinion of the majority was against this course. Even after death, with every facility of a very large opening, it required some time and much handling of the parts to discover the seat of the lesion, and when found the walls of the intestine were glued together, and six feet of it semi-gangrenous—the vital powers at the same time so low that part of the last injection remained in the colon. The only time that operative interference could have afforded hopes of relief would have been when he was first seen, and when the tympanitis was comparatively little. But one could scarcely find anyone sufficiently hardy to propose opening the peritoneal cavity to relieve a constipation of four days' standing.

Sulphate of Zinc in Dyspepsia. — Dr. Gillespie recommends the use of the sulphate of zinc in dyspepsia, in doses of half-a-grain gradually increased to two grains, three times a day, combined with opium or hyoscyamus, at the same time regulating the diet. He thinks this drug "as safe and sure as quinine in intermittents."—*Boston Med. and Surg. Journ.*

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 21, 1868.

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LOCAL SANITARY COMMITTEES.

TURN we to the 20th Section of the "Army Hospital Regulations," and there we read that "the medical department of the army and its officers are charged, not only with the medical care of the sick, but with the duty of recommending to commanding officers, verbally or in writing, whatever precautionary measures, as to barracks, encampments, garrisons, stations, hospitals, transports, diet, dress, drills, and duties may, in the opinion of the department and its officers, conduce to the preservation of the health of the troops, and to the preservation or mitigation of disease whether, at home and abroad. But in the event of any verbal representation not being complied with, the medical officer shall make a representation in writing on the subject to his commanding officer." The paragraph here quoted at full length was, when the code of which it forms a part first appeared, rightly considered to authoritatively give medical officers a power which, when previously put in operation by an individual here and there, had been so at the peril of his own personal comfort, if in a regiment, and at all times of his professional advancement. During the Crimean War the fact had over and over again been demonstrated that the functions of medical officers were considered to have no more extended sphere than the treatment of sick and wounded soldiers in hospital; that so long as a soldier was not in hospital, all that concerned him was altogether beyond the surgeon's province; and the works of medical officers down to that time teemed with illustrations of evils that arose to the soldier from such restrictions. The palpable anomaly thus presented formed the theme of letters, private and public. It was taken up by a Royal Commission, and, finally, a new book of Regulations appeared, having apparently been prepared with the special object of making medical officers directly responsible, as they should be, and as in reality they are, in regard to all matters that bear upon the health and physical efficiency of soldiers, whether in hospital, barracks, camp, or on board ship. To ensure the performance of the duties thus for the first time authoritatively required of medical officers, a sanitary department was created, the head of which was to give the Director-General advice and assistance on all subjects connected with the hygiene of the army. Inspectors and deputy-inspectors-general had specific instructions given them for periodically ascertaining that all regulations for protecting the health of the troops, and for securing the sanitary condition of garrisons, camps, and hospitals were fully carried out; and, as if still further to facilitate the performance of the duty and keep the Director-General fully informed in regard to it, a special form of report was introduced, which, under the designation of War Office Form, 463, has to be furnished monthly by all executive, and those of districts and divisions summarised by administrative medical officers.

The Director-General is, at page 27 of the Code of Regulations already named, declared to be the sole administrative head of the Medical Department of the British Army.

So far, good. All that is plain enough, and as it should be. But what says the last edition of the Queen's Regulations and Orders for the Army? At pages 205 and 206 we read that "A permanent sanitary committee is to be appointed at all camps and garrisons, consisting, if possible of a field-officer, a captain, and an engineer-officer if possible, or an officer of any corps in camp or garrison. A medical officer will be detailed to attend the board when required, for the purpose of giving a medical opinion." Various rules are then laid down with regard to the duties to be performed by this board, to which it is not now necessary further to refer; the last paragraph on the subject, however, deserves to be extracted:—"The sanitary committees are to make special reports to the general officers commanding districts upon any subject that may require immediate attention, and are also to keep journals of their proceedings, which are to be forwarded monthly for the perusal of general officers, who will transmit a summary of the committee's proceedings from time to time, as occasion may require, to the Quartermaster-General for the Commander-in-Chief."

We naturally ask, what does such an arrangement mean? Are the medical officers of the army still charged with the care of the health of the troops? If so, what is the use of such a committee as this, composed entirely of military officers, but with a surgeon to act as dry nurse whenever they choose to confess themselves unable to deal unsupported with scientific matters? If, on the other hand, committees so composed are held to be sufficient for their purpose, surely there is an opportunity afforded to economists to cut down the estimates, by sweeping away at least nine-tenths of the present medical officers of the army!

But in the eyes of the public, and also of the military authorities themselves, the proceedings of sanitary committees thus instituted would in no way relieve the medical officers of responsibility, were an epidemic unfortunately to occur, and they not have adopted the necessary measures in regard to it. Who, for example, in the event of scarlet or typhus fever, or any other epidemic disease occurring among the troops would seek information as to the preventive measures taken in regard to it from a committee "consisting of a field-officer, a captain, an engineer-officer, or an officer of any corps?"

The very idea is monstrous; the system that gives rise to it calculated to complicate duty, interfere with the functions of the department specially charged with the care of the health of the army, and directly injurious to the interests of the soldier, who may be permitted to remain exposed to causes of disease apparent to and represented by the Medical Department, while information on the subject is being sought from those to whose province such matters are entirely foreign—quite as much so as the command of a regiment, wing, or company would be to the province of a medical officer.

THE MEDICAL CLUB.

Shall the Profession stand by this institution? That is a question worthy of attentive consideration. At the General Meeting on the 14th, after a protracted debate, the proposition was carried that "the questions of the future government of the club and the responsibility of its members, be referred to the committee for consideration; and their report to an adjourned General Meeting of the members to be held a month hence."

From what transpired it was clear that many members were reluctant to increase the amount of their subscriptions; but we trust that all would be found ready to listen to any reasonable proposal for maintaining the efficiency of their club.

Now at the commencement it was feared that the subscriptions were fixed at too low a rate, and if we understand the matter correctly, such has been found to be the case. Increasing entrance fees is fair enough to a certain extent, but it should be remembered that the process is apt to prevent the accession of new members.

But for the unwearied energy and true English spirit of Dr. Lory Marsh there would have been no such thing as a Medical Club in existence.

It is, we believe, no secret, that this gentleman's honorary secretaryship is not only an exceedingly arduous post—that might pass, for to him it has been a labour of love—but it includes the more honourable position of actual treasurer, and unfortunately the club owes a considerable balance to this treasurer. Now we are sure the profession would wish to see this remedied. The club is strong enough to run alone, and the members ought to make an effort to put it out of debt, and give it an impetus worthy of the new premises. Country members who joined at the low rate of 1*l.* 1s. per annum would, we should think, if fairly appealed to, consent to increase their subscriptions to 2*l.* 2s.: nothing less than that can possibly pay. The town subscription might then be 4*l.* 4s.

But then there is need of capital, and how should this be raised? If the members at the next meeting will only be prepared for some practical move, and if those who speak will be but brief and precise, some scheme may be hit upon. It seems to us that every member should be willing to bear a certain just proportion of the expenses that have been incurred for his benefit. At the original meeting to take steps to establish the club, we well remember a number of suggestions, some of which might even yet very easily be adopted.

Failing some plan, the only resource will be for the club either to be abandoned, or else for it to amalgamate with some other club; the chief objection to which would be that in doing so, some of the distinctive characteristics would be lost to actual members, and the profession would have once more exhibited its inability to set up any centre and bond of union.

Notes on Current Topics.

Over-Population.

The production of large families without the means of maintaining them is one of the stock reproaches to Irishmen with which the *Times* and its following feed the prejudices of country against country, from which its columns derive much of their filling. That the *Times* should state the fact is, no doubt, sufficient for the class which imbibes its three pennyworth of intellect from its columns with their breakfast; but, like many of its other statements with regard to Ireland, the reproach turns out to be totally unfounded.

The last Quarterly Return of Births in the City of Dublin shows that the proportion of births to the population is greatly less than in large English towns. We don't think any great merit attaches to that fact; but if the Amberley platform will have it so, the statistics are all in favour of Ireland. The ratio of births in London for the quarter was 35 per 1000; in Glasgow, 40 per 1000; in Edinburgh, 36 per 1000; and in Dublin, only 29 per 1000.

Health of Dublin.

It appears from the Monthly Report of Dr. Mapother, that the mortality in Dublin by diarrhœa has at last decreased. That disease, which is usually regarded as preventible, has destroyed during the past quarter 244 persons, four-fifths of whom were infants. The unprecedented heat and drought, which in America has promoted cholera infantum to an alarming extent this year, seem to be the only ascertainable existing causes. The new Vartry water, it seems, must be acquitted, for although it contains much organic matter, this is of vegetable origin, and water supply is not a very influential cause for the production of infantile diarrhœa.

Fever cases have been very few, and the Medical Officer of Health interprets the fact as a favourable indication of the results of recent sanitary improvements.

Queen's University in Ireland.

The examinations of this body have been held during the past week, the new feature of demonstrative examination on the dead subject being added. This practical test was conducted in the School of the Royal College of Surgeons. The public conferring of degrees and the Convocation of Graduates will be held on Thursday. At the latter meeting some *ad eundem* Graduates are to be proposed as Members of Convocation, and the Annual Committee is to be elected.

Sir Dominic Corrigan.

We understand that the candidature of Sir Dominic Corrigan for the City of Dublin, which we announced some weeks since, may probably be pursued to a contest. The claims of the learned baronet are very favourably received by the Liberal electors, and the promoters of his election are sanguine that Sir Dominic Corrigan would obtain considerable support from the section of voters known as Liberal-Conservatives. The expenses incident to a contest would be very heavy. Mr. Pim's last contest, in which he succeeded in unseating Mr. Vance, cost, we believe, £7,600; and even deducting the cost of conveyance of voters and other expenses, which, under the New Reform Act, cannot in future be incurred, the lowest estimate cannot bring the expense of a contest for the City of Dublin below £3,000. The Liberal party, in the face of the long-tried Conservatism of the Dublin voters, can hardly expect so large a sum to be paid for the chance of a seat by any candidate, however promising his probabilities of success may be, and should be prepared to sustain an eligible representative of their political opinions, as Sir Dominic Corrigan is acknowledged to be, by a "material guarantee."

It would be a great pity if the services of Sir Dominic Corrigan to the profession, already so well attested at the Medical Council and elsewhere, should be lost to our brethren; and we earnestly trust that the learned baronet will not be discouraged from laying his very just pretensions, political, medical, and intellectual, before some constituency, if even now he should decide not to urge them upon the Dublin electors. Studiously abstaining from suggesting to our readers any political course, we earnestly ask them to consider well the great gain which should necessarily accrue to our profession in the advocacy of an independent representative in Parliament, and to give this homely consideration its full weight in the rival claims of their politics and their profession. Every elector may, at least, without compromising his personal views, indulge the hope, to which we give our most hearty concurrence, that Sir Dominic Corrigan may, before long, replace some one of the host of jobbing lawyers which at present completely overwhelms all other professional representation in the House of Commons, and whose members generally embody no greater interest than their own hopes of a judgeship, to be achieved by the clap-trap political commonplaces which constitute the inevitable creed of such persons.

Repression of Syphilitic Disease.

The Health Section of the late Social Science Congress, with several clergymen as its exponents, has declared decidedly, as all reasoning and practical men must, strongly in favour of the extension to the civil population of the legal provisions for keeping venereal diseases in check, which have proved so valuable as applied to the Army and Navy. At the meeting of the Section—

"Papers were read by Dr. Robert Pringle on 'Stamping Out of Contagious Diseases;' and by Mr. Furneaux Jordan 'On the Desirability of Extending the Contagious Diseases Act.'

"Dr. Holland expressed himself strongly in favour of the Act, the operation of which might be beneficially extended.

"The Rev. Dr. Wilkinson, Rector of Birmingham, reminded the section that many of his clerical brethren were opposed to the act, because they thought the carrying out of its provisions would have the effect of removing one of the natural safeguards against young men indulging in vice. For his own part, however, he was unable to concur in that argument, which, if good for anything, might be urged with equal force against the curing of disease after it was contracted (hear, hear).

"The Rev. Dr. Bell, of Goole, remarked that he had belonged to the medical profession for twenty-seven years, and for twenty years had been a clergyman of the Church of England. From his experience, both as medical man and clergyman, he was led to believe that the Act, if made general instead of local, would be a great preventive measure, physically, morally, and religiously.

"The Rev. Charles Brittain, of Birmingham, also approved the extension of the act, though he confessed that some of the details presented difficulties to his mind. It would be interesting to know whether the continental system of inspection had had the result of diminishing prostitution or the evil effects of the venereal disorders. He had reason to believe that the regulations in force at Paris had not caused a diminution of those evils.

"Mr. Hastings thought the act had been most wisely framed and prudently administered.

"Mr. Sanders was of opinion that the evils resulting from indulgence in vice had in many instances a deterrent influence.

"The Rev. C. Marson, of Birmingham, believed that the act would be productive of the most beneficial results.

"Mr. Councillor Davis pointed out that, with regard to prostitution, Ireland presented a most favourable contrast to this country. It was a remarkable fact that, in the course of his travels, which had extended to most parts of England and Ireland, he had not seen any Jewesses who were prostitutes—at least only one.

"Mr. Jordan admitted that prostitution was less general in Ireland than in England. That was, doubtless, owing to the people usually marrying at an early age in the former country. In reply to what had fallen from Mr. Councillor Davis, he might mention that among the prostitutes in all the countries of Europe the Jewish features were occasionally, though not perhaps very frequently, discernible.

"Dr. Rumsey, President of the Section, remarked that the discussion showed it was the general opinion that legislation was necessary, founded on the principle, if not on the provisions, of the Contagious Diseases Act. He was extremely gratified to see the leading clergy of the town coming forward in support of such legislation. Their conduct, in this respect, partook of that grand benevolence and love of mankind which was shown by the Divine founder of Christianity (cheers). For his own part, he doubted the advisability of adopting repressive systems in regard to prostitution, believing that they would only tend to increase immorality in that numerous class of women who had not the means to render themselves independent of temptation, and who were, nevertheless, being perpetually put in the way of it, as, for instance, the servants in hotels, and domestic servants generally.

"On the motion of the Rev. Dr. Bell, seconded by Mr. Jordan, the following resolution was unanimously adopted:—'That this Section recommend the Council of the Association to take the necessary steps to continue to bring before the Government the necessity of extending the operation of the Contagious Diseases Act, as far as it may be deemed applicable to the general population of the kingdom.'"

In the face of the convincing statistics of improved health and rapid decrease of the prevalence of syphilis which are before the public, we can hardly imagine any principle which should justify inaction in respect of the spread of the pestilence amongst the public at large. We know positively that it is possible, by legal supervision, almost to stamp out one of the most repulsive and hurtful of human diseases. Are we to listen to a theory that the ravages of the disease, and its extension from culpable fathers to innocent children, should be fostered, because the moral and physical penalty, which we well know seldom acts as a deterrent to crime, is removed? What would be said of a theorist who refused to apply a remedy for typhus fever on the ground, that to save people from diseases caused by sanitary neglect would offer an inducement to people to be dirty and careless?

Surely, practical and sensible men will prefer to combat a real and absolutely unavoidable evil, instead of fostering a musty theory, however morally perfect it may be. If the public recognize the immensity of the evil to be dealt with, and the efficacy of the powers in their hands to treat it, they will never be deterred from purchasing a substantial gain on the score of the expense. The principle has been publicly accepted; and no Government can long continue to plead that it cannot afford the cost of rescuing wives and children, and the people at large, from a pestilence which is even more dangerous morally than it is physically.

Disease in Dublin during the last Quarter.

The number of deaths registered in the Dublin Registration District during the quarter amounted to 1,869, affording an annual ratio of 1 in 42, or 24 in every 1,000 of the population. Of these 685, or 1 in 40 of the population, occurred in that portion of the city north of the Liffey; and the number in that portion south of the river was 903, affording an annual ratio of 1 in 40 of the population. In the suburbs of Rathmines, Donnybrook, Blackrock, and Kingstown, the number of deaths registered was 281, being equal to an annual ratio of 1 in 53 of the population.

The ratio of deaths registered in London during the same period was 1 in 41, or 24 in every 1,000; in Glasgow the number was 1 in 34, or 29 in every 1,000; and in Edinburgh 1 in 38, or 26 in every 1,000.

The most fatal disease during the quarter was diarrhœa, which caused 279 deaths, or 1 in every 67 of the total deaths. During the corresponding period of last year, the deaths from diarrhœa amounted to 132. Eighty-one deaths resulted from heart disease, and 6 from aneurism; 60 deaths were caused by scarlatina; 59 deaths were referred to fever—in the corresponding period of last year the deaths from fever amounted to 65; 50 deaths from tabes mesenterica were registered: measles, which during the corresponding quarter of last year caused 109 deaths, caused but 9 deaths during the last quarter; 25 deaths were attributed to whooping-cough, 24 to croup, 7 to diphtheria, and 2 to quinsy; cancer caused 44 deaths; 11 deaths were returned from cholera, choleraic diarrhœa, &c.; 6 persons died from nephria or Bright's disease; 42 deaths resulted from accidental causes; 3 cases of homicide, and 1 of suicide, were registered.

Arrival of the "Mauritius" at Portsmouth.

The Hospital Ship "Mauritius" arrived at Spithead from the Mauritius on the 12th instant, having on board Staff-Surgeon Woodward, Assistant-Surgeons Jessop (in medical charge) and Faitland. The troops and their families included 3 officers, 1 officer's wife, 33 invalids, 29 time-expired men, 7 soldiers' wives, 18 children, and 26 men of the Army Hospital Corps from Abyssinia. The voyage occupied sixty-seven days, and it is gratifying to learn that, although a good many cases of ague occurred among the men who had suffered from the prevailing epidemic at Port Louis, no death happened during the voyage.

Scarlet Fever.

The Registrar-General's returns show such a prevalence of this disease that the public begins to feel uneasy. We believe the type of the present epidemic is unusually mild. It is right, however, to repeat that too much caution cannot be used. Scarlet fever is not a disease of the poor. It cuts off the children, and sometimes the adults, of the richest household. That pestilent word, scarlatina, too often misleads. People fancy it is a different disease. It is no such thing. The mildest attack may give off the contagium that results in the most severe. Complete separation of every one attacked from the commencement is of great importance, and carbolic acid, chloride of lime, and Condy's fluid should all be employed. Every sore throat during the epidemic should be regarded with suspicion, and submitted to the inspection of the doctor. It is a disease which, if the public would help, we might yet "stamp out." The burning of the sulphur pastilles, introduced by Dr. Pairman, is good both as a preventive and a curative measure.

Health of Salford.

Some uneasiness has been caused by the high mortality of Salford, so that Dr. Syson's report has excited more attention than usual. That vigilant Medical Officer of Health has spoken very distinctly to the authorities on the defects of the place, and the amelioration necessary; and we are glad to find that the *Salford Weekly News* has given full publicity to the report, and drawn special attention to it in its leading columns. Dr. Syson's remarks about the non-trapping of the sewers are specially important, and unless the authorities speedily get them trapped they will be responsible for whatever increase of mortality may occur.

West Kent Medical Society.

This unpretending society does much good work in the course of the year, as our last year's volume will prove. At the late opening of the session, the new President, Dr. Thorowgood, gave an eloquent address, touching on many points of interest. The society has done well in selecting this thoughtful and painstaking physician for the honourable post of President for the year. We hope shortly to publish the address or an abstract.

The Elections.

We are glad to report that our suggestions as to the questioning of candidates has been acted upon. We are aware of several instances in which candidates for parliamentary honours have, through our influence, been led to express themselves as favourably disposed towards medical questions. It is certain very few medical men will have seats in the new House of Commons, and it therefore becomes doubly important to oppose candidates who are hostile to the profession, and help the canvas of those who are ready to promote fair dealing towards all medical men—whether in private or public practice.

British Pharmacopœia, 1867.

The following corrections have been inserted in the remaining copies of the Pharmacopœia. Those who have the work may be glad to mark the Errata, for which purpose we are happy to print them.

At page 20, line 6 from bottom, *for* 10·14 *read* 11·14.
" 130, " 17 " " 57 " 37
" 150, " 9 " " 8 " 28
" 193, " 4 from top, *for* $PbC_2H_3O_2$ *read* $Pb_2C_4H_6O_5$.
" 400, bottom line, *for* Tart. Dil. *read* Tart.
" 27, between lines 8 and 9 from bottom, *insert* Emplastrum Cantharidis.
" 51, between lines 5 and 6 from bottom *insert* Tinctura Cinchonæ composita.
" " between lines 6 and 7 from bottom *insert* Spiritus Armoraciæ compositus.
" 114, beneath bottom line *insert* Unguentum Belladonnæ.
" 171, after line 11 from top *insert* Oleum Lini.

Alleged Pauper Ill-Treatment in Workhouses.

The investigation on which Dr. Markham has been engaged, as the representative of the Poor-law Board, respecting the accusation of ill-treating a pauper, preferred against the taskmaster of the Lambeth Workhouse and his assistant, presents us with many considerations worthy of the most serious attention. Keeping in view the class with whom workhouse officials have to deal, and the total unreliability of the statements of the average refractory pauper, it is right that their statements should receive a more jealous investigation on the part of the public than the position of the accusers would otherwise entitle them to, and it would be far better that the public should be ready to accept such accusations and closely enquire into their accuracy, than that they should allow the character of the accuser to render them callous or inactive. Between refractory paupers who have no character to lose by false accusations, and workhouse servants who, without doubt, may be tempted to abuse their authority, there is no such distinction as should allow us to disregard the complaints of the weaker party.

In this special case there appears to be many facts to corroborate the charge of the pauper against the officers. She alleges that she was ill-treated by the taskmaster knocking her head against the wall. She was immediately afterwards taken with convulsion, under which she nearly died. The most suspicious circumstance, and it is one calculated to discredit the officials, is the conflict of swearing between them and the inmates, which necessitates the assumption of unequivocal perjury on either side. The master, matron, and other officers swore that no violence was used or was necessary, as the pauper made no resistance, while several inmates, and some of the nurses and helpers, swore positively that they heard loud screams and scuffling; and a witness living outside the workhouse distinctly corroborates the latter statement. The Medical Officer, however, swore that when he applied for the key to view the cell he was told the master refused to give it.

The most instructive lesson of the whole affair is the readiness of the officials to "stick together" in their evidence, and without in the remotest degree desiring to imply that their coincidence of evidence may not be simply because it is true. We cannot resist the natural suspicion that it might be the result of a tacit compact to swear through thick and thin for the system of which the accused parties are a part.

Medical Auctioneering.

We felt it our duty last week to comment upon the recent appointment of Dr. Anthony to the office of Consulting Physician to the Birmingham General Dispensary, and to deprecate in the strongest manner the underselling system in the ranks of the profession. We observe that a further instance has occurred more disgraceful in all its details to the inculpated, and through him, more discreditable to the code of honour which is supposed to rule the profession. We give the story from a local paper:—

> "A short time ago the doctors of Hales Owen gave their various lodges notice of a rise of salary from 2s. 6d. to 4s. per head, and this demand the men determined to resist. The doctors, therefore, closed their surgeries against them, and Dr. Offman, at Harburne, hearing the report, came over and offered to take all the lodges at the old price. This brought the Hales Owen doctors to their senses, and most of them wanted to resume work at the old rates, but at a committee meeting, held at the Shenstone Hotel, it was unanimously decided that Mr. Offman should receive the appointment, and he has taken a house at Hales Owen, where he attends daily. It appears the number of members exceeds 400, and as Mr. Offman has also agreed to take their families at the old rate, he will doubtless soon get a good practice."

If this report of Dr. Offman's proceedings be accurate, and we have not observed any disclaimer from that gentleman, we unhesitatingly declare that the profession should not allow it to be supposed that it countenances such a transaction by holding further intercourse, social or professional, with Dr. Offman. We unhesitatingly declare that there is no remedy for such proceedings but that which, when applied to the medical profession, is called "trades unionism," but is euphonised, as regards other professions, under the name of "*esprit de corps*."

Does the theory of demand and supply oblige lawyers to accord full license to all comers to undercut their legitimate remuneration? Certainly not. Barristers would at once, under similar circumstances, sustain their dignity and their proper remuneration by refusing contact with a person guilty of such a transaction.

Shall we not do likewise, or shall we see some pushing doctor, anxious for consultation practice, hand in hand with Mr. Offman? More probably the latter.

Domestic Torpedos.

Now that the British consumer is at length thoroughly satisfied, by the exponents of the adulteration of food, that every morsel he puts into his mouth conveys in a greater or less degree destruction to his internal economy, he is assured on the most convincing authority that his external cuticle is no safer from sophisticated manufactures than his internal mucous membranes. Ulcerated legs are to be the least penalty of those who yield to the weakness of red stockings; and we are now informed that we are carrying about with us a domestic powder magazine, and may at any time find ourselves "blown up" in other sense than we have yet experienced.

Mr. William Crooks, F.R.S., makes the following contribution to the discussion now going on relative to deleterious dyes:—"Within the last few years manufacturers have adopted the plan of saturating picric acid with an alkali before using it; and it is not improbable that wool so dyed, and then imperfectly washed, may have produced some of the effects complained of. If this turns out to be the true explanation, manufacturers may feel interested in knowing that by the use of this alkaline compound of picric acid they run the risk of not only poisoning their customers, but also of blowing themselves up, as it is almost as explosive as nitro-glycerine, and has already destroyed one factory, with loss of several lives. Should the dye retain this character in the fabric, the wearers of these socks would be able to vary the excitement they are now indulging in in a highly sensational manner."

Henceforth, provident fathers must take out a fire insurance for themselves as well as for their dwellings; and if another mysterious disappearance, *à la Speke*, occurs, we must be prepared to search for the infinite atoms into which the incautious may at any moment be converted.

Holborn Union.

Why must the Poor-law Guardian in the aggregate, be more obstructive and impracticable than the Poor-law Guardian as an individual? If he is called upon to discharge a public duty, surely it is not necessary for him to be more mulish and obstinate than he would be in his own private affairs. And yet the public are beginning to evince their impatience with such a policy, and with very little consideration of politeness, to take what they require by main force, without asking for it. We believe that the Poor-law Board have practically abandoned the practice of asking leave or co-operation from Local Boards when they desire information, and they now send an inspector to make the enquiries on the spot, which it would take weeks to screw out of unwilling or careless local officials. We observe that the same course has been adopted towards the Holborn Board of Guardians, who meet the action by a characteristic proposal. The Guardians and the Poor-law Board differ as to the site of the new District Lock Asylum. The Board consented to let the Guardians have their own way on certain conditions, and gave them a fortnight to consider and reply. Of course they did not do so, and the Poor-law Board have taken the law into their own hands, and fixed the district according to their own views. Did the Guardians profer their assistance to make the best provision for the sick poor? Not at all. They threatened to resign in a body, but in the view that probably that event might not be considered very calamitous to the public service they thought better of it, and decided to hold a special meeting on the subject. Is it to be regretted that they changed their mind?

The Stage Doctor.

Shall we be considered sentimentally tender in our professional feelings if we protest against the pictures of medical men which are habitually presented in theatrical representations of real life? Many of these representations are as innocent of any similitude to the routine of the common world as of any resemblance between the conventional Stage Doctor, and his living prototype. As far as the minor theatres are concerned, detectives and the guardians of peace and order are invested with all sorts of demoniacal characteristics, because the character of a persecuted innocent is assured to the virtuous convict who does the admirable Crichton of the piece, and we suppose, on the same principle, doctors are advisedly pourtrayed as monsters of inhumanity, in order that the audience of such theatres may be satisfied that they are little else than inoffensive lambs led to butchery to gorge the cruelty of bloated aristocrats. How close is the resemblance between the cold-bloded medical villain of the play, who consigns the heroine to a living death in a mad-house, and the mild, polite, white-tied, unassuming practitioner, who actually does the physicing for the artisan classes.

We expect the medical demon at the low theatres—without him the villain would be unable to effect his essential atrocities, but we look for better things from Lord Lytton and the Lyceum Theatre; and yet we find Mr. Hermann Vezin, in the "Rightful Heir," in his summary of the penalties of poverty, declaring that if the poor man is sick he is "mangled. If this is poetical licence, we fear the hearers will not recognise it as such, and we think Lord Lytton ought to rise superior to so small a policy as that of "stroking the fur" of his audience by cultivating the prejudices of the upper gallery.

The Queen's University in Ireland.

A meeting to confer the degrees of the Queen's University of Ireland, in St. Patrick's Hall, Dublin Castle, on Wednesday afternoon, was attended by the Lord Lieutenant, the Chief Secretary (Colonel Wilson Patten), the Right Hon. Maziere Brady, and the presidents and professors of the Queen's Colleges. It transpired that the number of students at present in the colleges includes 210 of the Established Church, 181 Roman Catholics, 274 Presbyterians, and 97 of other denominations. The degree of LL.D. was conferred upon Sir Robert Kane.

At the Convocation of Graduates, the prospects of obtaining parliamentary representative for the University was discussed, and it was regarded as certain that under the scheme of Redistribution of Irish Seats, the University would obtain a voice in the Legislature.

Professor Moffet mentioned that the constituency of the Queen's University is now 777, increasing by nearly 100 every year. Gratification was expressed that one of the professors of the colleges had been nominated to the Senate by the Government.

The new Convalescent Hospital at Dunoon is to cost about £10,000. The progress of such institutions is satisfactory.

The Clinical Society met on the 9th, when Mr. Paget delivered an address. The next meeting is on Friday next.

The Medical Society of London met on the 19th, for the first time, to hear the President's paper on "Blood-letting."

The Medico-Psychological Association's next quarterly meeting is on the 29th prox., at the Library of the Royal Medico-Chirurgical Society.

Mr. Busk was elected an Examiner to the Royal College of Surgeons of England at their special meeting last Thursday. Mr. Hilton was elected Examiner in Dental Surgery.

The Royal College of Surgeons of Ireland has received at the hands of Surgeon-Major Clarke, of the 84th Regiment, a Fellow of the College, a valuable and interesting addition to its Museum. It is the complete skeleton of Jowallah Persand, a Brahmin banker, who is distinguished as one of the most sanguinary promoters of the Cawnpore massacre. The man subsequently suffered death by hanging for his crime. The cranium is remarkable for possessing all the evidences of talent, and certainly presents no phrenological indication, whatever, of deficient or peculiar cerebral development.

There seems a prospect of larger classes at the Dublin Schools and Hospitals than have attended for many years—a fact with which the general prosperity of the country may have much to do.

Mr. C. E. Adams has been elected to a Scholarship for Natural Science in Sidney College. An examination for one or two of these Scholarships, of the value of £40 per annum, takes place, annually, early in October; it is open to all students who have not begun to reside in the University. Information respecting it may be obtained from the Tutor of the College.

Our prediction has been verified. The number of freshmen entered at the Metropolitan Schools is above the average. This is the more satisfactory since it proves that the preliminary examinations have not deterred young men from selecting medicine as their profession; while it is certain that such a test of their fitness is highly desirable both for themselves and the public. A good general education is the best preparation for a successful medical career.

We are sorry to have to record the decease of Dr. Herapath, of Bristol, at the early age of 48. Our readers will remember that a little time since his father's death was announced in these columns, to which both gentlemen have contributed on questions of toxicology. Dr. W. Bird Herapath died of jaundice.

Correspondence.

THE NORWEGIAN SELF-ACTING COOKING APPARATUS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The above-named apparatus is truly worthy of notice in your columns. My acquaintance with the above was at Messrs. Silver's establishment in Bishopsgate street, Within, where I was permitted to examine the same, and every information afforded me for proving the statements as set forth in their circulars—that boiled food or liquid may be (many hours after being shut up in the self-cooking box) put on the table in as well-cooked or hot a condition as a Soyer could do with all the appliances of a culinary department.

Now, to give a short description of the affair may be acceptable. Various sized tin boxes, or vessels with lids are contained in a wooden box, which is lined thickly with a nonconducting heat medium in the way of horse-hair felt, or something very like it. You may have one to hold a quart vessel up to several of gallons. Supposing you were on the travel for half-a-dozen hours, and anxious to satisfy the cravings of nature in the shape of a hot dinner. Previous to your start, take one vessel, put into it a certain quantity of *boiling water*, also add your piece of meat, or fowl, or fish; just let the water boil for five or ten minutes on a fire; shut down the lid of the vessel and put it into the box. Do the same with the other tins, containing vegetables, or a pudding, or baked cold pie. A *dozen hours after*, or less if you are hungry, open the box, take out the tins, and behold! you have everything as hot, nice, and cooked to *a turn, no more*, as any *gourmand* or alderman could desire.

This is simply a specimen, and the extent of the value of the self-acting cooking apparatus is to my mind unlimited. I determined to test the time heat could be retained in one of these boxes. Messrs. Silver immediately complied with my desire. In an underground room of their establishment, where the temperature was likely to be lowest, the experiment was made. A box apparatus, holding two tins, was opened, half-a-gallon of water at boiling point poured into each tin, the lids of them and the box shut down, then locked. The results are as follows:—Sept. 24, water 212° put into tins at 11·15 a.m.; box opened in my presence Sept. 25, 1868, at 12·5 p.m.; large tin, heat by thermometer, 108°; smaller one, 106°; mean temperature of room, 63°. Here we have, full twenty-four hours after, heat retained in a small bulk of water suitable for a great many purposes. I really must commend this to my profession as a boon to them. How many of us never get meals at regular hours, particularly country medical men, in wintry weather. The lawyer and parson are not so fixed, as they are seldom disturbed at feeding-time, perhaps may not interest themselves in the invention, except on a railway journey of hours, when a cup of hot tea, coffee, or brandy-and-water may be acceptable.

I go further. From my own experience in large military hospitals abroad, and the difficulty of keeping food or water hot at night for the sick or wounded, a good doctor ought to understand the art and facility of cooking. Besides, in large military, or naval, or public hospital establishments, the cooks, assistants, and nurses are human nature, as Mrs. Brown says, and want their rest. Night relays cannot be depended on, and many an invalid would thank the inventor for proper nourishment ordered by the doctor, if it could be so obtained. Of such value do I estimate the affair that I am sure I shall be pardoned the liberty of calling the attention of military and naval directors-general to the important fact of the value of this apparatus for their hospital establishments at home and abroad. It is also economy, saving of labour and firing—considerable advantage in these days of expenditure of public money. One other remark and I am done. Troops on active service in an enemy's country can have food, ready to use in comfort, twenty-four hours after it is prepared. Consider this, in these days of light infantry movements, flying dragoons, and galloping artillery. John Bull fights well at all times, but give him his dinner first, says our French neighbours, it is *then* dangerous work to come to close quarters with him, good-humoured though he be. A bugle sounds on a forced march halt; in ten minutes every man is eating good food, instead, as I have seen, a *draw of the pipe* to *kill hunger* while the *pot boils*. Such, is invaluable. I should like to hear that my Lords of the Admiralty, and His Highness the Duke of Cambridge, ever the soldier's friend, commanded that experienced medical officers be sent to Messrs. Silver's establishment to examine facts, and report on the same, for the benefit of our gallant soldiers and sailors. I have finished, Mr. Editor, and trust you will not consider I have taken up valuable space in your honest journal in vain.—Yours truly,

J. McGregor Croft, M.D.,
M.R.C. Physicians of London, formerly Staff-Surgeon to Her Majesty's Royal Army and Hospitals.

SANITARY MUSEUM AT BRIGHTON.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—A collection of objects illustrating economic and sanitary science and art, is being formed by the Brighton Sanitary Association, and is intended for the Town Museum in the Pavilion. Samples or models, or, failing them, diagrams of ventilators, economic and sanitary building materials; of draining, lighting, and filtering, contrivances; of improved costume or material; of new food ingredients, and of all the things belonging to such a collection, will be thankfully received, and may be sent to the under-written address. The space is limited, and before sending anything, enquiry by call or letter is advisable. Models of cottages are much wanted.

The object of the collection is to aid in removing the prevalent ignorance on sanitary matters, to show the best inventions for the prevention of illness or accident, and to demonstrate how new things can be turned to account for human food, clothing, building, or other uses; thus adding to the wealth of the community. The plan is copied from that of the Economic Museum at Twickenham, founded by Mr. Twining; and it is to the liberal assistance and judicious encouragement of that gentleman that we owe the origin of our collection. Besides the articles contributed by him, the Committee of the Labourer's Friend Society have sent us plans and elevations of cottages. A gentleman in Brighton is preparing a valuable food collection; and sundry other donations have come in. I have not time to write singly to the different inventors whom I daily read of, and therefore take this method of soliciting their assistance and co-operation in the good work of helping to inform and educated the people by exhibiting their useful and valuable inventions.—I am, Sir, your obedient servant,

W. E. C. Nourse, F.R.C.S.
September. 11 Marlborough place, Brighton.

THE NEW NOMENCLATURE.

The history of this nomenclature is both curious and important. At the end of the sixteenth century "Bills of Mortality" were commenced in the metropolis. They were prepared by the parish clerks, apparently to relieve the citizens from unfounded panics as to the extent of the Plague. The clerks seemed to have returned the causes of death of which they were cognisant in whatever form they thought fit. Their statistical tables are not less remarkable than might have been expected. Taking, for example, the year of the Great Plague, A.D. 1665, we find, comprised under sixty-three headings, all causes of death. Among these are 1,258 chrisomes and infants; 3 calentures; 2,036 convulsion and mother; frighted, 23; head mould shot and mould fallen, 14; rising of the lights, 397; plannet, 6; surfeit, 1,251; imposthumes, 227. It may

interest you to know that the returns of the Plague itself gave 68,596. This wild kind of nosological record not only existed long after the foundation of the College of Physicians and the life of Harvey, but continued in truth imperfectly modified until thirty years ago, notwithstanding all the progress of medical knowledge and of the various institutions in this country and on the Continent. In a letter to the Registrar-General, printed in the first volume of the Returns of his office, A.D. 1839, Mr. (now Dr.) Farr proposed a new classification for the returns of the cause of death. This has since been amplified, and finally, after discussion at various European congresses, has been adopted by the principal countries of Europe. I cannot say what amount of debt this nation and the civilised world owes to Dr. Farr for his sagacity and industry in this department of social reform. Simultaneously, the English College of Physicians has been engaged for ten years in revising the nomenclature of disease. It is due to Dr. Sibson to say that, to a great extent, this labour fell on him; and you must be glad to think that your own Mr. Holmes and Dr. Barclay performed a full share of the important work. The result is a provisional nomenclature in four languages. In this catalogue of diseases, under the great divisions of General Diseases, Local Diseases, Death Dependent on Age, Poison, and injury, 1,146 abnormal states are named. This number does not represent the number of diseases, which are far more numerous, as the 1,141st heading will show, where Ununited Fracture includes every bone capable of fracture, and liable to that condition; or the heading Hernia, 480, which includes under that number many conditions of that affection; and so of others. Nor are surgical operations, parasites, and congenital malformations included, they being all referred to an appendix. It is not easy for a beginner to appreciate either the value or the labour of this work. Indeed, I could imagine that when the student reflects on all this he may be almost deterred from beginning his work. In this case he must think of the advice of the old clock to the young one, who, complaining on his birth that he should never accomplish, as directed, 24 x 60 x 60=86,400 ticks of his second's pendulum daily during his life, was admonished to try one at a time. The old clock ought to have added, "Do each one properly, otherwise the tick does not count, and you stop."

This new nomenclature will constitute a veritable epoch in the history of the causes, the modes of prevention, and cure of diseases of the human race; and will produce uniformity in description of disease throughout the world.—*Dr. Acland's Address at St. George's Hospital.*

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NOTE-TAKING.

SURVEYING the careers of some of my old companions, I see that some who took but few notes have become distinguished men of robust intellect; and, on the other hand, I see others whose note-books would form a library, who have settled down into the most humdrum routine—very types of mediocrity. I therefore conclude that a man of many notes will not necessarily make a man of note. What is the great end of education? It is not simply to heap up the greatest amount of knowledge in the mind. The aim should rather be to discipline the intellect, to give precision and quickness to the faculties of perception and observation, to strengthen the power of reasoning and comparing, so as to form just and rapid conclusions upon the cases and problems that arise in daily practice. "J'aime mieux," said Montaigne, "forger mon âme, que la meubler." Now this end is not attained, I think, by trusting to note-books. The art of writing and the invention of printing have even been thought by some to have done doubtful service in strengthening the human intellect, however vast may be their influence in extending and diffusing knowledge. Plato said that without this delusive aid of alphabetical writing, "men would have been compelled to exercise the understanding and the memory, and by deep meditation to make truth thoroughly their own. Now, on the contrary, much knowledge is traced on paper, but little is engraved on the soul." Quintilian too said, "Memoriæ plerumque inhæret fidelius, quod nulla sacribendi securitate laxatur." And I may enforce this argument by quoting the opinion of one honoured alike amongst women and amongst men, and deserving of special honour in this hospital. Florence Nightingale says, "If you find it help you to take notes, by all means do so; I think it more often tames than strengthens the memory and observation." What I have said of note-taking does not apply to recording facts and observations. There is no better means of training the mind to the habit of orderly observation and precision in judgment than the methodical practice of taking notes of cases of sickness. The power of taking a case correctly, seizing the important points, and avoiding that prolixity and repetition which render subsequent study of the history tedious and repulsive, is invaluable to the student and to the practical physician. Each well-recorded case has its individual worth as an exercise and as a record of facts; and cases acquire an interest and impart instruction which cannot be limited when their number affords the materials for comparison, and for drawing general conclusions.—*Dr. Barnes's Introductory Lecture at St. Thomas's Hospital.*

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MEDICAL MANNERS.

I SAID just now that our manners should ever be but the expression of the habitual frame of our mind; and the habit and temper of mind which should animate us in our ministrations to the sick I can in no way so well describe as by reverently paraphrasing the words which so expressively tell us of the Divine Physician's tender care and true sympathy for us in our soul's sicknesses—namely, we must be touched with a feeling of their infirmities. The refining and elevating influence of such true sympathy will keep us from ever making our noble office subservient to any ignoble end; and though it may interfere with our becoming rich, yet it will raise us into a higher and purer atmosphere, above the petty vexations and disappointments of professional life. For what if by our work we become neither rich in worldly wealth nor great in the world's esteem? Surely a good name is rather to be chosen than great riches, and loving favour rather than silver and gold. And though we may achieve no social distinction, we may, by the Divine help, one day find, as many have found who are now gone to their rest, that the conscientious discharge of our duty in that profession which brought us neither wealth nor rank has been to us none other than the house of God—aye, and the very gate of Heaven.—*Mr. Smith's Introductory Lecture at St. Bartholomew's Hospital.*

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MEDICAL TRAINING.

WHATEVER special career you intend to follow in after-life, your education remains the same. Whether you intend to engage in general practice or in consulting, whether in town or country—in surgery, or medicine, or obstetrics, your training ought in all important respects to be the same. Medical training comprises all that fits you to be a doctor—all that fits you, not to do credit to yourselves or even to your profession, but to do good to your patients—to save their lives or ease their sufferings. For these purposes two things are wanted—*knowledge* and *skill*,—knowledge of the most satisfactory and interesting kind, comprising acquaintance with medical experience on the one hand, and medical science on the other; and skill in the exercise of the medical arts—therapeutics, surgery, and obstetrics.

But most of you are, I doubt not, already aware that these are not the only purposes of medical training. Besides preparation for practical work, which is by far the most important, there is another preparation necessary for your examinations—viz., the importance which each of you will assign to the two preparations will depend on your estimate of your future responsibilities and duties as practitioners. If it is your impression that medical practice is a business that any intelligent person is able to carry on successfully who has acquired a little practical experience and acquaintance with the use of a few drugs, then of course you will regard passing the examination as the principal, if not the only object that you have in view. For when a man looks on his profession as a trade, it is the fear of being rejected by the examiners, and of the consequent inconveniences, which alone restrains him from absolute idleness—the hope that he may succeed in persuading them to sanction his ignorant drugging of his fellow-men, is the highest incentive for his exertions. But I take it for granted that this is not the spirit in which you have entered on the occupation of your life, and that you have already made up your minds to work at your studies here, not for the purpose of slipping through at Lincoln's-inn-fields or Blackfriars, but in order that when the time comes you may enter on your professional duties with the boldness of the man who is thoroughly prepared for his work, and who feels each time he leaves the bedside of a patient, "I have done, not *my* best (for that might be a very poor best indeed), but *the* best. I have done all that medical experience teaches was expedient in this case, and have left nothing undone that I ought to have done."

I need no arguments to show that this is the only way in which the daily work of life can be a pleasure. On occasions like the present one is tempted to launch out into platitudes about the divine art of healing, and the supreme happiness of being occupied in doing good. There is truly much satisfaction in thinking that our future business will be to "go about doing good." But, as human nature is constituted, it is only a few who are capable of experiencing it. Medicine is truly a God-like occupation; but how few there are who, even while pursuing a divine art, are animated by divine motives. The pleasure to which I refer is less elevated, but more easy of attainment. It is one which every earnest, upright man, who has a sound mind in a sound body, may, and does, constantly enjoy. It is the inexhaustible pleasure which the man who is conscious that he is mentally and physically competent for his work, and is determined to use the powers God has given him for the purposes for which He has bestowed them, finds in the very efforts which are necessary in order to carry that determination into effect. Make up your minds then that, whatever other sources of enjoyment you may find in life, there is an inexhaustible source in fruitful work, and especially in professional work. But bear in mind, also, that in order to work fruitfully hereafter, you must work laboriously now in possessing yourself of all the knowledge and skill which your own abilities, and the short time which is assigned you for preparation, will admit of. If you do this, the work of seeing patients will be a pleasure, not a vexation—a pleasure of which the degree and intensity will be found (in accordance with an inevitable law) in exact proportion to the amount of labour spent by you in purchasing it. In other words, if you would go through what is called the routine of practice with satisfaction, the first thing is to possess the requisite knowledge and skill; the second is, that when you go to the bedside of your patient you should acquire the habit of concentrating all the energies of your mind to the consideration of his case, so as to bring to bear upon it all the knowledge you possess, whether acquired by your own observation or experience, or communicated to you by others; and that until you have made up your mind what is to be done for his relief, you should allow no other subject to intrude itself on your thoughts or withdraw your attention, even for a moment. It is by the habit of painstaking attention to each individual case that all good practitioners have acquired that power over disease that makes them trusted by the public. Such men rejoice in their work, are bold in the selection of remedies, and skilful in their application. It is the glory of our profession in this country that it contains a large proportion of men of this stamp—men who really come up to this standard of practical excellence—men who do not *say* that they value their patients' lives more than their own, but who *act* as if they did. While in the sick room they are so entirely engrossed and absorbed in their work that no thought of self crosses their minds. We are all personally acquainted with such men. Let us follow their example and try to be animated with their spirit; and to this end let us, while we are students, use every effort to qualify ourselves for our work, never forgetting that no amount even of painstaking afterwards will make up for neglected opportunities now. For you may depend upon it that life is much more frequently destroyed by the omissions or blunders of the ignorant than saved by the most judicious efforts of the most skilful and experienced practitioner.—*Dr. Burdon-Sanderson's Introductory Lecture at the Middlesex Hospital.*

Introductory Address

DELIVERED AT

THE LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE,

THURSDAY, OCTOBER 1st, 1868,

By FREDERICK T. ROBERTS, M.B., B.Sc.,

Lecturer on Botany, and Demonstrator of Anatomy, Physician to the Northern Hospital, &c.

(Continued from page 341.)

I have told you that you must resist strenuously every temptation by which you may be beset, and, without enlarging upon this topic, let me warn you that these temptations are often both numerous and powerful, requiring a severe effort to battle successfully against them. Temptations coming from within yourselves, from your surrounding circumstances, from your companions, and tending to idleness, to neglect of duty, to frivolous amusement, to vice, will assail you continually. I refrain from urging upon you any of those higher motives for striving to conquer them, but will merely appeal to you on the ground of your own temporal welfares. If you set out with a firm resolve to master them, you can succeed, and they will soon have lost all power to interfere with your progress; but if you yield to them and let them get the mastery over you, most probably all hope will be for ever lost of your attaining to anything but shame and remorse, for gaining a stronger hold upon you every day, they will lead you a willing captive, along that road which can only end in ruin and disappointment.

Gentlemen, my task is ended. I have endeavoured, though with many shortcomings, yet honestly and faithfully, to set your duty before you. If anything has been said that can aid you in your progress, I ask that it may be permitted to sink deep into your memories, and bring forth fruit in your future lives. Perhaps some of you are imagining that what I have been uttering is mere meaningless talk, but I assure you in all sincerity it is not so. In the name of my colleagues and myself, I declare that we feel deeply our responsibility towards you, and have a warm interest in your welfare; let each of you feel his responsibility towards himself, and have an equal interest in his own welfare. Ere I close, let me impress upon your minds two or three important truths. Remember first that not one of you can be standing still—if you do not advance, you will most assuredly be going back—if you do not improve, you must be getting worse. Perhaps there is some one of you saying to himself, "I will work at some future day, at some more convenient season, and at all events I shall be as well able to do so then as to-day." If that is your idea, you will sooner or later be undeceived. If that future day, that convenient season, shall ever come, which every passing hour renders less probable, you will find that you are not under the same conditions then as now, but that, while the amount and difficulties of your labours have been increasing, you have been becoming daily less able to enter upon, and cope with them. To work then without delay, and be not satisfied with merely making resolutions for the future, however good they may be, for so surely as you do so, the hours will come with ever-increasing speed, and wipe them out, as easily as words traced on a sandy shore are obliterated by the succeeding waves of an advancing tide, and your task will be left undone. Then, again, bear in mind that the conduct of each one of you affects not only himself, but also influences those with whom you are brought into contact. There is nothing stronger than the force of example. The fact of a man having lived will never cease to be felt by his friends and companions, either for good or evil. When you think that by your individual actions, your fellow-students may be stimulated to rise higher, or be lured from some worthy object, and assisted in a most disastrous descent, what a grave responsibility should rest upon every one of you! And this force of example will react upon yourselves; if on the one hand you encourage labour and lofty aspirations in another, he will in turn do the same with regard to you; while if you clog the efforts of others, you will just be putting another difficulty in your own path. Therefore, never forgetting this mutual action and re-action upon each other, let every one of you, by example, and if necessary by precept, strive to aid the progress of his fellow-students, for by so doing he will undoubtedly be also helping himself onward. With some of you, whom I am addressing to-day, the period of studentship is drawing to a close. I know not what your retrospect may be, but all I can say to you is—if your course has hitherto been such as to give you true satisfaction in your consciences, continue in it—if not, though late in the day, it may not be too late to make some amends for the past, if you begin at once; others of you have still to look forward to a part of your course, and some are merely starting upon it; but time flies with wonderful and almost appalling swiftness, and the day will speedily come, when for you all there will be nothing but retrospect so far as your student life is concerned. You may think that it will be possible to ignore the past, and to blot out from your consciousness the events of your by-gone career; but this cannot be. Conscience will compel you to survey the life you have led, nor will memory fail to declare what it reveals. With yourselves it rests whether this unavoidable retrospect shall be one yielding more or less pleasure and satisfaction, or one full of sorrow and regret. Therefore, to those of you who have hitherto trodden in the path of duty, I would say, persevere in that path: you who have not, I would with all earnestness urge to enter upon it without delay. Those of you who are to-day taking their first important step in life, let it be upon a road that shall lead to happiness and honour; so that, when the time comes for each one of you to quit these scenes of his early labours, and we give him the parting grasp, he may be able to look back upon the past, with the proud consciousness of having done his duty towards his friends, his teachers, his school, himself: and to glance forward into the future with every prospect of filling with dignity his position as a member of one of the highest professions to which it can be his privilege to belong; of acquiring honour and respect for himself; and faithfully carrying out those gracious purposes, which are the glory of our vocation, of being a messenger of mercy, and a dispenser of noblest and most welcome blessings in the midst of a suffering humanity.

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Social Science Association.

HEALTH SECTION.

Address

BY

H. W. RUMSEY, ESQ., M.D.,

President of the Section.

Of all persons, perhaps, members of the medical profession are the most liable to sudden and unexpected demands upon their supposed fitness for rendering help in emergencies, whether affecting the individual or the body corporate.

Thus, even in the brief history of this prosperous Association, it has happened more than once that the chair of the Health Department, in spite of its great attractions, has been left by the force of circumstances without an eligible occupant-elect until the executive committe in their extremity have been driven to send for a doctor.

Yet in this Society, where each department has so many complicated relations with other departments, it has been wisely judged, and for the first five years it was happily arranged, that some statesman, or legislator, or philanthropist, should inaugurate and guide our proceedings, bringing to the task all that public influence, that knowledge of social interests in general, which are necessary for the success of the sanitary movement, himself in return receiving from the department all that special and scientific information which may be derived from the papers read, and the discussions herein held, and which may thus be influentially applied to public and parliamentary action.

Thus, if we look back at the great advantages which resulted from the sectional presidency, first of Lord Stanley, and then of Lord Shaftesbury, succeeded, as they were in turn by Mr. Cowper, Lord Ebrington, and Lord Talbot de Malahide—we may reasonably regret that we have on this occasion failed to secure some one of those public men who are known to be thoroughly conversant with matters of health, and who might have brought us more closely *en rapport* with the leaders of public opinion. In our sixth year, we reaped the benefit of the practical philosophy of Mr. Fairbairn. The intimate relations which exist between sanitary improvements and the skilful enterprise of civil engineers render it very desirable (if I may be excused for making the suggestion), that this department should sometimes be headed by one of their profession. During the last quinquennium, however, we have had an uninterrupted succession of medical presidents, men of great achievements, acknowledged authorities in preventive and legal medicine, and in the physical sciences.

No wonder that, on such a retrospect, I should have undertaken, very reluctantly, the responsibility which has been committed to me—no wonder that I feel incompetent to sustain the *rôle* of my predecessors in office, and unfit for the honour which has been, I fear unwisely, pressed upon me.

The science of health-preservation is an indispensable portion of the science of human society. Public health, that branch of hygiene which concerns communities, involves the enactment of laws, by which the safety of the whole is protected against the errors and neglects of a part. Our department, therefore, has inseparable relations with that for the amendment of the law. Both departments are now concerned in the prospective task of reducing to order and consistency a chaos of conflicting sanitary statutes. Both have called for the appointment of public prosecutors, without whom the most necessary enactments may prove inoperative.

Then, private or personal hygiene might almost come under the charge of our educational section,—so entirely does a hearty obedience to precepts of health—as regards personal habits and conduct—depend on early instruction, good training, and intelligent conviction. Such obedience cannot, in a free country, be enforced by mere police regulations; unless, indeed, under some future Sanitary Act, any very unsavoury man might be defined a "nuisance," and so be brought under the operation of the Nuisances Removal Acts.

Domestic hygiene, again, seems to be something between public and private hygiene. Whilst the sacredness of the family hearth must be kept inviolate, the law may sometimes rightly and reasonably interfere, not only for the protection of neighbouring families, but also for the safety of dependent and helpless inmates. Here we see, in many ways, the connection between this department and that of social economy, especially in questions of labour and industry. How beneficial, for instance, have provisions for the prevention of disease and accidents proved in the regulation of employments! There can be no true social economy where there is no respect for the rights and the welfare of others, no real education adapted to and accepted by all classes, nor any allegiance to those physical laws which are ordained by God himself for the maintenance of a long, a healthy, a useful, and a happy life.

These objects, as I understand them, constitute the elements of Social Science.

Now, in the Health Department, at all events on this occasion, it seems desirable to confine our efforts, principally to matters of *public health*—to their scientific foundations, and to some of their practical aspects and present bearings.

On reviewing the progress of public measures during the past year, I have ventured to select, as the subject of this address, a group of allied questions of pressing importance, involving, perhaps, more seriously than others, the recognition of some first principles of natural science.

No one here need be reminded that the physical surroundings of man mainly determine his degree of health, vigour, and longevity. Now, the philosophers of old recognised four elements of nature, sources of all things and all changes of things, whether beneficent or malignant.

These elements of the ancients—fire, air, water, and earth—may therefore serve me as heads under which to group a few thoughts and suggestions on the relations of man to the facts of his natural and social life.

Fire, I take to include and express heat, of which it is a visible emblem and result. As the burning, purifying, and renovating principle of nature, I shall have to notice it in its action upon the other three—air, water, and earth.

These, when wisely employed, are our best friends, the prime means and necessaries of our existence. Nature reverently handled, is really our great mother; and not, as a learned physiologist has of late facetiously called her, "a step-mother," to whom he attributed paroxysms of malevolent intention.

These, our grand surroundings—air, water, and earth—are however liable to such original disorder, they may each and all assume such forms of danger and destruction, and they may be so abominably perverted by human ignorance and error as to produce, convey, and circulate among us the deadliest poisons. But man is endowed with capacities for observing the facts, noting the conditions, discovering the aberrations and mistakes, determining the right uses, inventing and applying the necessary remedial measures,—so that the primæval elements may be preserved and renewed as our perpetual sources of health and longevity.

I take for granted that action of this kind, on behalf of the public health and safety, is that of the community, by means of its legislative and executive authorities; and I shall endeavour to show, by one or two striking examples, under each head, how incorrectly and imperfectly the first principles of science have been acknowledged and applied in some recent enactments of sanitary intention.

I. Air.—How strange it seems that society, for which man was formed, should be the original cause of his violating that primary natural law which demands purity and abundance of air for his healthy existence!

No sooner, however, is a community formed, and its space of habitation limited by neighbouring populations than the air which supports it inevitably becomes more or less vitiated. In scattered populations, this continual vitiation of the atmosphere may be remedied partly by atmospheric motion, and partly by the rapid diffusion of gasses. Even the insupportable nastiness of the air of an Esquimaux cabin finds its compensation, if not its cure, in the wide expanse of barren land, open sea, and fields of ice, over which the exhalations of the dirty barbarians are driven and dispersed.

But, in warmer climates, as men congregate, when towns become the centres of active commerce, and the seats of art and manufacture—as the crowd thickens, as every square yard is occupied, at increasing cost, and as the average space per head continually diminishes—so does the purifying principle of the air, Oxygen, lose its power, so does it become less efficient in renewing the blood, "which is the life of man," so is it rendered less capable of burning the carbon and other effete and noxious products of animal life.

Here then, unless sanitary science be boldly and skilfully applied to social action, the masses deteriorate physically and morally. By degrees they lose the acuteness of those senses smell especially, with which their Creator has endowed them for purposes of self-preservation. The human form divine degenerates. The less favoured classes sink in the scale of race, dwindle, alter in shape, colour, and feature—they grovel, sicken, and die prematurely. By a fatal descent, the lords of creation reaches after, and wallows in, the lowest gratifications, the grossest habits—acquires the profoundest indifference to, if not deepest hatred of, law—divine and human—social order, purity of life and manners.

Even the wealthier classes, upper and middle, cannot escape the physical injury consequent upon contact with preventible disease and mortality. Such a state of things leaves, too often, a sad impress, moral and social, upon the leading members of a community. The chasm between the classes tend to widen. In the skilful employment of capital, the workman has been too generally regarded as a mere instrument—which, *as a machine*, can be procured and used at the market price; yet on this instrument, *as a man*, is thrown the sole responsibility of maintaining himself in a state of efficiency, and of bearing the consequences, whatever they may be, of this human crush.

Hence has grown up antagonisms of interests, a mutual distrust, which—unless it be removed, by just and liberal measures on the one part, of which there is now some hope, and by a fuller knowledge of the causes and remedies of their condition on the other—will shake the very foundations of society, and show its apparent prosperity to be but the thinnest crust of glittering matter over an abyss of revolution and ruin.[1]

May I be permitted now to refer to the physical-science aspect of this question of great towns. And if I venture to allude to facts and phenomena, which are well known to you all, it will be understood that I do so, merely to complete and strengthen my argument.

What, then, is the physical nature of the impurities of town air? I know of no one who has contributed fuller information on this head than Dr. Angus Smith. Yet he, as well as others, have left much undetermined. *Excess of carbonic acid* is the most discernible injury inflicted by communities of men upon open air, an injury revenged with fatal force upon the agressors. In nature, as we are told, there are rarely found more than 35 parts of this gas in 100,000 of air. But in the air of great towns are found from 40 to 74, according to the degree of population density, and also of fog or atmospheric moisture. In confined air, among tall structures, the proportion appears to be greater; in rooms said to be well-ventilated, *i.e.*, supplied freely with town-air, the average quantity is said to be about 80 in 100,000; in ill-ventilated rooms and workshops, there have been found from 100 to 700 parts—twenty times nature's allowance!

Now, as carbonic acid prevails, the circulation of the breathers is generally observed to slacken, the frequency of respiration to increase, and the nervous power to fail. Much of the phthisis and scrofula of town-populations is doubtless due to an atmosphere overcharged with carbonic acid. Incaeased temperature, due to season or climate, renders an excess of this gas still more injurious. [Thus, even 1 per cent. may be endured at a temperature under 50° F., which would be absolutely intolerable at 70° or 80°].

But if the presence of this destructive gas be more easily ascertained and its quantity determined, and if it also tell us something of other gases of decomposition, it by no means reveals the most serious cause of atmospheric vitiation. There is much sulphurous acid in the air of smoky towns; much sulphuretted hydrogen near open sewers; and, worst of all, there are emanations peculiar to decomposing organic matter, especially animal *débris*.

Thus, the air taken from high table-land in the country, is said to contain only about one grain of organic matter in 200,000 cubic inches of air, and this mostly of vegetable origin; but air from a cesspool has one grain in only 60 cubic inches—or 3,333 times as much as in nature.[1]

The degrees of organic impurity in town air vary infinitely between these extremes, in proportion as the known causes of such emanations are allowed to putrefy, without prompt removal or disinfection, *e.g.*, by means of charcoal in sewer-traps. Dr. Angus Smith has observed—"We have, in different air breathed by people in the same country, a substance, the amount of which in one case is 22 times greater than in the other, and in air breathed by people in the same town, a difference which is as 9 to 22." He adds, "that in the district in which the highest numbers were obtained, there were, in 1855, 4·5 deaths in 100 population."

It is this organic matter in the air which is the most pernicious result of human crowding. It is this which, in the air, as well as in the water, conveys specific germs of disease, inconceivably minute forms, capable of infinite multiplication in the living human body. In this, then, lies the fatal secret of density of population.

These emanations arise, as we know, in great measure, from foul water, and from saturated and undrained soil; but in large proportion, also, they are exhaled from living beings—from the lungs of the diseased, from scattered saliva, and from the skins of the unwashed. It was generally supposed that nitrogenous matter, which has been detected in the condensed vapour expired even by healthy people, came from the lungs. But a French physiologist, M. Lemaire, has lately shown[2] that in healthy adults it proceeds from the uncleansed mouth, throat, and gums, and the air about them. And he has recorded the very disagreeable fact, that skin-dirt (composed of perspiration, oily matter, and dust), when allowed to accumulate, is found, on examination, to contain myriads of microscopic beings, vegetable and animal (Bacteria and Vibrios), similar to those which he had before discovered in the air collected from the barracks of the Fort de l'Est.

The French savant selected, of course, for his experiments, the uncleansed—"*qui avaient*," says he, with the politeness characteristic of his nation, "*négligé pendant huit et quinze jours les soins de la toilette.*"

In our population, town and country, there are millions who neglect such attentions for as many months or years as this philosopher reckoned days!

You may erect baths and wash-houses, but no Act of Parliament can compel their general use. Much, however, may be done by training the young in cleanly habits.

These cutaneous emanations are dissipated in, and therefore infect, the air. The closer the aggregation of unwashed human masses, the more horrible must be the resulting atmospheric impurity.

When, without reckoning the floating organic particles which arise from mucous discharges (as epithelial cells, &c.), we add the pulmonary exhalations of phthisical and scrofulous persons charged with elements of disease believed by many to be contagious, we may obtain some clue to a source of atmospheric vitiation in dense populations, of which there is not the faintest popular notion.

Those most delicate physiological tests of bad air and of defective oxidation—the blood, bones, and skin of a living child—prove to demonstration, when mere chemical analysis fails to throw light on the case, that town air, even in its best conditions, contains subtle poison, from which the airy upland and the breezy shore are free, and that it also wants some elements of nutrition and purification which the latter supply.

In Dr. Morgan's eloquent words, "A murky mass hangs like a shroud over the city—a dismal list of noxious gases is so intimately diffused throughout the air, that neither can the earth's heat radiate into space, nor can the warm beams of the summer's sun thoroughly dissipate the suspended canopy."[1]

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[1] The social dangers of neglecting the sanitary condition of the poorer classes have been forcibly shown by Mr. Rendle.

[1] Watt's "Dictionary of Chemistry."

[2] Comptes Rendus, Oct. 14, 1867.

Although much has been learned from the study of death-rates, I have for some time past scrupled to quote them in support of sanitary dicta. With all respect for the Registrar-General and for my learned and distinguished friend Dr. Farr, I find these statistics full of fallacies, especially in crowded towns, where the figures give by far too favourable an estimate of that mortality which is strictly due to town life. I need hardly say that the death-roll does not reveal the actual loss of health among town masses, nor does it record the multitudes disabled by a host of diseases and casualties, which may not at once destroy life, though they ravage the territory of labour and duty, and levy a most heavy tribute upon produce and property.

For this we need an official registration of sickness attended at the public cost.

The Rev. Professor Haughton "has shown that, on very simple mathematical principles, the density of a population would be a factor determining the ascent of the curve of increase of an epidemic."[2] This would apply to the case of the distribution of poison by a water company. "I believe," adds Dr. Morris, in his very remarkable essay on Germinal Matter, "that bad sanitary state of any kind would be equivalent to greater proximity."

All other sanitary appliances and reforms being equally adopted, or equally neglected, it is certain that close proximity of dwellings, over an extensive area, is *per se* a cause of unhealthiness and deterioration of race. It is not fair to compare a well-regulated town population, having, perhaps, only eight square yards for each person to live upon, with an ill-conditioned dirty population in the open country.

For all this vitiation of air, caused by town life, there appear to be three natural remedies of different values in different cases: motion of air; diffusion of gases by natural law; the presence, or introduction of, active oxygen.

1. Now, the mere motion of air, if it be natural motion, *i.e.*, wind, is occasional and *variable;* while the generation of morbific causes is *constant.* The remedy cannot be relied on, for the air is often stagnant in circumstances of the greatest danger. The motion of air in towns is impeded by the proximity and height of buildings, probably as much as by insufficient openings in rooms. Nor do we know that, without the admixture of pure air, foul air can purify itself by simple motion. If the motion be artificial, it may be excessive or ill-timed, but of this again.

2. The diffusion of gases is necessarily limited by space, and mainly by superficial space; for of their diffusion in a vertical direction, *i.e.*, into the upper regions of the atmosphere, we know little, and that little (depending partly on diminution of temperature according to height of aërial column, and partly on the relative specific gravity of gases) does not favour the hypothesis of an effectual change. Gaseous diffusion is also impeded by the very circumstances which impede aërial motion. And these circumstances are most potential in towns.

3. But the presence of active oxygen in sufficient quantity—and sufficiency here means abundance—were that possible in dense populations, would be the real remedy.

Oxygen I take to be the burning and purifying principle of nature, represented by the elemental fire of the ancients. For flame is but luminous combustion. Professor Tyndall has shown by his curious candle-burning experiments in the Vale of Chamounix and on the summit of Mont Blanc, that the quickness and intensity of combustion, such as takes place in vigorous oxidation, is, in general, incompatible with that brightness of flame which depends on the presence of carbon or other inflammable matter. The purer the air the more invisible is the fire, yet the more effectual the burning.

The proportion, chemically determined, of oxygen in air may not be much altered in towns, though it is sometimes found to be less: but recent discoveries tend to prove that its energy depends on the conversion of a portion of itself into another form, which, when obtained artificially, we call ozone.

When Cavallo found that his Aura Electrica (caused by sparks passing from his machine through air) was a disinfectant if applied to fœtid ulcers, he laid the foundation of a discovery the future beneficial results of which are incalculable.

The researches of Schönbein—now, alas! no more—and subsequent scientific experiments upon this agent have thrown great light upon its nature. By an electric current, the volume of oxygen through which it passed was found to be diminished to the extent of 8 per cent. Then, Odling and Soret have proved that this condensation is due to the substitution of sixteen atoms of ozone for twenty-four of oxygen. We also now learn that, while ordinary oxidizable substances absorb only the odd eight atoms, restoring the ozonic oxygen to its original condition (though not to its original volume), a substance—oil of turpentine—has been found to absorb the whole of the ozone, which thus destroys itself in attacking its enemy. Finally, we know that ozone speedily removes dead and decaying matter "by resolving organisms into primitive and innocuous forms." (Day.) Men of science have thus arrived, I venture to think, at the entrance of a wide field of practical work with this sanitary giant.

Since the most delicate tests fail to detect anything like ozone in the air of our crowded towns, we infer that in these places our great benefactor is "used up;" and that without his presence and aid, oxygen itself fails to purify.

Richardson some time ago observed that when oxygen had repeatedly passed over dead and decomposing animal matter it lost its power of oxidation.

We may also infer that, in these conditions, deadly germs, carrying specific diseases, or their essences, may float in myriads about us, multiplying and safe from destruction,—save when, happily for us, that unseen mysterious Being rushes down in the track of the lightning-flash, or rides by on the tempest, or gambols in the light spray of the sea-breeze.

There may be yet other substances besides oil of turpentine (an antozonide, according to Schönbein's ingenious theory) which may as effectually annihilate ozone, and may thus be ever at work to cut short our natural supply of oxygen.

In the growing compression of human masses and animal life (I speak metaphorically), may there not be evoked a demon of uncleanness and corruption strong enough to quench the spirit of burning and of purification?

Practically, then, the most essential measure of sanitary legislation and administration would be not merely to purify as far as possible the air of towns, but also to provide better air than towns supply to the people. These objects may be accomplished by three methods:—1. Speedily removing all the *debris* of animal life, and everything which by decomposition can corrupt the air; 2. Promoting the free circulation of air into every quarter, through every court and alley, into every house, every room, in the inhabited area,—in a word, ventilation; 3. Enabling every person to breathe a sufficient quantity of pure and good air, *i.e.*, air having the properties of ozone.

Our sanitary laws, if properly carried into effect, which they are not at present, may secure the first object.

(To be continued.)

Medical News.

THE PUBLIC HEALTH.—We take from the Registrar General's return our usual details. In the week that ended October 10, 4368 births and 3115 deaths were registered in London and in thirteen other large towns of the United Kingdom. The annual rate of mortality was 25 per 1000 persons living. The annual rate of mortality was 24 per 1000 in London, 25 in Edinburgh, and 20 in Dublin; 22 in Bristol, 18 in Birmingham, 30 in Liverpool, 31 in Manchester, 41 in Salford, 25 in Sheffield, 26 in Bradford, 31 in Leeds, 28 in Hull, 20 in Newcastle-upon-Tyne, and 27 in Glasgow. Scarlatina and different forms of typhus and typhoid fevers are just now showing increased fatality in several of the large English towns; the former more particularly so in Manchester and Leeds, as well as London, and the latter in Liverpool, Manchester, and Leeds. Scarlatina last week in Manchester was three times, and typhus in Liverpool five times, as fatal in proportion to population, as the same diseases in the metropolis. During the last four weeks 383 deaths have occurred in the metropolis from scarlatina. It is to be regretted that no general measure has hitherto been devised for stamping out this destructive disease. The deaths registered in London during the week were 1438. It was the forty-first week of the year, and the average number of deaths for that week is, with a correction for increase of population, 1293. The deaths in the present return exceed by 145 the estimated amount, and exceed by 209 the number recorded in the preceding week. The deaths from zymotic diseases were 359, the corrected average number being 372. Six deaths from small-pox, 25 from measles, 109 from scarlatina, 10 from fever, and 49 from diarrhœa, were registered. The mortality from small-pox, measles, and whooping-cough is comparatively low, but the death-rate from fever is high, and from scarlatina greatly in excess. One hundred and sixty-nine deaths occurred from phthisis, 91 from bronchitis, 63 from pneumonia, 85 from diseases of the heart, and 162 from diseases of the brain and nevous system.

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[1] Morgan on Deterioration of Race, p. 29.

[2] Morris on Germinal Matter, p. 10.

Nævus Maternus.—N. W. Brennan, M.D., in the *St Louis Medical and Surgical Journal*, describes an unusual case of this affection occurring in a half-breed Indian woman, who was suffering from phthisis and epilepsy. The nævus covered the whole trunk posteriorly, extending from the occipital region to the inferior nates, and from side to side. It covered the right mamma, and reached midway on the right thigh, and to the upper third of the left. It reached midway on the arms. The parts so marked were uniformly black; not so black as negro's skin, but resembling the rough skin of a Mexican dog. There was an unusual though sparse capillary growth an inch or two long on the entire discolored part. On the back, below the waist, particularly, there was a thick growth of hair, quite bear-like, two inches long. She stated that the milk from the discoloured breast always sickened the child. She stated that her mother, while pregnant, went blackberrying, and in a thicket a large bear suddenly started up beside her and frightened her. She attributed the discoloration to the influence of the mental emotion excited by the fright.

Boiler Explosion at the United Hotel, St. James's.—We have been favoured by Mr. Turner, M.R.C.S., House-Surgeon to Charing-Cross Hospital, with the following particulars of the wounds caused by this explosion. They are as follows:—Ellen Leonard, vegetable maid, four severe scalp wounds, face, shoulders, and legs scalded; is suffering severely from the shock, and is in a comatose state. Ellen Luttnem, fractured humerus; face, arms, and legs scalded; going on well. Robert Humm, three scalp wounds; contusion of both thighs and shoulders; going on well. All under the care of Mr. Canton, Surgeon to the Hospital.

Sir Benjamin Guinness has been elected Registrar of the College of Physicians, Ireland, by a majority of seven votes.

Just as we are going to press, we are credibly informed that an influential deputation of the citizens of Dublin has waited upon Sir Dominic Corrigan, with the earnest request that he will contest one of the seats for the representation of the city in the coming election.

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APPOINTMENTS.

Crawford, Robert, M.D., L.F.P. & S., Glas.—Certifying Factory Surgeon for the District of Peebles, Peebleshire, and Surgeon to the Parochial Boards of Peebles and Manor, vice J. B. Junor, L.R.C.S. Ed., deceased.

Henderson, W., M.D.—Examiner for Graduation in Medicine in the University of Aberdeen for 1868-69.

Kerr, D., M.D.—Examiner for Graduation in Medicine in the University of Aberdeen for 1868-9.

Kidd, G. H., F.R.C.S.I.—Obstetric Surgeon to the Coombe Lying-in Hospital, Dublin.

Lilburne, J., M.D.—Was on Saturday last promoted to the rank of Senior Staff-Surgeon in Her Majesty's Fleet.

Moon, F., M.B.—Certifying Surgeon under the provisions of the Factory Acts for the Greenwich District, vice Robert Finch, M.D., resigned.

Osman, V., M.R.C.S.E.—Surgeon to the St. Marylebone General Dispensary, Welbeck street.

Payne, Mr. G. W.—Surgeon-Dentist to the Royal Pimlico Dispensary, vice T. C. White, M.R.C.S.E., L.D.S., resigned.

Payne, J. F., M.B., M.R.C.P.—Physician to the St. George Dispensary, Mount street, Grosvenor Square.

Smith, Dr. Edward.—By the Lord-Lieutenant, Resident Superintendent of the Lunatic Asylum, Londonderry.

Wood, W.D., L.R.C.P., L.R.C.S. Ed.—Assistant-Surgeon to the West Riding House of Correction at Wakefield, vice William R. Milner, M.R.C.S.E., deceased.

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Deaths.

Baddeley.—On the 2nd inst., W. E. Baddeley, L.R.C.P. Ed., of Newport; Salop, aged 51.

Brigstocke.—On the 4th inst., Henry Brigstocke, M.D., of Wolverhampton, aged 69.

Lamb.—On the 10th inst., J. S. Lamb, M.D., of Windsor terrace, Maidhill, aged 46.

Scholfield.—On the 6th inst., E. Scholfield, M.D. of Doncaster, aged 63.

Walker.—On the 30th ult., at Portreath, Cornwall, James Mitchell Walker, surgeon, late of Newcastle-on-Tyne.

Verity.—On the 10th inst., at Talywain, near Pontypool, Monmouthshire, A. Nicholl, the only child of A. Robert Verity, M.R.C.S.E.

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NOTICES TO CORRESPONDENTS.

Dr. John Dickie, Alloa, and Dr. H. S. Purdon.—Corrected proofs of your papers did not arrive here until Tuesday morning, when the journal was on the machine.

Enclosures have been received from Dr. Procter, Lydd; Mr. G. R. Cooke, Rotherhithe; Dr. Barclay, London; Dr. Tilton, Stonehouse; Dr. Lame, Bishops' Castle; Dr. Hamilton, Poole; Dr. Skinner, Liverpool; Dr. Rumsey, Cheltenham; Mr. Rawdon Macnamara, Dublin; Dr. Mapother, Dublin; Professor Humphrey, Cambridge; Mr. Tichborne, Dublin; Dr. Hughlings Jackson, London; Dr. Meadows, London; Mr. Altham, Wray; Dr. Lory Marsh, London; Dr. Quain, London; Dr. Hawkins, London; Mr. Garlick, Halifax; Dr. Haslett, Lakey; Dr. Thomas, Glasgow; Mr. Horace Swete, Weston-super-Mare; Dr. Kemp, Fort George (New Subscriber).

Mr. Poole is thanked for his courteous note.

Pater.—The Medical Session at the University of Edinburgh commences on Monday, November 2nd. You will find full particulars of this in our advertising columns of last week.

"**Papers** on Fracture," by Francis McEvoy, L.H.Q.C.P.; "Case of Hemiopia," by W. D. Moore, M.D., Dub. et Cantab, &c., received. Proofs shall be sent in due course.

Pharmacist—The new Act on the sale of poisons comes into operation on January 1st, 1869.

Dr. Meadows.—The journal shall in future be sent you with an impressed stamp as requested.

Poor-Law Officers.—We give the following extract from the letter of a valued correspondent, in the hope that others of our readers may bestir themselves in time on a question of so much importance to each individual member of the profession. "My sole object has been, and is, to rouse the energies of Poor-law Medical Officers, in order that they might show some interest in those matters strictly appertaining to themselves, and obtain if they can, some guarantee from candidates for a seat in Parliament, that their case shall receive consideration. How far I may succeed I do not know. I have done my best. A spark may be fanned into a flame which can be both seen and felt; and if the questions should prove to be like a spark, and Poor-law Medical Officers should fan them some notice may be taken and good may result." A letter from the same pen will be found in our correspondence columns of this week. It appeared in our "Poor-law Supplement," of Oct. 14th, but as the majority of our readers are not subscribers to this supplement, we reproduce it in the usual columns.

"The Proposed Testimonial to Dr. Hills," and "Retiring Pensions to Poor-law Medical Officers," are unavoidably postponed to our next.

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BOOKS, PAMPHLETS, &c., RECEIVED.

On the Parasitic Affections of the Skin. By Dr. McCall Anderson. Second Edition. London: John Churchill and Sons.

Monthly Nurses, and Nurses in General. London; L. Booth, 307 Regent street.

Letters on Cholera. By Thomas Skinner, M.D. Liverpool: Adam Holden.

Notes on the Metals. By Thomas Wood, Ph.D., F.C.S, London Longmans, Green, & Co.

The New York Medical Journal.

Journal de Médecine de Bourdeaux.

Boston Medical Journal.

New York Medical Gazette, &c., &c.

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NEW BOOKS IN MEDICINE AND SURGERY.

From the "Bookseller."

Dalton (J. C., M.D.) Treatise on Physiology and Hygiene; for Schools, Families, and Colleges. With Illustration. Post 8vo., pp. 399., 7s. 6d.

Dunlop (Durham, M.R.I.A.) Philosophy of the Bath, or Air and Water, in Health and Disease; containing a History of Hydro-Therapeutics, and of the Hot-Air Bath from Earliest Ages, with an Introductory Chapter illustrative of the present condition of the Medical Profession. Post 8vo., pp. xvi.—465, 5s.

Gay (John, M.R.C.S.) On Varicose Disease of the Lower Extremities, and its Allied Disorders; Skin Discoloration, Induration, and Ulcer; being the Lettsomian Lectures delivered before the Medical Society of London in 1867. 8vo., pp. x.—171, 5s.

Haviland (Alfred, M.R.C.S.) "Hurried to Death," especially addressed to Railway Travellers, 1s.

Holden's Manual of the Dissection of the Human Body. Edited by Luther Holden, F.R.C.S., and John Langton, F.R.C.S. Illustrations. Third edition, 8vo., pp. xii.—604, 16s.

Huxley (T. H., L.S.D.) Lessons in Elementary Physiology. Second edition, with Illustrations. 18mo.—4s. 6d.

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"SALUS POPULI SUPREMA LEX."

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Lecture.

LECTURES ON STRICTURE.

WITH SPECIAL REFERENCE TO ITS TREATMENT.

By Rawdon Macnamara,

Vice-President and Professor of Materia Medica in the Royal College of Surgeons of Ireland, and Surgeon to the Meath Hospital.

LECTURE II.

I CONCLUDED my first lecture, Gentlemen, by stating to you how, when hastily called upon to see a case of sudden retention of urine, you might with some degree of accuracy predicate, according to the age of the patient, the sources of that retention. I told you that in the case of a male child the retention probably would depend upon the presence of a small calculus impacted in his urethra; that in the case of an adult the cause most probably would have to be referred to the existence of a stricture situated in some portion or other of his urethra; whilst in the aged an enlarged prostate would most likely be the "Fons et origo mali." Of course I do not wish you to understand me as asserting that these are invariably the causes, but in cases of *sudden* retention of urine it is more than probable that at these several ages you will find them to be the respective causes.

Before entering on the subject of stricture of the male urethra, I should wish to say a few words upon what occasionally, both in the adult and in the child, proves an impediment to the free passage of their urine,—I allude to phymosis. You are probably aware that this disease has been properly divided into two classes, congenital and acquired, the latter being the result of some inflammatory action set up in the system, most frequently of venereal origin. About a week ago you had an opportunity of seeing an example of the first variety under the care of Mr. Smyly. The case I allude to was that of a boy, who was the subject of a congenital phymosis, and in whom the opening of the prepuce was so very small that it was with difficulty Mr. Smyly was able to introduce through it a probe. Of course you can readily understand that this condition would materially interfere with the expulsion of his urine. How much it interfered with it was evidenced to me as the operation for its relief proceeded. In consequence of the extreme tightness of the prepuce, the whole of the glans was covered in, and in the effort to micturate, the urine, instead of flowing freely out, was retained between the prepuce and glans penis, and ultimately encrusted these parts with calcareous deposit. It is evident that a prepuce so contracted over the meatus urinarius must prove an extra impediment to the passage of the water, and thus give rise to an unfounded suspicion of the existence of a stricture. One of the symptoms in stricture is the forked or scattered manner in which the urine is passed; when in such a case as this the urine is expelled in this way, the appearance is caused by the prepuce being contracted over the glans, and the urine is thus scattered in its passage. It will also give rise to another of the symptoms usual with stricture, inasmuch as the water must be passed as slowly and with the same expulsive effort as in stricture.

The office of the prepuce is to cover the glans penis and to protect it, and in its normal state it should be capable of being completely retracted. But where this cannot be done, where you cannot uncover the glans penis at all, and where it interferes with the process of micturition, steps must be taken for the relief of what now amounts to a deformity. You have here a beautiful example of this condition in the preparation which I now show you. Here is the prepuce of an adult, and a more perfect example of phymosis never was seen. If you examine it you will perceive a bristle passing through its orifice, and that it would not admit of the passage of anything larger than a bristle—in fact, it is an absolute stricture. This preparation is, perhaps, unique; and you can readily understand, in this case, the great extent to which the process of micturition must have been interfered with. The patient who was the subject of this malformation was circumcised in this hospital by the late Professor Porter, and you see how nicely the operation must have been performed. What is the line of treatment suited to such a condition? The operation of circumcision. And this operation of circumcision is performed in a variety of ways. The most ancient way, I should say, is the manner in which it is, even to the present day, done by the children of the Hebrew race. The operation is performed by the High Priests, and admirably and beautifully do they perform it. The most exquisite operations of circumcision are performed by these men, who have no knowledge of anatomy except what they, as it were, intuitively arrive at. The way in which I have seen them perform the operation is very interesting. The High Priest has a piece of silver plate somewhat heart-shaped, and about the size of a five-shilling piece, having a slit traversing the greater part of its diameter, of width sufficient to admit of its receiving the little patient's prepuce ; seizing the fore-skin between the fingers of his left hand, he elongates it, and slides down the silver plate close in front of the glans penis, so as to protect it from injury when cutting off the prepuce; having got matters into that position, he sweeps off the fore-skin with a sharp stout knife, somewhat resembling a razor, and then he gets hold of the mucous membrane, tears it with the points of his fingers, and retracts it back ; then he fills his mouth with a little brandy and water, gets the little penis into his mouth, and washes it. He then puts a dressing on the glans, and ties up the patient when he has done. The operation must be done within nine days after birth, and it is very rarely that any unpleasant consequences follow it. I have seen the operation performed on more than one occasion, and although I had opportunities of seeing the patient subsequently, I never saw anything injurious follow from this mode of procedure. It would be an admirable plan for the circumcision of the adult, and I really don't see why it should not be adopted. The next operation in point of antiquity is with a director and sharp-pointed bistoury. You introduce the director through the opening in the prepuce, and make it prominent on the dorsum of the penis ; having done so, you pass down on it the bistoury, transfix the skin, and cut outwards until all is divided. The bistoury you use must be sharp-pointed, but if you wish to be very particular, and effectually to provide against its point catching in the mucous membrane, you can put a piece of bees'-wax, about the size of a pea, on its point ; then introduce it along the director, and when it reaches its destination force it firmly out; it will transfix the wax and the prepuce, when you can complete this stage of the operation. In transfixing the prepuce you will find your operation attended with better results if you draw the upper integument of the fore-skin back towards the symphisis pubis ; in this way you will make the wound in the mucous membrane correspond better with that in the integument; neglecting this precaution may necessitate a subsequent division of the mucous membrane to adapt it to that in the integument. You now have two flaps hanging down at each side, composed of the skin and of the mucous membrane of the prepuce; these, either with a scissors or a knife, you pare on each side ; then take a needle, armed either with a silk ligature (which I prefer) or with silver wire, and connect at three or four points the skin and mucous membrane together, taking care to have one of your stitches at the superior angle of the wound ; then use a cold lotion, and keep the patient quietly at rest. There is only one danger that I know in connection with this operation, and that is, that a careless person might introduce the director through the prepuce on into the meatus urinarius, and so pass it into the urethra. Such an accident has occurred ; but a person must be very careless who allows it to take place. In the first place, you should have nothing but the skin and mucous membrane between your finger and the point of the director, a fact which the "tactus eruditus" will soon enable you to determine ; but in cases of inflammatory phymosis, when the tissues are very much infiltrated and thickened, an inexperienced operator, or indeed, for that matter, an experienced one either, may be excused for entertaining some misgivings on the point. In such a case, how are these misgivings to be set at rest? In this way. When you get the director in between the glans penis and the foreskin, take it this way, bring it around so, making its point traverse the space between the prepuce and the glans, and if it goes freely round, you may depend upon it, it is in the right situation ; for if it were in the narrow passage of the urethra, you could not so rotate it. In the great majority of cases, you can thus with accuracy determine the position of the director, but in exceptional cases a difficulty may arise in consequence of adhesions between the prepuce and the glans. For instance, in the case of phymosis in the child operated upon here the other morning by Mr. Smyly, we positively could not so rotate the director, for the glans penis and the foreskin were, to a great extent, absolutely glued together with the quantities of calcareous matter deposited upon them, and thus was prevented the rotation of the instrument. But his sense of feeling enabled him to recognise that his director was in the right position, and not in the urethra; and, as it ultimately proved, he was correct in his diagnosis. Presuming, however, that a case presents itself to your notice in which the tissues are greatly infiltrated and thickened, and in which these adhesions between the glans penis and the prepuce also exist, you may well ask me how you are to decide as to the position of your director under such difficult complications. Well, there is our crucial test, which will, unless you are peculiarly unfortunate, clear up all doubts upon the point. Continue to introduce your director, when, if it be in the right position between the prepuce and the glans penis, upon reaching the point where the mucous membrane is reflected from the glans upon the prepuce, its further ingress will be arrested; whilst, on the contrary, if it be in the urethra, it can be introduced its full length without any impediment. I said "unless you are peculiarly unfortunate," because a case might occur presenting these two complications, with, in addition, the existence of a stricture in the urethra near its orifice ; this would, of course, arrest your instrument, and might lead you into a serious error. In so unfortunate a case nothing but the very greatest caution will assist you out of the difficulty.

A rather simple method of performing this operation has been suggested by the illustrious Ricord, who has devised also an instrument for still further facilitating the steps of the operation. This instrument is known to us as Ricord's forceps, and I here present it to you, gentlemen, for your careful examination, for it and this operation are by no means unusual subjects to be asked of you at our several Licensing Boards. I don't know whether you experience much difficulty in recognising an instrument from its written description or not, but of this I am sure, that you are far more likely to form a correct idea of any material object from careful inspection of it than if you were to devote hours to the perusal of the best written description of it; hence is it that I beg of your careful inspection of this forceps. At first sight, it does not appear to differ much from an ordinary dressing forceps; but on divaricating the blades, you will perceive that they are deeply indented on their inner surface, and you will also remark that in each blade there is a slit running nearly its full length. The method in which they are to be used is as follows:—The prepuce is first to be elongated by being drawn forwards between the forefinger and thumb of the operator's left hand, and then grasped close to the glans penis by the forceps, and in so doing they are not to be applied directly in a vertical position, but rather slantingly, so as to comprise in their grasp more of the superior portion of the prepuce than of the inferior; we then entrust the forceps into the hands of an assistant, with directions to him to grasp them steadily; having previously armed two needles either with a silk ligature or with fine silver wire, you are now to take one of them and transfix with it the prepuce, passing the needle between the slits in the blades of the forceps, and as near as may be in the very centre of the prepuce. You now take the second needle and transfix the prepuce in a similar manner through the slits in the blades of the forceps, introducing the needle a little lower down, but close to the point at which you had introduced the first needle. You now warn your assistant to grasp the handles of the forceps firmly and *tightly*, and with one sweep of a sharp knife you remove the foreskin, of course making your incision on the side of the forceps farthest from the glans penis, which is protected from injury by the interposition between your line of incision and the glans penis of the blades of the forceps. Now you are in a position to see the value of the slits in the blades of the forceps ; were they solid, the needles should either be passed at one side or other of the forceps ; if at the side next the glans penis, to the risk of wounding it, if at the far side, to the almost certain chance of their being cut away along with the foreskin. By introducing the ligatures before removing the foreskin, the subsequent steps of the operation are expedited, and of course some pain spared the patient. Why you should tell your assistant to grasp the handles of the forceps tightly just as you proceed to amputate the foreskin is with a two-fold object. First, that by so doing, the pain of the incision is considerably numbed, an object when chloroform is not used ; and indeed in these minor operations its use is rather to be deprecated, the pain being so momentary that, in my opinion, the patient should not be exposed to the slight amount of risk that, even in the ablest hands, attends the administration of chloroform ; but more important than this, if your assistant keeps a slack hold of the forceps you very likely will shove down the prepuce before your knife, and fail in completing the operation by what it should always be done—one sweeping cut. If the operation has been skilfully carried out in all its details, you now see the glans penis appearing through the opening you have made, and lying across it will be your two ligatures. You now seize them in the centre with a forceps, draw them out some little distance, and cut each of them in two, by which procedure you now have four instead of two ligatures, and upon tying these you approximate the mucous and cutaneous surfaces of your line of incision ; the penis is now to be lightly dressed with a slip of either wet or dry lint, the patient is to be removed to bed, and kept there for some days, when, if no *contretemps* arises, the cure will have been perfected. Mr. O'Grady has suggested an adaptation of the principles of Ricord's forceps to the common dissecting forceps which we surgeons carry in our pocket cases. It is capable of fulfilling not only all the duties required of Ricord's forceps, but also the hundred-and-one requirements of an ordinary forceps, as you can readily perceive by examining this instrument, which is manufactured by Fannin and Co., of Grafton street, who have admirably realised Mr. O'Grady's idea.

In this description which I have given you of Ricord's operation it must appear to you a simple one, and of easy application ; yet it is one which requires some nicety of manipulation, and some little skill on the part of the operator. For instance, it requires some care to ensure that the amount of mucous membrane removed will correspond with that of the cutaneous tissue. I have seen the operation so performed that the mucous membrane has remained perfectly intact, covering the glans penis as if it were its night-cap. This mishap can be avoided by grasping the lower margin of the prepuce just at the junction of the mucous membrane and of the skin, and forcibly elongating the prepuce, whilst, at the same time, you draw the skin on the upper surface of the penis up towards the pubis, and then placing the forceps in position as previously described. Some practitioners transfix the margin of the prepuce at this point with a needle armed with a stout hempen ligature, which enables them to make the requisite amount of traction, but this, in my opinion, is unnecessary; if you follow my directions you will secure a correspondence in the cut surface of these two tissues. Again, by not attending to my advice to transfix with your needles the prepuce as near as may be in its centre, as grasped within the blades of the forceps, upon completing your section you will have the mortification of seeing that your intended sutures have not transfixed the mucous membrane at all, but that they lie either above or below it, necessitating their withdrawal and subsequent re-introduction.

Presuming, however, that every step of the operation has been most successfully carried out, I have said that, unless no *contretemps* arises, the cure will be perfect in a few days. It now remains for us to consider what are the casualties that may interfere with the happy termination of the case. Well, then, in the first instance, the adhesive process is but too frequently accompanied with an amount of inflammation that interferes with union by the first intention, substituting for it a process of granulation. Again, erysipelas may supervene ; even tetanus, fortunately a most rare as it is a most untoward occurrence. From hæmorrhage I have never experienced any trouble ; still in that condition of the system known to all surgeons, as it is their dread—the hæmorrhagic diathesis—such a complication might arise ; it should be met by placing the patient in the recumbent posture, with the penis lying on the abdomen, and, if necessary, by the application of ice ; here, also, the application of Richardson's styptic colloid will prove of use.

Presuming, however, that none of these casualties arise, there is one other circumstance which may occur, and which will materially interfere with the success of the best conceived and most skilfully executed operation ; this mischance lately occurred in my own practice. I was asked to circumcise a young gentleman whose prepuce was preternaturally tight, and who never could have connection with a female without the almost certainty of contracting some venereal affection. This tight condition of prepuce predisposes in a singular degree to the development of such diseases. In consequence, I believe, of parties so afflicted not being able to retract the foreskin, and so submit the glans penis to perfect ablution, they present a nidus, as it were, for the lodgment of diseased secretions, and they become peculiarly open to the invasion of syphilitic affections. To exemplify this statement, I can affirm, from my own experience, that Jews are, to a great extent, exempt from syphilis ; not that they are more virtuous than their neighbours, for I have often had to treat members of this persuasion for gonorrhœa, from the attacks of which latter disease their religious rite of circumcision does not protect them ; but rarely, very rarely, indeed, have I met with one of them suffering from chancre or even from balanetis. Well, then, this gentleman was in this condition, and to relieve him from it I was asked to perform the operation of circumcision, in fact, as our Continental neighbours term it, "un opération de complaisance." After the operation everything went "merrily as a marriage bell," and for two days every appearance promised union by the first intention ; when, unfortunately, on the third night he had in his sleep a powerful erection. Every effort at union by the first intention was broken up ; every suture I had introduced was burst through ; and, instead of a speedy convalescence, we had to submit to the more tardy process of union by granulation. Had we beforehand any reason to anticipate a contingency such as this, perhaps it might be met by the liberal exhibition internally of bromide of potassium in the infusion of hops ; this, with cold evaporating lotions and low diet, might, perhaps, counteract this form of erythism. In such cases, however, gentlemen, you should remember that an extreme of cold is very likely to interfere with primary union by unduly depressing the vitality of the parts ; in avoiding one extreme you should not rush into the other.

I have thus fully considered those difficulties of micturition which may arise from natural or acquired phymosis, and the best means of abating them. In conclusion of this lecture, gentlemen, permit me to give you this word of practical advice : in cases of acquired, in other words, of inflammatory, phymosis, be in no very great hurry to operate. If, previous to the invasion of his present attack, *the patient were able to retract his foreskin*, place him on his back in bed, put him on antiphlogistic treatment, and if, next day, you see the appearance of a few rugæ (wrinkles) upon the surface of what had been the day before a dark, shining, glistening skin, threatening all but immediate gangrene, you may rest assured of it that perseverance in your plan of treatment will be crowned with success ; that the inflammatory symptoms will gradually subside ; and that in the end he will be in a better condition for the operation of circumcision, should such for any reason be called for, than had you unreasoningly rushed upon its performance when first you saw him. Why this should be so you can readily understand if you reflect that in the majority of these cases, the unfortunate patient has been walking about with his penis in the prone position, in virtue of which the blood gravitates into the dependant organ, and so intensifies mechanically his diseased condition; in addition to which, perhaps, irregularity of living, undue indulgence in alcoholic potations, exposure to atmospheric influences, &c., may all exercise an untoward influence upon his already sufficiently unfortunate position. By your line of treatment you correct all these, and facilitate by position and appropriate medicine and diet the unloading of the gorged vessels. That you have taken some advance in so doing, you recognise by the appearance of these rugæ; they are consequent upon the subsidence of the inflammatory swelling, and never could appear so long as the intensity of the disease continued unabated. To proceed to operative interference at once, without recourse to palliative treatment, is to give your operation the very worst chance of ultimate success, to wait is sound surgery; but to wait too long, to wait an hour after you might reasonably expect the appearance of these rugæ, and that they have not presented themselves, is but to permit nature to assume the functions of the surgeon, as on your next visit you will find the glans penis presenting itself through, most probably, the dorsal aspect of the prepuce, having secured for itself an exit by an ulcerative process, the result of the inflammation present in the organ. In the course of my practice in the wards of this hospital I have frequently given you opportunities of verifying the soundness of these observations; repeatedly have patients been sent in to me with the intention of having their prepuces removed for inflammatory phymosis, and as frequently have I treated them in the manner here inculcated; over and over again have I pointed out to you the appearance of these rugæ, and as certainly as they presented themselves, so certainly have these patients left the hospital with their prepuce intact. Such cases as these, gentlemen, are the true triumphs of the experienced surgeon. Operations should be the opprobria of our art, they are but confessions of our weakness; and to avoid the necessity for their performance, by scientific treatment, should be our greatest boast. In my next lecture, gentlemen, we will enter upon the consideration of those questions which are more immediately connected with difficult micturition, dependant upon stricture situated in the urethra itself.

(To be continued.)

Original Communications.

THE FORMS OF PNEUMONIA.

By Octavius Sturges, M.D. Cantab.,

Assistant-Physician to Westminster Hospital, and Physician to the North London Consumptive Hospital.

(Continued from page 201.)

II.

Hitherto, in the forms of pneumonia which have been alluded to, we have been able to trace the modifying influence of mechanical and physical agencies. It is clear that all such explanation must be abandoned, now that we come to speak of partial and defined hepatization—of limb, for instance—which is found in connection with certain blood diseases, and occupies often the upper and anterior portions of the lung.

Pathologically, this pneumonia may be identical with the idiopathic. In their relation, at least, to the phenomena of inflammation, the two may be considered together; and it may be here asked how far either of these satisfies any received definition of that process?

Pneumonia is spoken of as exemplifying the inflammatory history, because it exhibits in successive stages ingorgement, red hepatization, and purulent infiltration. In some instances, truly, it is sufficiently evident after death, from the co-existence in the same lung of these three appearances, and from the last corresponding in situation with the spot where the disease was first detected, that the morbid changes have taken place in the order mentioned. In others, not only is there no such evidence in the organ itself, but often the history of the patient forbids any such supposition. Thus, consolidation may occur suddenly with none of the preliminary signs of engorgement, and be as suddenly recovered from. Or, again, purulent infiltration may be found affecting the whole of one lung in cases which fulfil their history so rapidly, that it is impossible to suppose that red hepatization has preceded it.[1] In these respects it may be said that what takes place in each individual air-cell reminds us of the effusions which occur in serous sacs, effusions which may be serous or plastic, or purulent, from the first—and not each of these in that order of succession.[2] The fluid of emphysema, for example, is not necessarily "an exudation which has passed into pus;" it may have been so poured out.

Now, if we attempt to follow out this analogy, if, for instance, we compare the conduct of the lung with that of the pleura, when the two are exposed to the same or a similar influence, it will at once appear that, in liability to inflammation at least, the difference between them is conspicuous. There is, first, the well-known fact that while true pneumonia will always give rise to pleurisy, pleurisy has little or no tendency to provoke pneumonia.

How seldom, again, do the air-cells become affected in capillary bronchitis, or when exposed to the action of direct irritants, or, in short, under any kind of rough usage. Surgeons tell us, indeed, somwhat vaguely, that in punctured wounds of the chest pneumonia is among the probable consequences. It is even thought by some that a mere blow will suffice to produce it. So far as I can find, there is little evidence in support of these statements. Certainly[3] the lung may suffer rupture; it may be cut and burnt, without any such result accruing. Equally, foreign bodies may traverse the lungs, sojourning there for months, and making their exit at last by means of abscess at some part of the chest-wall, yet give rise to no pneumonia. And we are told of bullets[4] rolling about for a length of time in the pleural cavity, and failing to produce any effect whatever upon the lung itself. Still further, in those exceptional cases where pneumonia does happen as a sequel of severe injuries, it is not the pneumonia which we are in the habit of calling by that name, but reparative adhesive inflammation, limited to the seat of the hurt[5]—"an exudation of plastic material, causing a partial hepatization, and then contraction and cicatrisation."

But, however it may appear that the lung is slow to respond to influences which act so readily and so uniformly on the serous membranes, it may yet be convenient and reasonable to regard as inflammatory that form of pneumonia which, originating in an altered condition of the blood, leads to certain local pneumonia, more or less uniform in character. It becomes the more necessary in that case to observe the distinctions which separate the intercurrent disease from the idiopathic.

Now, a selection of cases of pneumonia where that affection is obviously ingrafted upon some other, will bring together mainly the subjects of three diseases, uræmia, typhus, and acute rheumatism (I am speaking of adults and excluding tubercular cases). We shall find, moreover, the ingrafted affection comporting itself variously. At one time it is scarcely seen to alter the characteristic features of the original disease—it is in the truest sense "latent,"—at another it is so far mixed up with these as to lose its own individuality; at another, again, it will display definite pneumonia, identical with those of simple pneumonia. Can we investigate the conditions of these variations?

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[1] Cases 16, 18, and 19 of Class V.; 2 of Class II. It was held long ago by Dr. Hodgkin that purulent infiltration might occur with no preceding red hepatization. See his Lectures on Pathology, p. 93.

[2] Dr. Addison, it will be remembered, draws a comparison between the lungs and the serous membranes, likening the effusion of serum into the air-cells to serous dropsy. See his article on Pneumonia, Guy's Hospital Reports, 1843.

[3] See Poland on Wounded Lung in Holmes's Surgery, vol. ii., p. 358-59.

[4] *Loc. cit.*, 367.

[5] Holmes's Surgery, vol. ii., p. 358.

To take them in order there is, first, a form of grey hepatization, confined often to the upper portion of the lung, which will destroy life, or help to destroy it, with marvellous rapidity, yet with none of the signs which are regarded as proper to pneumonia. In such cases it is only an assumption, and a very improbable assumption, that this purulent infiltration has been preceded by red hepatization.

I have elsewhere stated the case of a woman[1] admitted with fever, whose chest, examined the day before her death, presented none of the physical signs of pneumonia, there being at the same time no sputa and only slight cough. Yet the right lung of this patient was grey, softened, and on the point of breaking down. Very similar is the history of a man[2] who, having long suffered from epigastric pain and dyspepsia, had three attacks of hæmatemesis in one day, vomiting about half-a-pint of blood on each occasion. On the day following the hæmorrhage he entered St. George's Hospital, he had then slight cough, with some mucous spitting, and some rhonchus was audible about the chest. His chief complaint was still of dyspepsia; he was treated for that and got better, well enough, after eleven days, to take an airing. On the evening of the twelfth day he had a rigor, with great dyspnœa, and from that time, although life was prolonged for more than two days, he lay on his right side, evidently dying. Here again the whole of the right lung was hepatised and grey, excepting a very small portion at the base.

There are other similar cases where we can say nothing of the duration of the hepatization, since from first to last no symptom has arisen directing attention to the chest.

Consolidation at the apex of one lung—in a great majority of cases *grey* consolidation at the apex of the *right* lung—is a condition which occurs often enough in this association to deserve notice. Thus, out of fifty-three instances of hepatization from secondary pneumonia, the right apex is affected twenty-one times, and the left three times; or, otherwise, choosing out of these fifty-three cases, twenty whose history has been obscure and not suggestive of pneumonia during life, the right apex suffered in twelve cases, and the left only in one. Moreover, the hepatization is almost always grey, and this where the history of the case furnishes direct evidence that the implication of the lung has been of very short duration.

It has been said that pneumonia at the apex, whether simple or intercurrent, is characterised by markedly typhoid symptoms. Now, I think it may be shown that simple pneumonia is essentially the same in its clinical features, whatever be the portion of lung attacked, and it would seem to be more true to say that certain blood diseases, whose symptoms are of a markedly typhoid character, are apt to exhibit grey hepatization at the apex of the right lung. Especially, as has been said, does this phenomenon occur in connection with typhus, anæmia, and, I think, delirium tremens.

It is only by overlooking or disregarding all clinical evidences that such cases can be at all compared with true pneumonia. We are not justified in so ranking them, even in those instances where a rigid scrutiny fails to discover any other material cause of disease, so long as it can be shown that the illness commenced at a period anterior to the change in the lung, and underwent no marked modification when that change ensued.

Pathology is not yet perfect. Not many years ago granular degeneration of the kidney would have passed unnoticed; even now, no doubt, there are many structural changes which escape recognition, many diseases regarded as idiopathic, which advancing knowledge will enable us to refer to their true source. Meanwhile, it may be wise, whatever information pathology in its present state may be able to afford us, to avoid so far erring against common sense as to ascribe to an organ which in the course of a long illness has maintained its integrity almost to the last struggle, not only death itself, but all the phenomena which have preceded it.

Now just as we have seen that there are cases which reach the stage of suppuration at once, or at all events with exceptional rapidity, so there are others where red hepatization having been once established, the deposit in the air cells shows no disposition either to depart or undergo change, so that the affected portion of lung, though solid and granular, and to the pathologist typically the lung of acute pneumonia, owns a history of long inactivity, like that of the aneurism with which the condition is often associated.[1]

The term chronic pneumonia, which has been somewhat broadly used, might be applicable to such cases. A sailor of drunken habits was admitted into St. Georges's hospital with renal aneurism. Five months before he had walked a distance of thirty miles in the rain, and at the end of the journey sat down in his wet clothes, and drank immoderately. Dropsy appeared the next day, and never left him. The man lingered long in the hospital—three months and a half—and having become exceedingly anasarcous, died at last, with no special symptoms to mark his end, the signs of pneumonia having been noted on his first admission. Yet here the upper lobe of the right lung is described as "hepatized and condensed from infiltration of lymph.'

A boy[2] had suffered for nearly two years with palpitations and dyspnœa, the sequel of rheumatism, and was in the hospital with these symptoms for more than three weeks. In him, again, almost the whole of the right lung was "red, solid, and granular," while, as evidence of a succession of attacks, and of the nature of the exudation in each, the heart was embraced by a number of distinct layers of deposition clearly separable from one another, and of which the inner were the more recent. It would appear, indeed, from this and other similar causes, that the rheumatic diathesis is that in which softening is least prone to succeed hepatization. The deposit, wherever occurring, whether filling up the air cells or covering the valves of the heart, has essentially the same history, and is wont to remain for a length of time unaltered, and only tending to produce secondary changes in the organism by the mere effect of its presence.

And so, as I have said, secondary pneumonia may have its features so far blended and mixed up with those of the disease which it attends, as to lose, so to speak, its individuality. In such cases the practice of giving a separate name to every local manifestation of a disease, and regarding each in the light of a fresh "complication," is especially useless and misleading. We have not only the hepatized lung, but along with it and intercepting it, lymph is found upon the pericardium, covering the valves of the heart, impacted often in the substance of the spleen. It is evident, in short, that the blood has yielded a part of the fibrine which it held in solution, whether by a direct precipitation, "as a stick in certain streams coats itself with a calcareous envelope," or otherwise, as in the lungs, by an exudation of that constituent whose excess in the circulation gave rise to the original disturbance. I have elsewhere related the particulars of some cases which illustrate this form of pneumonia. They sufficiently prove that hepatization is but the local manifestation of a general disease, not a new affection "complicating" the old one. Its occurrence under such circumstances does not complicate, but tends to confirm and illustrate, and in so far to simplify, the view which on independent grounds we had been led to adopt.

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[1] 15 of Class V.

[2] 18 of Class V.

[1] See especially Cases 14 of Table III., and 5, 9, 12, and 21 of Table II.

[2] The two cases here alluded to are 6 and 16 of Table II.

Far otherwise is the history of that pneumonia where the local affection, whether arising from climate, change, or from direct mechanical irritation, or even from some blood poison, mischievous in this place first, is the immediate cause of certain constitutional symptoms. On it the anatomical changes in the lung occur in a well-ascertained order, and give rise in turn to a succession of clinical phenomena sufficiently definite in their character to admit of general description. To a consideration of this true inflammation of the lungs, of the statistics regarding it, and especially of the manner in which drugs have been said to influence its progress, I propose shortly to devote a paper.

FRACTURE OF THE PUBES, ETC.

By J. Waring Curran, L.R.C.S.I., L.K.Q.P.C.I., Etc.,
Spalding, Lincolnshire.

On the 29th ult. I was summoned, as one of the medical officers of the Great Northern Railway Company, to visit one of the men who was injured near the Spalding junction. I found him lying by the side of the metals, supported by some of our officials. He was pale and shivering, quite conscious, but suffering the most agonising pain, which he particularly referred to the lower and right half of the abdomen; the stocking covering the right leg and foot was saturated with blood, which coagulated in its texture, and from the amount of deformity presented by the thigh of same side, together with other unequivocal symptoms, easily determined the existence of fracture of right femur at junction of lower with middle third. After the administration of a restorative, I had him carefully conveyed on a stretcher to his lodgings, when I was enabled to make a more exact examination. On the removal of his trowsers, &c., I observed a large lacerated wound fracturing the inner malleolus, and extending over the dorsum of the foot, exposing the bones of the tarsus; the posterior tibial was divided, but the crushing nature of the injury, produced by a truck-wheel passing over the foot, prevented much hæmorrhage. The fracture of the femur was at once apparent, the upper fragment being tilted upwards and forwards, the inferior backwards and outwards. The upper part of the thigh and lower of abdomen was ecchymosed and grazed. At this stage I was met by Dr. Ancell Ball, the other medical officer of the Company, with whose assistance I reduced the fracture and dressed the foot. Our chief anxiety was concentrated on the abdomen, over which the wheel passed. The bladder I relieved by catheter, the introduction of which required some little ingenuity, as there seemed a pouch in front of the prostate, giving the feeling that the instrument was in the bladder. To find the passage at the posterior part of this manœuvring and patience were necessary. On the fourth day after the accident gangrene of the foot set in; and at a consultation held with Dr. Cammack, J.P. (the eminent surgeon), and Dr. Ancell Ball, we came to the conclusion that operation was out of the question, owing to the extensive abdominal injuries. The poor fellow died on Sunday morning last, and, in company with the above gentlemen, I made a *post-mortem* examination. The tissues over the pubes and right iliac region were infiltrated with effused blood; the pubes were fractured on both sides,—on the left side the horizontal ramus three-quarters of an inch *from* the symphisis, and on the right side the descending ramus was broken half-an-inch above its junction with the ascending ramus of the ischium. This is the most interesting feature in the case, and attracted the attention of all three, that in an individual not quite twenty-one years of age the pubes should not have yielded at the line of articulation, as the cartilages were not ossified. Instead of fracturing in the strongest part of the bone I removed and made a preparation of the bones, which shows the cartilages uninjured. The triangular ligament was torn, and the anterior surface of the walls of the sigmoïd flexure of the colon and upper-third of the rectum was infiltrated with blood, and presented a bruised appearance, but no laceration existed. We never were able to set up a satisfactory reaction, or rally him from the shock which he sustained.

Oct. 8, 1868.

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Hospital Reports.

MERCER'S HOSPITAL.

POPLITEAL ANEURISM CURED BY DOUBLE COMPRESSION.

Under the care of Mr. MORGAN, F.R.C.S.I.,
Professor of Surgical and Descriptive Anatomy, R.C.S.I., and Surgeon to the Westmoreland Lock Hospital.

The following is a good illustration of what can be done by the pertinacious and, at the same time, judicious application of compression for the treatment of aneurism. Various instances of cure have been produced by continuous and by graduated pressure, but as it was effected in this case by an intermediate course, the history is, I think, instructive. The aneurism was probably, in the first instance, of traumatic origin, from sudden exertion. The patient was of irritable and excitable constitution, and in an anæmic unhealthy condition, having been the subject of syphilis within four years.

J. R—, a young man, aged twenty-four, by trade a book-binder, pale, and of small build, not exceeding eight stone in weight, applied at the hospital, May 4th, 1868, for admission, suffering from pain and uneasiness in the left knee and ham, but able to walk without the support of a stick, though a little lame from the stiffness. He gives the following history of the origin of the affection:—About one month previous to admission, hearing the cries of a girl entangled in a steam machine where he was at work, he sprang down two flights of stairs to stop the engine. At the time he felt a sharp pain, but in a week or so began to feel a constant duller pain in the knee, especially when bending it, or when laying the affected knee over the other as in crossing the legs. On the 1st May, he found that he had a tumour in the ham, and on admission, May 4th, a tumour is distinctly perceptible in the popliteal space, about the size of a hen's egg, pulsating centrifugally, and having a "whiz" perceptible to the fingers. Considering the unhealthy appearance of the patient, the circulation in the vessels below was normal, and pressure influenced the size of the tumour; and the possibility of the artery having been injured by the exertion referred to, I determined on treatment by compression, carefully and cautiously applied.

May 1st. —The limb was put up, raised at an obtuse angle with the body, as far as could be borne; this position, without doubt, influenced the intensity of the pulsation in the tumour. A flannel roller was applied around the lower part of the limb and a pyriform shaped bag of shot was put over the artery in the groin. Five pounds of shot were used to moderate the current, as it was found that this weight could be borne without uneasiness, and was sufficient to impede considerably, but not obliterate, the blood-current. I intended thus to enlarge the collateral vessels. The patient was ordered a tonic mixture, with tincture of iron and small doses of digitalis. At the expiration of four days, as the vessels around the knee-joint had increased sensibly in calibre, I had digital pressure kept on, by relays of the students, who zealously undertook the duty, pressing with the thumbs on the artery at the groin, pulsation was thus arrested in the most perfect manner for twenty-four hours, but without success, and the shot-bag pressure was continued without intermission.

May 9th.—A Reid's compressor was now applied, and the pad neatly adjusted over the artery directly, as it entered the thigh. The pulsation in the tumour was controlled, and ice applied to it, the pain being thus relieved. The compressor acted well, but the pressure could hardly be borne, from the irritability of the patient's system.

May 15th.—The tumour having become a little denser, and the collateral circulation more free, I again tried digital compression for twenty-four hours. This compression I saw most perfectly carried out till the patient could bear it no longer; and I followed up its use by putting the limb in the flexed position, which I hoped, from the fact that thus the pulsation was greatly controlled, would have been tolerated and be successful. Full doses of liq. morphia were administered. After bearing the position for some hours, I had to relieve the limb.

May 21st.—The compression has been continued since last date, and also flexion has been again tried, and as I found that the use of the clamp (Reid's) is causing fraying of the skin, I applied a smaller Carte's apparatus, which answered well so far as controlling the pulsation, but the patient did not find it so bearable as Reid's compressor.

June 1st.—The patient being anxious to go home, and abrasion of the skin preventing the application of pressure, it was thought desirable to let him get some time out of doors, particularly as the weather was so fine. He was enjoined quietness, and the continued use of the pressure as far as possible when at home.

June 11th.—The patient was now re-admitted considerably improved in general health, the tumour had increased in size, the pain and numbness down the leg being more marked, but manifestly a slight amount of consolidation had taken place. Pressure was now carefully applied by Reid's compressor, on the femoral artery, as it entered the thigh, and every care taken to prevent fraying or irritation of the skin. Full doses of iron and digitalis, carefully administered, and opium, in such regulated doses as kept the patient moderately under its influence.

June 17th.—The compression has been steadily persevered in, with but little change in the tumour. I now determined on endeavouring to include a still column of blood in the artery, and thus also moderate the application of pressure at any one point. I applied, therefore, the Reid's compressor with a small shot-bag interposed between its pad and the skin, at the artery near Poupart's ligament, but sufficiently loose to allow a very little blood to enter the main trunk, and below the origin of the profunda femoris, to allow of collateral circulation being more easily carried on; a Signorini's clamp was placed on the artery as it lay in Hunter's canal, as near as possible to the ham. This, by some attention to its application, was found to be easily bearable and very moderate pressure indeed sufficed to arrest the blood current. After four days the tumour had become more solid and the pulsation decidedly less, but still very perceptible. A gradual occlusion, not only of the sac, but of the artery from the profunda, now took place till June 30th. Consolidation having thoroughly taken place, not only in the sac itself, but in the vessel along the thigh, up to within two inches of Poupart's ligament, the collateral vessels around the knee-joint could easily be felt, and seen enlarged and pulsating. The numb sensation in the leg and foot was the chief inconvenience.

The patient was discharged cured on July 3rd, and was able to go to work (half-time) at his trade in a week afterwards. Previous to his leaving hospital all the large vessels and the heart were carefully examined and found healthy. The temperature in both limbs was found exactly to correspond, though differing from the commencement of the disease till the collateral circulation became enlarged; the temperature of the diseased limb had been from two to three degrees lower than the sound. The patient was very intelligent, and seconded the means of treatment adopted as far as possible.

I may mention that on several occasions I tried also the manipulation treatment, but without avail. Thus after using graduated compression, complete compression by digital pressure, compression by the shot bag, the flexion treatment, and manipulation, together with attention to the general health and condition of the patient, the final obliteration of the sac and the artery leading to it was effected by the inclusion of a column between the two points of pressure, the artery being particularly suited to a method like this, owing to the ample anastomosing trunk furnished by the profunda, and the subsequent length the artery runs without giving off any very large branches. The Signorini's clamp I found most applicable and convenient. In this instance the patient found the steady down pressure of the clamp preferable to the elastic pressure of either Carter or Reid's compressor.

Sept. 19th.—I have examined the patient at this date and find the obliterated artery is to be felt in the thigh, along the course of Hunter's canal, and the lower part of Scarpa's angle. The tumour is hard and small. There is a little stiffness still in walking, and the numbness is gradually disappearing. The patient is otherwise well, and has been since working at his trade for ten hours per day.

KING'S COLLEGE HOSPITAL.

Cases under the care of Dr. Beale, F.R.S.

(From Notes by Dr. Tonge.)

HEPATIC ASCITES.

Margaret C., æt. 26, married; admitted April 1, discharged April 20; in hospital 19 days. *Relieved.* Dyspeptic two years, swelling of abdomen twelve months. Catamenia scanty and irregular same time; loss of flesh and colour; costive bowels, and occasional jaundice. Was tapped fifteen days ago. On admission, pale and weak; abdomen much distended with fluid; girth at umbilicus, 44 inches. Rhonchus sibilus and crepitation at bases of lungs; red lithates in urine; no albumen; 340 ounces clear fluid drawn off by tapping on fourth day after admission. Two days later, lower border of liver felt a little above umbilicus, its surface rough and granular.

Treatment.—Diuretics, tapping, acetate of ammonia, and chloric ether.

Re-admitted April 28, discharged May 5; in hospital seven days. *Relieved.* Abdomen again much distended; great depression and dyspnœa; pulse small and rapid. Was tapped on evening of admission, 422 ounces of fluid drawn off; some abdominal pain afterwards.

Treatment.—Tapping; morphia, brandy, 6 ounces; afterwards aromatic spirits of ammonia, chloric ether, and decoction of bark.

CIRRHOSIS OF LIVER.

L. P., æt. 32, land surveyor's clerk; admitted Feb. 10, *died* on Feb. 10; in hospital six hours. Acute rheumatism ten years ago; always subject to epistaxis. Previous illness five months, with loss of appetite, flesh, and strength, and gradual enlargement of abdomen; pain across hypogastrium one month. On admission, slight jaundice; some œdema of legs; considerable ascites; superficial abdominal veins enlarged. Pulse 120; respiration 40; coarse crepitation at left base. Liver as high as fourth rib; no albumen in urine, but abundant lithates; skin dry; appetite bad; tongue red and dry, with a brown streak; vomiting of blood and coffee-ground matters, containing sarcinæ, soon after admission; death from syncope.

Post-mortem Examination.—Lungs gorged; much serous fluid in abdomen. Liver 93 ounces, firm, pale yellow, fatty, with commencing cirrhosis. Heart healthy.

Hydrocyanic acid and tincture of ginger; ice; brandy 6 ounces. Haust. effervescens.

RENAL (?) DROPSY.

Wm. M., æt. 39, carpet planner; admitted July 12, discharged August 30; in hospital 49 days. *Recovery.* Always temperate; subject to winter cough. Had "brain fever" twelve years ago; dropsy one month afterwards, and again twelve years ago; well till one year ago, when pain in chest, cough, and swelling of legs and abdomen; now slight œdema of legs; much ascites; pain in right chest; cough, expectoration, and dyspnœa. Crepitation below left scapular angle; dulness and fine crepitation below right scapular angle; sibilus over upper part of left lung. Chest resonant and barrel-shaped. Heart's sounds normal but faint. Urine pale; contains one-fourth albumen, and a few large waxy casts.

Scammony powder, sesquichloride of iron, chloric ether, and dilute hydrochloric acid.

ACUTE RENAL DROPSY.

J. S., æt. 29, lithographic printer; admitted February 13, discharged March 26; in hospital 42 days. *Recovery.* Five months ago, pain in epigastrium, sour risings, cough, œdema of legs, and high coloured urine. Dropsy nearly disappeared after treatment; worse ten days ago. On admission, anasarca and slight ascites; urine pale, one-half albumen, 1022, with large and small waxy casts, some containing a little oil and renal epithelium. Chest slightly emphysematous; sibilus and rhonchus all over it; slight dulness and crepitation at bases behind; scanty mucous expectoration. Tongue furred.

Sesquichloride of iron and dilute muriatic acid; jalap and scammony powders; hot-air baths.

H. R., æt. 49, smith; admitted March 23, discharged April 13; in hospital 21 days. *Much relieved.* Temperate; cough two months; œdema of legs six weeks. On admission, urine scanty, containing two-thirds albumen, small waxy and granular casts, renal epithelium, and blood; twenty days later only a trace of blood and albumen in urine; no dropsy.

Sesquichloride of iron; compound scammony powders.

Maria K., æt. 17, book folder; admitted April 16, *died* on July 12; in hospital 87 days. Previous illness three weeks; vomiting, headache, thirst, and œdema of legs. On admission, face puffy; moderate dropsy of legs; tongue furred; bowels confined. Urine contained one-half albumen, blood globules and renal epithelium, and a very few small waxy casts; twenty-four days later urine containing albumen one-third, blood globules, renal epithelium and waxy casts, containing oil globules. Frequent vomiting after eight days later; ten days later much pain in chest; no rub; urine containing more blood. Eight days later, delirious and restless; pulse almost imperceptible. Fresh pain two days later, and to-and-fro sound over heart. Crepitation at base of left lung; diarrhœa and vomiting; exhaustion; death.

Post-mortem Examination.—Fluid in peritoneum and pleuræ; sanious fluid in pericardium; honey-combed recent lymph on heart. Lungs œdematous. Kidneys large, nine and a-half ounces each, mottled, pale, and fatty.

Sesquichloride of iron and scammony powders (fourteen days); gallic acid and inf. rosæ co. (ten days); sulphate of iron, quinine, and sulphate of magnesia (fourteen days); hydrocyanic acid and bicarbonate of soda (twenty-one days). Then iron, quinine, creosote, and henbane; podophyllin; hot-air baths; dry cupping; turpentine stupes to chest.

Alfred M., æt. 3½; admitted December 5, discharged January 27; in hospital 53 days. *Recovery.* Weak since measles six months ago; chicken-pox one month ago; œdema of legs fourteen days ago, followed by slight ascites. On admission, no ascites; slight pitting of legs; urine albuminous, containing (four days later) granular casts, renal epithelium, blood globules, and pus cells. Twenty-eight days later, no blood globules or renal epithelium. Nineteen days later, no albumen.

Liq. ammon. acetatis and sp. etheris nitric. (five days); then syrup of iodide of iron, warm bath, scammony and jalap powders.

RENAL DROPSY.

Mary A. D., æt. 28, married; admitted July 14, discharged July 27; in hospital 13 days. *Very much relieved.* Intemperate; had general dropsy a year ago, followed by partial recovery; dropsy increased again about four months ago. On admission, moderate ascites; slight œdema of legs; thirst; indifferent appetite; urine one-third albumen.

Liq. ammon. acetatis; tincture of squills and sp. junip. co. (two days); compound scammony powder; sesquichloride of iron and quassia.

ACUTE RENAL DROPSY—BRONCHITIS.

Ann B., æt. 30, married; admitted April 25, discharged June 18; in hospital 54 days. *Recovery.* Winter cough six years; cough six months; previous illness one week; shivering, vomiting, anorexia, œdema of feet and ankles. On admission, moderate œdema of legs; face pasty; urine one-fourth albumen, containing blood globules, renal epithelium, and epithelial casts. Headache; pulse 80, respiration 28; cough and expectoration; rhonchus and sibilus over lungs, especially at posterior apices; crepitation at bases. Twenty-one days later, only a trace of albumen in urine.

Aromatic spirits of ammonia, ether, and ammoniacum (three days); chloric ether and sesquichloride of iron; purgatives.

ACUTE RENAL DROPSY.

W. S., æt. 34, timber porter; admitted November 18, 1863, discharged January 9, 1864; in hospital 52 days. *Recovery.* Previous illness seven days. Had got very wet two days before. Scanty and high coloured urine, loss of appetite, thirst, headache, and pain in loins. On admission, general anasarca; slight dulness; crepitation and feeble bruit at bases of lungs. Pulse 52; pain in left side (two days); urine dark, sherry coloured, and albuminous. Twenty-six days later, pain and pleuritic rub in left inferior lateral region.

Liq. ammon. acetatis and chloric ether; then sesquichloride of iron, chloric ether, and quassia; pepsine; quinine; compound jalap powders; hot-air baths; cupping over loins; brandy twelve ounces.

Ann H., æt. 31, admitted February 9, discharged March 16; in hospital 36 days. *Relieved.* Previous illness six weeks. Pain in loins, vomiting, dark urine, and œdema of legs. On admission, general anasarca; cough; rhonchus and crepitation at bases of lungs; urine smoky, one-eighth albumen. Thirty days later, no albumen. Two days later, free from dropsy.

Compound jalap powder; jalap and scammony; aromatic spirits of ammonia; liq. ammon. acetat. and chloric ether. After March 1, sesquichloride of iron, chloric ether, and quassia.

(To be continued.)

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Literature.

HEIBERG'S RESEARCHES ON SYPHILIS.[1]

It is well known that of late years the questions of the diagnosis and treatment of syphilitic disease has been undergoing a silent revolution. The spirit of scientific scepticism, which has done so much for all parts of human affairs, has not failed to make itself keenly felt in medical science, and the treatment of syphilis is at this moment one of the most debated points in the whole range of therapeutics. Our English readers are well aware that there have been strenuous efforts on the part of Dr. Hughes Bennett, Mr. Syme, Dr. R. McDonnell, Mr. Weeden Cooke, Dr. C. Drysdale, and others, to dethrone mercury from its high sovereignty in the treatment of syphilis; whilst our foreign friends are equally aware of the rooted antipathy to this drug, in the treatment of syphilis, entertained by Professors Bœck, Hermann of Vienna; and Drs. Dépres and Dolbeau in Paris.

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[1] Résultat des Recherchés faites a Christiania sur l'effit du Virus Syphilitique. appliqué au corps humain, exposés par Joh: Heiberg, Chirurgien général de l'Armée Norvégienne, Christiania, 1868.

The pamphlet above alluded to is an interesting *résumé* of the investigations of comparative treatments of syphilis, which has been recently made in Christiania, the capital of that charming land of summer tourists, Norway.

Fortunately, it will not be necessary for us to go into the question of the treatment so much favoured by the much respected Professor Bœck, since his stay in London, and the criticisms, friendly and antagonistic, which followed his experiments on the female inmates of the Lock Hospitals, have made most of us familiar with the details of the process of Syphilisation.

Our author enumerates some of the occurrences which take place during syphilisation, as follows :—

The exanthems of the skin gradually dry up. The iritis requires no peculiar treatment, except to dilate the pupil by atropine. Tertiary symptoms, such as tuberculo-serpigenous syphilides and deep ulcers of the mucous membranes, completely disappear or become much better, and only a little iodide of potassium is required to secure a complete cure. Osseous tumours, on the other hand, are rarely absorbed. Some phenomena, particularly mucous tubercules or ulcers of the mucous membranes, may sometimes persist or arise again after that syphilisation has vanished. In newly born children syphilisation does not take at all, unless practised daily, and even in this case the reaction does not commence hardly before a period of fifteen days.

Dr. Hiort, another medical man of Christiania, believing that the only advantage of the process of syphilisation employed by his colleague, Dr. Boeck, resided in the derivation caused by the pustules formed, employed ointment of tartar emetic for a like reason, and the results he has arrived at are summed up by our author as follows :—This process cannot be applied to newly born-children, since it raises too severe pustules to be safe in these delicate creatures. Syphilitic symptoms very frequently disappear during derivation, without any relapses appearing. Consequently experiments were also made to see how syphilis went on when no remedies (internal) were employed. "For this reason several practitioners in Christiania have abandoned the disease to its own course, or have simply treated those symptoms whose consequences could be foreseen. These experiments have shown that in leaving the disease to itself, it develops itself in the three following ways :—(*a.*)—The disease may appear with insignificant symptoms : a slight roseola, some mucous tubercules, or slight excoriations in the throat. All these phenomena may disappear in a few weeks, without leaving any traces. In other words, the universal venereal disease, once produced by the syphilitic form, may be cured or run through its natural period without being followed by any relapse. Consequently, syphilisation may be avoided in certain cases."

"(*b.*)—The different exanthem forms which belong to the secondary period may develope in the course of four to six months, and then gradually disappear. The general condition of health is bad for a long time, but when at length the phenomena commence to disappear it gets better."

"(*c.*)—The disease develops itself more and more, without even gradually diminishing. In this case it may last a long time, and even until the patient may sink under syphilitic cachexia."

"In the two latter cases (*b* and *c*), there appears to exist no remedy by means of which we are able to make the syphilitic symptoms disappear with so much security and quickness as by syphilisation, during which the disease passes through its natural phases. Nevertheless, there is no remedy by which the organism, once changed by the syphilitic poison, can be brought to the normal state so as to prevent also the disease being reproduced in the offspring. Women, and in certain cases men, attacked with constitutional syphilis may sometimes, during several years, produce syphilitic children, in whatever manner the disease may be treated. It is for the future to determine up to what point the different modes of treatment may cause different results for the offspring."

"As to the health of the patient, the different methods have shown the most different results. In this respect the testimony of Dr. Hiort, who has been physician to the syphilitic hospital for forty-five years, is peculiarly remarkable. He says that after the mercurial treatment, tertiary symptoms present themselves pretty frequently, but that they have become rare during the last twelve years, since the employment of mercury has been in great part abandoned. He adds expressly that phagedenic and serpigenous ulcers, paralysis, and epilepsy, and insanity, and the like have very rarely appeared, and that even when this has been so, he has recognised that they have been essentially the consequence of the mercurial treatment of past epoques."

These remarks of Dr. Heiberg are remarkably interesting, and seem to indicate that the efforts recently made by several among our ranks to abolish the use of mercury in constitutional syphilis were worthy of all praise.

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POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

The following is from the Quarterly Report of the Council, submitted at the meeting as we go to press (Tuesday) :—

Your Council beg to report that they have been chiefly occupied during the past quarter with measures for completing the organization of the Association, which now numbers 600 members, and is efficiently represented by sixty-six local secretaries in nearly every part of England and Wales. This success, great as it is, does not represent the whole truth, as many names have still to be received from the local secretaries, many of whom have discharged their self-imposed task with the most commendable energy and disinterestedness. If every member would take up the cause in the same spirit and use his influence with friends and colleagues, the number of members would soon be doubled ; and this is very desirable, as showing unanimity of feeling and wide-spread sense of injustice among the Medical Officers, which could not fail to strengthen the Association and increase the prospect of a successful issue to its labours.

Your Council, having carefully considered the subject, are of opinion that it is desirable to devote their efforts for the present to the attainment of two of the principal objects of the Association, viz., permanence of appointment and adequate remuneration. With reference to the first subject, it must be remembered that the Select Committee of the House of Commons in 1854 recommended that every Medical Officer should be appointed for life. How imperfectly that recommendation has been carried out may be gathered from the fact that many hundreds of Medical Officers are still subject to annual re-election, whereby their usefulness is sensibly impaired, and their independence, in the discharge of duties requiring the exercise in a high degree of that quality, reduced to a minimum. While on the question of remuneration, though all competent authorities have confessed that the general scale is wholly inadequate, no action has been taken by the Poor-law Board to raise and equalize the salaries upon something like a satisfactory basis. The Association must appeal to the House of Commons for redress of these admitted grievances, and for some measure of long-delayed justice. This appeal must be by petition, not only from the Association, but from the Medical Officers both individually and, in their respective Unions in all parts of the kingdom, collectively, setting forth the defects and the injustice of the present arrangements, and praying that it may be made obligatory on the Poor-law Board to adjust all salaries upon some such basis as shall really compensate the Medical Officer for his work. The Board possess this power, and it is but just that they should be called upon to exercise it, seeing that they represent the Government which pays out of the public revenue, for work done on behalf of the public, a moiety of the salaries of all Medical Officers. At the same time every member, nay, every Medical Officer should do what he can to increase the parliamentary influence of the Association, by securing pledges in favour of Poor-law Medical Reform from candidates at the coming general election.

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OVARIOTOMY.—Dr. Dunlop, of Springfield, Ohio, has performed ovariotomy on 38 patients since 1843. Of these, 13 were unmarried. The operations were all by the long incision, and only two were without anæsthetics. Nine died after operation ; one from peritonitis, two from hæmorrhage, one from chloroform, one from accidental overdose of morphine, one complicated with cancer, one from exhaustion, one from congestion of the brain, and the ninth from excessive vomiting. Three of the successful cases have died since their recovery from the operation, of other diseases ; the remainder are all now living, and in good health.—*Boston Medical Journal.*

NOVEL TREATMENT OF SUNSTROKE.—Dr. F. G. Herron, one of the city physicians of Cincinnati, Ohio (*Med. and Surg. Reporter*), has tried in two cases, with success, the following treatment in sunstroke :—Warm water was applied to the head, on cloths, as warm as the skin could bear without injury. Consciousness was very soon restored. Liquor ammoniæ acetatis was administered internally as a stimulant.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 28, 1868.

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VENTILATION OF TROOP SHIPS.

IN the year 1500 the system of side ports for the purpose of ventilation was adopted from France, and introduced into British-built ships. The improvement thus effected in conditions that had up till then existed was of great importance; yet that it was far from removing them is evident from the accounts that have come down to us of the insanitary state in which vessels continued to be throughout the greater part of the two succeeding centuries. In 1748 Mr. Sutton introduced an improved system of ventilation, in reference to which Admiral Boscawen wrote that he could not "help thinking the air-pipes fixed in the men-of-war have been of great service, by purifying the air between decks, and thereby preventing the scurvy." Still later, yet many years ago, Dr. Cutbush recommended that a tube for the escape of foul air should be introduced next the fore and main masts. The advantage of deck openings was very soon recognised by the Admiralty, and minute instructions laid down in regard to them; and various kinds of apparatus, of which, perhaps, the best known is that by Dank, have been in use for causing the removal of foul air and the introduction between decks of that which is pure and respirable. More recently still, Gavin Milroy introduced his system of ventilating steam vessels by means of tubes communicating with the funnel; a plan similar to that proposed for schools by Varley was applied to emigrant ships, the intention being that the wind entering at one end should drive out the impure air by escape openings at the other; and yet more lately, Edmond's system has been introduced into many vessels, the Indian troop ships among others.

Parkes, in his valuable work on Hygiene (page 580) adverting to ventilating tubes on board ship, observed that their proper size and number has not yet been experimentally determined; probably as there is a good deal of wind, these need not be so large as in houses on shore; but it is always best to have plenty of them. If necessary, some could be closed. Perhaps a tube of eight inches diameter would do for ten persons, giving five inches to each for inlet and outlet. Of course, hatches, windsails, ports, and tubes, should all be in action at the same time.

The American Sanitary Commission laid down a code of rules regarding the ventilation of transports, directing, among other points, that when troops occupy the lower deck, the area of outlet openings for air should be equal to four square feet per one hundred men; this, with the vessel proceeding at the rate of five knots an hour being equivalent to one thousand cubic feet of air during that time. Gordon, also, in his work on Army Hygiene, gives minute directions regarding this important subject. He describes various methods employed, and details the amount of ventilating space actually existing on board some ships that had been taken up by the Emigration Commissioners, and of others by the Indian Government, in all of which the plan and extent of ventilation had, since 1860, been arranged according to definite principles, the entire ventilating space being in one instance equal to thirty-six superficial inches per person embarked, and then declared inadequate; in another, seventy-three inches for inlet and outlet. He says, moreover (page 90), that few vessels have so much as sixty-five or seventy square inches per person, and only in a very few of the first-class merchant ships and steamers does it amount to eighty inches.

From all this, and much more that has been written on the subject, it was natural to presume that the subject had been fully considered, not only by medical officers in our own country, but by professional men in America; it is, therefore, with some measure of surprise we learn that the Bombay Sanitary Commission has lately written with regard to it as if the question were an entirely new one. Thus, the *Lancet* of 10th October, 1868, learns from the Report of the Sanitary Commissioner for Bombay for 1867 that Lord Napier has expressed an opinion that the ventilation of troop ships should be reduced to a system; that there should be throughout five superficial inches of ventilating opening to every ten and-a-half feet of occupied deck space, or, in other words, to each adult on board; that there should be a minimum of half a square inch to one square foot of net deck surface, after deducting for hatchways, masts, lockers, &c. The question appears to have arisen in connection with the overland route system of steamers for the conveyance of invalids and troops between India and this country.

We have not seen the report from which that quotation is made, but presume that what is here extracted only alludes to tube ventilation. It is, no doubt, a very important item in a system of ventilation, but only as an auxiliary. Were it to be trusted to more than in an infinitesimal degree, the amount, as here quoted, would simply cause suffocation of troops, women, and children on board. Ports and deck openings, including tubes, are the means to which we must trust, and these combined must afford ventilating space, including inlet and outlet of not less than seventy-five inches per person.

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Notes on Current Topics.

Medical Society of London.

THE first meeting of the Session 1868-69 of the above Society was held on Monday evening, the 19th inst., at

George's street, Hanover square. There was a very large attendance of Fellows, and as the rooms of the Society underwent during the summer months re-decoration and re-arrangement, they presented on the above evening a gay and a smart, if not a brilliant, appearance.

The President occupied the chair at eight o'clock, and after the minutes of prior proceedings were read, and considerable preliminary business transacted, Mr. Henry Smith exhibited a patient on whom he performed the operation of excision of the knee-joint; and Mr. Francis Mason exhibited a patient from whom he removed a portion of the tibia. Then the real business of the evening commenced. Dr. Richardson read a most interesting paper on "Blood-letting as a Point of Scientific Practice." An animated discussion followed, which was kept up till long after the usual hour of adjournment. Very many of the Fellows present having spoken on the subject; very many, too, regretting that time did not permit, just then, for their opportunity to further discuss it. A considerable number of old medical gentlemen attended the meeting, anxious to ascertain if the opinion of the profession was modified and had become less negative as to the advantages of venesection; and the majority of this section of the Fellows being in favour of the operation, they displayed in a marked manner their full appreciation of the sentiments expressed by those speakers who held like views.

A vote of thanks to Dr. Richardson was passed by acclamation, and a like honour paid to Mr. James F. Clarke (who pithily returned thanks) for his gift of a valuable volume to the Library of the Society.

Alleged Lunatics.

A certain Mr. Mulock informs the *Staffordshire Times* that he found five years ago (!) the County Asylum contained "imputedly insane inmates;" and he avers, that as "sure as he holds his pen there are scores upon scores" of such persons now confined there. We are not going to enter into argument with Mr. Mulock. He talks too wildly for that, and throws out charges which, we have no doubt, the authorities will easily rebut.

But that his ideas of proof are apparently innocuous to anyone, we should have felt inclined to call them delusions that rendered him a proper subject for restraint.

Such statements, founded on what he saw five years ago, are most likely as unfounded as they are startling. Still, one of the Medical Officers may think it right to examine them.

Homœopathy.

We have received several communications respecting the false report that the Emperor of Russia had proscribed homœopathists. We should have regretted any such attempt to put down the delusion, and therefore congratulate the persons who have escaped persecution. Truth is the best weapon with which to meet all systems of the kind. We believe homœopathy is fast dying out. The dogmas on which it rests cannot survive the rapid march of science, and it will soon be a confession of ignorance to assume the name of homœo—or any other—path.

The late Dr. Sibbald.

This veteran Edinburgh practitioner is no more. He entered the profession in 1818 as a Licentiate of the Edinburgh College of Surgeons. In 1824 he took his M.D. at St. Andrews, and five years later became a Fellow of his College. Most of his long professional life, which closed on the 19th ult., was passed in practice in the Scottish capital, though of recent years he may be said to have retired. He has left a handsome fortune, and in his will has not forgotten the public institutions of Edinburgh. He was for some time an active member of the Town Council, and always had keen interest in politics.

University of Aberdeen.

At the last meeting of the General Court of the University of Aberdeen, Dr. Kilgour was elected to the office of assessor for the ensuing year. Prof. M'Pherson thought there was great propriety in putting Dr. Kilgour forward, as the University Court contained no medical man, and the Faculty of Medicine should have a representative. Mr. Humphrey having asked his present views as to throwing open the meetings of the Court to the representatives of the press, Dr. Kilgour, in thanking the Court, said:—

> "I still retain the views I formerly held in regard to opening, under proper and well understood restrictions, the University Court to reporters of the public press. With all courts of law, with church courts of every denomination and persuasion, with all civic corporations and hospital corporations and charities, and, in fact, every representative body open to the press,—I could never see a shadow of reason for closing the doors of a University Court against them. And it is the more necessary now that the proceedings of the Court should be opened, seeing that there are so many members of the University, and spread over the length and breadth of the country, who might expect to know, and who are entitled to know, our reasons for the decisions we arrive at through the ordinary channel of newspapers. If I see my way to a harmonious co-operation in this matter, I shall not fail to bring it forward, and, in doing so, I think that I shall only be adopting your views. But, perhaps, I am speaking and demanding what is already an accomplished fact. For you have all read, I have no doubt, in the newspapers this week, the report of a very able and well-considered speech, which was made in presence of the Court. I am very doubtful, however, whether there were two or three reporters sitting taking notes of that speech. I rather suspect that it had been handed in in well-written MS. by the speaker himself. I think, however, the demands of the Council in this matter are likely to be realised. Edinburgh University is succumbing—at least a very fine distinction is to be made, and the Court is to be open to the press when registration appeals are to be heard and decided upon."

The Registrarship of the College of Physicians of Ireland.

By a ludicrous printer's error in our last issue it was represented that Sir Benjamin Guinness had been elected Registrar of the King's and Queen's College of Physicians in Ireland, in the room of Dr. Athill, resigned. The gentleman who now fills the office is, we need hardly say, Dr. Benjamin Grattan Guinness, Secretary to the Medical Association of the College. For Dr. Guinness twenty-seven out of the thirty-seven recorded their votes, and for the other candidate only ten.

King and Queen's College of Physicians.

Dr. Grattan Guinness, whose appointment as Registrar we announced last week, still retains the Honorary Secretaryship of the Medical Society. That body will hold its second meeting on Wednesday, November 18, and the other medical societies of Dublin will open in the following week.

Composition of Welsh Lake Water.

SOME time ago Mr. Bateman, the eminent engineer, proposed to supply the metropolitan district with water collected from the lakes in Wales. This plan finds favour with many influential persons in London, and may be carried into effect before long. The town of Portmadoc, in Wales, is about being supplied with water from a lake situated about five miles from the town, and the composition and properties of which, according to Dr. Cameron, of Dublin, are as follows:—

Examination of Welsh Lake Water.

Specific Gravity . . . 1·00018
Colourless.
No peculiar odour or flavour.
A very faint acid reaction.
No suspended matters.
No deposit after twenty-four hours' standing.
Degree of hardness . . . 1·25

One Imperial Gallon (70,000 grains) contains—

	Grains.
Lime	·382
Magnesia	·221
Potash	·240
Soda	·180
Peroxide of iron	·042
Silicæ	·041
Sulphuric acid	·290
Chlorine	·480
Nitrates and ammonia	traces.
Organic matter	·501
	2·405

Containing organic nitrogen ·068 part per 1,000,000 parts of wate.

The analysis of this water, which is of an extraordinary degree of purity, is of interest from the fact that London may yet be supplied with Welsh water.

The Golden Bridge Cemetery, Dublin.

THIS case came before the Privy Council on Monday week, but it was announced that the War Office authorities and the Cemeteries Committee had come to arrangement. In future, great care will be taken to prevent the overcrowding of the Cemetery, especially at the side nearest the barracks. Dr. Mapother and Dr. Cameron had repeatedly examined the Cemetery, and had reported favourably upon the state in which it was kept. Dr. Cameron found that no drainage from the Cemetery contained 13·28 grains of mineral matter and 3·08 grains of organic matter per gallon. The Camac River, into which the sewage from the barracks and the drainage from the Cemetery flows, contains (before it receives these matters) 23 grains of mineral and 10 grains of organic and volatile matters. After the sewerage from the barracks and drainage from the Cemetery pass into it, the mineral matter increases to 50·08 grains, and the organic and volatile matter to 26 grains per gallon. Thus, the amount of solid matter in the river is decreased by the drainage of the Cemetery, but is enormously increased by the sewage of the barracks. Dr. Cameron states that the Camac River, a few miles higher up than the barracks, contains only four grains per gallon of solids. These facts illustrate the enormous amount of impurities which rivers receive from sewage.

The counsel for the Cemeteries' Committee, and for the War Office, have agreed upon the terms upon which the action of the latter authority before the Privy Council shall be withdrawn. Interments in the portion of the cemetery adjoining the Richmond Barracks shall be only made under exceptional circumstances.

The Corrigan Election Fund.

WE understand that on Saturday a guarantee fund for the expenses of Sir D. Corrigan's election was opened, and that in a few hours over £500 was subscribed by Dublin practitioners. Drs. Lyons, McDonnell, and Mapother have issued a circular to the entire profession in Ireland, which we feel sure will meet with a prompt and generous response.

Storage of Petroleum.

THE Health Committee of the Dublin Corporation, having ascertained that many thousand gallons of this dangerous article were stored in the city, have had several specimens tested to ascertain the degree of inflammability. No specimen was procured which gave off an inflammable vapour at a lower temperature than 114°, so that all were exempted from the penalties directed by the Acts of Parliament. Considering the great risk of life and property involved, other municipal authorities ought to be as active.

The Varty Water Supply for Dublin.

THE objectionable dark colour of the new water supply for Dublin, which has been attempted to be explained by various hypotheses, still continues, and excites much discussion. The waterworks committee declare that it is the result of the admission of the new water into the old pipes, while the complainants retort that the water in the reservoir is dark coloured.

Water containing much carbonic acid in solution if left in pipes will produce a brown water in a very short time. The peat colouring has been a difficulty before now. At Manchester they exclude all coloured and turbid water from the reservoirs, but do not seem to think the black water necessarily unwholesome. Analysis of a specimen of bog water collected between Killakee and Loughberay gave:—

1·20 degree of hardness by Clark's test,

Organic matter	3·02 grains
Inorganic ditto	1·26 ditto
Total,	4·28 in a gallon.

Also a trace of ammonia, but no nitrates or nitrites.

Our belief is that if the Varty water were exposed in a reservoir in which weeds were allowed to grow, all colour would be extracted, as the above analysis shows the colour to be organic matter, in a state ready for assimilation by plants. At Manchester the black water comes only in flood and at certain seasons of the year.

Mr. Bateman also says the turbid water is allowed to settle in reservoirs, *where it bleaches.* The canal water now delivered in Dublin is colourless, although we believe the summit head is at the Bog of Allan; if so, our idea is borne out that vegetation will take up the colour. A correspondent of the daily papers has suggested that the bottom of the reservoir ought to be paved, but we never heard of a reservoir being lined except about the water-line, where the lick or action of the water is likely to corrode the edges of the bank. If any paving were done the whole watershed would require it.

Honour to Surgery.

THE University of Dublin has just received the patent establishing a Regius Chair of Surgery, and the same instrument nominates Mr. R. Adams as Professor. No selection could be more unexceptionable, for, besides Mr. Adams's position at the head of Irish Surgery, he has served the University in an honorary professorship for many years. We trust it may be only the precursor of further honours from Her Majesty for the distinguished Surgeon in Ordinary in Ireland.

Arrival of the Ship "Clara" at Portsmouth.

THE hired ship *Clara* arrived at Spithead on the 17th instant, with troops on board from Gravesend for Hong Kong and Japan. The following day she was brought alongside the Government jetty in the dockyard, for the purpose of embarking additional troops for Ceylon. The medical officer in charge and officer commanding the troops on board then reported to the authorities on the spot that, in consequence of the extremely offensive state of the ship's bilge, they considered it dangerous to proceed to sea. The principal medical officer concurred, and a board of naval and military officers having found the conditions such as they were described, it was determined not to embark the troops at Portsmouth until the ship should be thoroughly cleaned. The troops already on board were not disembarked, but measures were taken to have the bilge washed out and deodorised. The process occupied several days, quantities of rapeseed being pumped up as the washing went on ; and the vessel being at last considered clear, the troops proceeded on board on the 23rd, and the following day she recommenced her voyage.

The *Clara* belongs to a class of ships that should long ago have ceased to be employed for the transport of troops. It may be considered a fortunate circumstance that she had to call in at Portsmouth. Had she proceeded to sea in the filthy condition in which she left the Thames, there is every reason to believe that severe sickness in one form or other would have occurred on board on her reaching tropical latitudes.

The Dublin Quarterly Journal.

WE understand that Dr. Kidd, the Obstetric Surgeon to the Coombe Lying-in Hospital, who for many years has ably and courteously administered the editorial department of the *Dublin Quarterly Journal of Medical Science*, has retired from its proprietary and its editorship. We believe that the Journal has passed into the hands of a Mr. Falconer, the printer of the "Official Railway Guide," and that the editorial management has been confided to Dr. Belcher, formerly Sub-Editor of the MEDICAL PRESS AND CIRCULAR in Ireland. Every member of his profession will feel regret at the retirement of Dr. Kidd from the literary labours which he has discharged with so much benefit to Irish Surgery, and with the marked approval of the contributors of the *Dublin Quarterly*.

Woolwich Dockyard Drainage.

THIS drainage is not connected with the Southern Outfall, and we are glad to be informed that the Local Board of Health has remonstrated on this fact, in consequence of which consent has been given, and the next Navy estimates will contain an item of the cost. Public money could not be better applied than to so necessary a work.

Bitter Beer.

FOILED in the attempt to raise a new alarm about strychnine in bitter beer, the sensationalists are suggesting picric acid. What next ? Did the coloured socks suggest this lame attempt to get up a new sensation ?

Pauperism.

913,084 persons were in receipt of parish relief on the last day of July. This is exclusive of pauper lunatics. The number exceeds that of the same period last year by 36,064.

Sir D. Corrigan's Candidature.

WE beg to draw the attention of our readers to the announcement in our advertising columns of the election fund so handsomely inaugurated to meet the expense of Sir D. Corrigan's candidature.

WE notice that Professor Lionel Beale, F.R.S., is announced to give lectures on "The Anatomical Element or Cell," as a course under direction of the trustees of the Museum in connexion with the Radcliffe Library, Oxford. These demonstrations on Histology will be an attraction this term.

SOUTH DUBLIN UNION.—Dr. Owens and Alderman Manning, having resigned the elected Guardianship of the South Dublin Union, in consequence of their being appointed *ex officio* Guardians as magistrates. The Poor-law Commissioners have accepted their resignations.

Correspondence.

LYING-IN HOSPITALS AND EXTERN MATERNITIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In his admirable letter to the Governors of the Rotundo, Dr. E. Kennedy states the objects for which it was established to be : To preserve the lives of poor women and their infants ; to prevent child-desertion and infanticide; and to instruct male and female pupils and students in the practice of midwifery. The hospital authorities have been very successful in respect to the last-mentioned object, and it may be useful, just now, to explain how far they have not been so in regard to the preservation of the lives of women and their infants. Assuming that the practice of midwifery as an art, and as a department of medical science in the curative treatment of puerperal women and of their infants, required to be improved in 1756, when the Charter was granted to the Rotundo, scarcely any better means of effecting that object could be devised than those which were placed at the disposal of the Rotundo authorities : labour cases in abundance; funds sufficient to meet the necessary expenditure ; a succession of well-educated medical men to superintend ; and an hospital with ample accommodation. Under these very favourable circumstances it would be reasonable to expect the results of the practice of that hospital to show a gradual improvement in the curative treatment, according as the medical authorities had acquired the information and experience which such an institution must necessarily afford. As regards the labour cases, the average mortality under the first five masters, including Dr. Moss, was in the proportion of 1 to 91 births, *ranging from* 1 *in* 32, the highest in one year, to 1 in 193, the lowest in another. Under the next five masters the mortality was 1 in 86 births, the highest in any year being 1 in 35, the lowest 1 in 214 ; with the next five the mortality averaged 1 in 75 births, the highest in the year being 1 in 30 births, the lowest 1 in 223. Under the sixteenth and seventeenth masters the mortality averaged 1 in 36¼ births, the highest in a year being 1 in 14 births, the lowest 1 in 64.

With Dr. Moss the mortality of infants in the old hospital was 1 in 10½, and in the Rotundo 1 in 5½. Under the next four masters 21,594 children were born alive, and 3,074, or 1 in 6¾, died; the highest mortality in a year was 1 in 4, the lowest 1 in 25. From 1787 to 1854, both inclusive, 1 child in 48 died; the proportions ranging from 1 in 20 in one year, to 1 in 469 in another. In several years the mortality of infants was not 1 per cent. From 1854 to 1864, both inclusive, 1 in 30 died; the lowest mortality in a year being 1 in 43, the highest 1 in 20.

Whether the enormous mortality of infants under the first five masters is to be attributed to the defective ventilation of the hospital, bad nursing, or to these and other causes, it is evident that the object of preserving the lives of infants was not *then* attained; for if the mortality had been only 1 in 10½, as in the old hospital, 1,177 less would have died; and had it been 1 in 46, as under the subsequent twelve masters, only 468 would have died, and 2,761 lives would have been saved.

The gradually increasing mortality of the women that were confined in the Rotunda is a very remarkable circumstance in the history of Lying-in Hospitals, as all the means of effecting a different result existed.

A Commission, appointed in 1830, to report on Dublin Charities, states, "That the Rotunda is an establishment of national utility, as it affords instruction to male and female pupils; but they would advert to a topic of much importance, It appears, from authentic documents at different periods submitted to the executive Government, that puerperal fever frequently appears in the hospital, and carries off many of the women in it. The mortality at different times was so considerable, that in the year 1820 the General Board of Health was directed by the Lord-Lieutenant to inquire and report on the frequency of puerperal fever in the hospital, and on the means, in their opinion, to arrest its mortality."

The Commissioners report that, "Whenever this mortality was greater than ordinary, it arose from the prevalence of puerperal fever; that the disease has existed chiefly in the hospital, and has not at the same time prevailed to any extent in the city; that when it makes its appearance in the Lying-in hospital, it generally spreads through the establishment; and that, in the opinion of two most judicious physicians who have acted as masters in the hospital, the frequent prevalence of this disease is more or less connected with the numerous admissions of patients to its wards." The Commissioners submit a recommendation from the Board of Health of 1820, "That those females who cannot be admitted, shall be attended by male and female pupils, accoucheurs, under the superintendence of the master, and that admissions into the hospital, as well as the attendance on women at their own homes, shall as much as possible be limited to paupers."

The Commissioners of 1842 state, that "In conformity with a previous recommendation of the Board of Health in 1820, the Commissioners of 1830 recommended that, in the event of the admission being limited to 2,000, females applying for relief, and who cannot be received into hospital, shall be attended by pupils at home under the master. This recommendation does not appear to have been extensively acted on. We feel it our duty to repeat it, as calculated to enlarge the usefulness of the institution."

These Commissioners ask the two immediately previous ex-Masters, "What means have been taken since 1829 to check the spread of puerperal fever?" "In what degree have those means proved effectual?" and "Does puerperal fever appear to have prevailed more extensively when any general epidemic has prevailed in Dublin?" Dr. Collins replied, "In February, 1829, when I was Master, puerperal fever prevailed, and for several months had prevailed, in the hospital, now increased with much intensity. On consulting with the Medical Committee, it was recommended that *no patients, except such as were absolutely destitute*, should be admitted, but that attendance should be afforded to all that wished at their own homes, until the entire wards should have been thoroughly purified." "This was done." "In the hospital, *the sick were invariably placed apart from the healthy*. To this precaution too much attention cannot be paid. I am satisfied that instant separating is of great importance to both." "The disease became epidemic in the hospital on several occasions when typhus and erysipelas prevailed in the city. I know two remarkable instances where patients in a bad form of typhus fever were admitted at night, and placed in beds adjoining other lying-in women, who were shortly after attacked with puerperal fever; in the first instance, the two females in the adjoining beds were attacked, and both died; in the second, there were only three women in the ward with the patient in typhus—all were attacked, and two died. Both the patients had been only a few hours in the ward with the other women. But I have known several similar instances without any bad effect."

Dr. E. Kennedy replies, "Strict separation from patients attacked with puerperal fever was adhered to. The history of my mastership proves that, as yet, we possess no effectual means of prevention in this disease. In no one year was I free from it, though I did everything that human ingenuity could devise. I must add my conviction, that the only check to its spread in the locality in which it appears is to refuse patients admission within the sphere of its fatal influence."

The Rotundo authorities did not, as recommended by these Commission Boards, limit the annual admissions to 2,000: they increased them. In 1820 the admissions were 2,674; in the next year 3,052 were admitted; and in each of 27 subsequent years more than 2,000 were admitted. Neither did they give attendance to labour cases at their own homes when puerperal fever prevailed in the hospital, as recommended by these Commissioners; for instance, in 1863, only two extern labour cases were attended, though 32 died of puerperal fever in the hospital; and in the four years ended March, 1867, only 60 labour cases were attended at home, though 83 died of puerperal fever in the hospital: 20 in the first year, 15 in the next, 22 in the third, and 30 in the fourth. And the very important preventive measure of separating the healthy from the sick has not been practised lately, as we learn by Dr. Telford's letter quoted in my last.

The character of the Rotundo, and that of its Medical Staff, is, and always has been, so high, that I have felt it necessary to quote these returns and official recommendations to show the results of the practice of that institution, as these results would not, perhaps, otherwise be credited. I confess that, when I began to examine the Registry Abstracts, I did not expect these results; and as, perhaps, most, if not all, that are connected with the hospital, are not aware of them, to the full extent, at least, their publication may help to clear the way for improving the means of attendance on the class in question in Dublin. This, I believe, can best be effected by a judicious, but not an indiscriminate, admission of fit objects to hospital, and by giving attendance on those that chose to remain at home, so as to save them from ignorant midwives and ignorant neighbours.

In Mr. Simon's report to the Privy Council he observes, "Labour is a natural process, and only a comparatively small number of cases calls for the special exercise of skill in nurse-tending or medical treatment. There are, therefore, generally, in the case of puerperal women, none of these special objects to be gained by becoming the inmates of a lying-in charity, which the diseased and maimed seek by admission into general hospitals." Had the sixteen women, alluded to by Dr. Telford, that died of puerperal fever in the Rotundo, acted on this view, probably most, if not all, would have done well at home.

I may, perhaps, soon offer a few suggestions for improving the means that exist in Dublin to assist this poor lying-in class, and to make better hospital provision for another, which can be adequately attended only by experienced midwifery practitioners: I mean those afflicted with particular female diseases.

Denis Phelan.

28th September, 1868.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

Oct. 19th, 1868.

B. W. Richardson, M.D., F.R.S., President, in the Chair.

Thirty-five new Fellows having been proposed for election, Dr. Sansom, Hon. Sec., read the following letter:—

"23 Gerrard Street, Soho.

"My dear Sir,—I am desirous of presenting to the Medical Society of London, a black-letter copy of the works of Hippocrates. It is in good condition, and is rare. It was given to me by the late Mr. Travers. It appears to me that such a work should be placed in some public library. I have selected that of the Medical Society as the most proper one to receive it. That library is probably the richest in the kingdom in rare medical works; and this will, I hope, do no discredit to the collection. Moreover, I wish, in retiring from my public duties as a journalist, to show some mark of my gratitude to the Fellows of a Society amongst whom, for nearly forty years, I have laboured, and from whom, on all occasions, I have received the utmost kindness and consideration.

"Believe me, my dear sir,
"Faithfully yours, J. F. Clarke.

"Dr. Richardson, President of the Medical Society of London."

The President said: I put it to the Society that a vote of thanks be recorded to Mr. Clarke for his presentation. Nothing could be in better taste than a presentation of so valuable and rare a work to the library of the Medical Society of London. That library is specially rich in such works. There is a rare copy of the great work of Michael Servetus, in which the discovery of the circulation of the blood is foreshadowed. There are Ward's *Diary*, containing the only account of the death of Shakespeare; a manuscript copy of Aretæus; the whole of the works of Hoffman; and many of the works of Michael Albertus, the author of the essay *De Curatione per Similia*. This new addition of Hippocrates will add to the rare literary wealth of the Society in no mean degree; and we are much the debtors of Mr. Clarke on that account. But this is a small debt compared with what is due to Mr. Clarke for years of continued labour and anxiety on behalf of the Society. I am told by our elders—for the events I am about to refer to must have been ages before I was born—that forty years ago Mr. Clarke commenced to report the proceedings of the Medical Society of London. He had to contend against many difficulties, and he was not at first even allowed a front seat in the library; but he persisted; he reported honestly, fearlessly; by his courteous and upright conduct he won his way; he became one of the most respected Fellows of the Society, and has filled every office, save the distinguished office which I have now the honour to hold. It is no exaggeration, gentlemen, for me to say that, in some critical periods in the history of this Society, Mr. Clarke has done more than any other Fellow to hold it together, and that his devotion, I may say his love, for the Society has known no change, no abatement. We accept, therefore, with peculiar pleasure this last mark of his goodwill; and, although your acclamation assures me that the formal duty is unnecessary, I ask that those who are in favour of a vote of thanks to Mr. Clarke will signify the same in the usual manner.

The proposal was carried by acclamation.

Mr. Hancock, in a speech showing the gratitude due by the Society to Mr. Clarke, moved: "That the best thanks of this meeting be given to Mr. Clarke for the benefits he has rendered to the Medical Society of London during the long period of forty years."

Mr. Hunt seconded the motion.

Mr. Streeter commended Mr. Clarke's reports of the old Westminster Medical Society.

Mr. J. F. Clarke, in reply, said: Mr. President and Gentlemen,—I cannot without emotion recall to mind my first appearance in this Society many years ago, and contrast my position then with the proud one I occupy to-night. That emotion is not diminished by the fact that I see present on this occasion a few of the very Fellows who, nearly forty years since, were active members of the Society. The number is but too small, and "the snow on the mountain top" has succeeded to the black or brown heather of other days. Gentlemen, I sincerely thank you for the manner in which you have received and carried the motion before you. It is very gratifying to me to think that my long labours in your service are appreciated by so many. I have alluded to my first appearance in this Society. I succeeded a gentleman who had been expelled your ranks for what was regarded unprofessional conduct, and whose report of a celebrated case of lithotomy gave rise to an equally celebrated trial. I went to the Society, young and inexperienced, with a kind of ban upon me. I was naturally suspected, and accordingly avoided; I was placed on a back seat, and, with rare exceptions, never spoke to a Fellow of the Society. This went on for some time; first, my reports gave satisfaction; I was thanked, became a Fellow of the Society, and, as your distinguished chairman has told you, have occupied every post in the Society except that of President. This was within my reach, but I had made up my mind never to be president of any society so long as I was connected with the press. I need not say that my path was often one of difficulty, not only calling on some occasions for bold and decisive conduct, but on others requiring tact and conciliation. Well, the result of all this is, I am here to-night to receive your kind and too flattering demonstrations in my favour. Gentlemen, I do not retire from public life from decay of either mental or bodily powers, and it may be that if, in my retirement, I should, like the old but not worn-out hunter, hear the sound of the horn and the baying of the hounds, I shall be in the field again, as active, if not so young, as I was "forty years since." Gentlemen, in the course of that long period, many facts and circumstances have become known to me—facts and circumstances of the deepest interest to the profession—and of these I am the sole living depository. A great number of my friends have urged upon me the publication of these reminiscences, and it is my intention to meet their wishes. I shall have leisure now to complete the main work of my life. If, like the shield of Achilles, the workmanship be equal to the material, I trust I may make a valuable contribution to our professional literature. Gentlemen, it is a great relief to me to be even for a time out of harness; to be employed usefully and honourably in public life is gratifying and invigorating, but power has its drawbacks and its sufferings, and we all sigh for "the happier hour." It is in retirement that we have true enjoyment, and I can bear out the truth of the distich of Pope,

"And more real joy Marcellus exiled feels,
Than Cæsar with the senate at his heels."

Mr. Clarke sat down amid loud and continued cheering.

Mr. Henry Smith exhibited a case in which the knee-joint had been excised eight months since; a good result had been obtained, the limb having previously been condemned to amputation.

Mr. Francis Mason exhibited a case in which he had removed a necrosed mass from the tibia.

The President read a paper "On Bloodletting as a point of Scientific Practice." He reviewed the history of the controversy concerning bloodletting, which, from the contradictory opinions of authorities at various stages, demonstrated the fallibility of so-called "experience" when untempered by scientific deduction. The cause of the decline of the practice could be traced to the gradual introduction of the sciences of chemistry, physiology, and pathology into the art of medicine. There was a crash among the idols of twenty centuries, and it was not strange that at such a time scepticism should arise. It was time now to inquire whether the practice of so long a period was baseless and futile. This could only be done by inquiring categorically into the conditions of the practice, and the causes for which it was employed. It had been used to relieve over-action in acute fevers, to diminish tension, to relieve the more chronic congestions until the lapse of time wrought a cure; to stay the acute pain of serous inflammation, to arrest muscular spasm, check hæmorrhage, and remove effects of shock by re-inducing circulatory motion; to control irregular action of the heart, and to subdue convulsion. In regard to these, the ancients saw no danger in the use of the remedy. The point in which they mainly erred was in treating convulsion by bleeding. In uræmia, however, the practice was singularly successful. On the whole, the author concluded that the custom in the present day of refraining under every circumstance from bloodletting was as cowardly as it was founded upon error.

Dr. Hare, Mr. Lord, Mr. Hunt, and Dr. Crisp took part in the discussion.

Mr. Hancock, on being appealed to as to the practice of the late Dr. Clutterbuck, remarked that on the occasion when Dr. Clutterbuck broke his thigh he (Mr. Hancock) was sent for. They differed as to the advisability of performing venesection, and he retired. Dr. Clutterbuck was bled, and died the next day.

The President replied on several points mentioned in the discussion.

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The late Mr. Mitchell.—The *West Brighton and Cornwall Advertiser* announces the death of Mr. Mitchell in the following terms. At Truro, on the 10th instant, aged 51 years, Mr. Slyman Mitchell, surgeon, a town councillor and magistrate for the borough of Truro, one of the honorary surgeons of the Cornwall Infirmary, and one of the founders and for a long series of years, one of the most active supporters of the Truro Dispensary. Mr. Mitchell had a very extensive practice, and his loss will be deeply felt by a large circle of friends. His remains were interred at Kenwyn Church on Thursday morning, the funeral being attended by the Mayor and magistrates, the corporation, and a large number of the inhabitants. The shops were partially closed throughout the town.

Social Science Association.

HEALTH SECTION.

Address

BY

H. W. RUMSEY, ESQ., M.D.,

President of the Section.

(Continued from page 363.)

THE second is a very vexed question. What is sufficient ventilation; and how is it to be obtained? The verdict in each case must depend on circumstances which in different cases are most diverse and complicated; for on the particular temperature of the climate, the season, the house, the workshop, the chamber, depends the demand for the more or less rapid circulation of air. In winter, or at night (exhalations being more readily condensed in cold air), several persons might remain not seriously injured in a room, the atmosphere of which would be dangerously vitiated by one person in a hot summer or within the tropics, when and where the exhaled organic matter is volatilized and thus prepared for quick readmission into the living body.

The question of temperature is so intimately connected with that of air-circulation, that a long and complete series of scientific observations, in a great variety of places, would seem to be necessary to frame even elementary formulæ of ventilation. If old-fashioned people are more anxious to warm their houses and rooms than to secure purity of air, advanced sanitarians are perhaps sometimes too eager to ventilate without sufficient attention to warmth. Both extremes may be avoided. An authorised allowance of cubic space might be insufficient for healthy existence, without the introduction of currents of air so swift as to injure the weaker inmates of the house. Women, children, and the sick especially, would then be the chief sufferers.

Should any one desire to see what an amount of discrepancy may arise in a controversy on this subject, let him examine the Report of the Commission, appointed by the President of the Poor-law Board, on the cubic space necessary for the inmates of workhouses—one of the most useful contributions to the sanitary literature of the past year. If the Report itself sometimes betrays the weakness of a compromise, the memoranda attached to it, containing the views of high authorities and original thinkers, are of immense value. Among these is a spirited discussion between Professor Parkes and Dr. Angus Smith (mighty men — "*fortemque Gyan fortemque Cloanthum*"), in which both have brought forward so many weighty arguments that it would be presumptuous in me to attempt to decide between them. As far, however, as military hospitals are concerned, I think that my friend, the Netley Professor, has established his case.

But, in crowded cities, the free circulation of pure air is simply impossible. The air outside the house, *i.e.* the air to be admitted for ventilation, is often, as we have seen, only a few degrees less vitiated than the air to be expelled. The air, which sustains the life of 200 or 300 persons on every acre of a large district (including, for instance, more than a square mile), can never act properly upon effete organic matters; while invading currents of air, from the open suburbs, very rapidly lose their power to oxidize.

Existing legal provisions against overcrowding in single houses and rooms—good as they are and better as they might be—only touch the surface of this tremendous question. Overcrowding, when prejudicial to health, is now defined to be a "nuisance," and so brought under legal action. But who is to judge of the danger to health in any particular case, and by what law? Will the same rule apply to every town? May not a degree of room-crowding be tolerable, and perhaps justifiable, in some openly-built town (as we know it to be in the country), which would be pestiferous in a thick population?

Possibly, by some despotic decree, you might succeed in compelling every inhabitant of a vast city to open his windows. Or, in a scientifically-built lodging-house, you might adopt the most approved appliances, the cleverest air-shafts and valves, the best directed currents. But what, I repeat, if the air which you are so studiously circulating is already vitiated, if it has become a disseminator of poison? Again, as Dr. Lankester and others have shown, if the government formula of 500 cubic feet per head were enforced at once in many districts, the neighbouring parishes would either be more fearfully crammed by evicted emigrants, or the poor wretches must remain homeless vagabonds.

I am thus led on to the third means of obtaining atmospheric purity, viz., the supply of a sufficient quantity of pure air to every citizen.

Hardly anything has yet been attempted in this direction, whether by the Legislature or by private enterprise, except in promoting the formation of public parks, and protecting in some small measure open spaces in the metropolis and elsewhere from invasion by house builders.

That something more ought to be done in this direction can now hardly be a question, and I am happy on this point to be supported by Mr. Simon, who in 1866 advised that where it might be necessary to purchase and destroy the poorer dwellings as unfit for human habitation, the local authorities should provide equivalent new dwelling space in the suburbs of the town.[1] Mr. Beggs has well shewn that increased facilities should be afforded by Parliament for the development of freehold land and Building Societies, so as to enable the working classes to provide themselves with extra urban dwellings, on the co-operative principle.

It is true that some legal facilities for the purchase of land, *e.g.* power to borrow money of the Public Works Loan Commissioners, have been granted, under the Labouring Classes Dwelling Act of 1866, to local boards and voluntary associations; and it does not appear that the land to be purchased must necessarily lie within the overcrowded boundaries. But I hear that this Act is almost inoperative.

Again, the Artisans and Labourers Dwellings Act of the last session is very unlikely to provide a cure for the evils of overcrowding. This enactment (approved by some, but not generally understood) seems to be open to the following objections. The operation of the measure is confined to those places which throughout the United Kingdom (except in the metropolitan divisions of England) are isolated by town boundaries from the general population of the country. The whole burden and cost of its execution, with its compulsory purchases, demolitions, and reconstructions, are imposed wholly on the most suffering groups of population, and its administration is left to the local authorities of the most crowded localites. The operation of the Act being limited to places containing not less than 10,000 inhabitants, the smaller towns, with the districts under boards of Guardians, are under no such responsibility, with regard to labourers' dwellings, as are towns with the specified population. Yet the reports of the Medical Officer of Privy Council, that of Dr. Hunter especially, prove the urgent necessity for a sweeping reform in the house accommodation of the poorer classes in rural districts.

The extreme of error in this Act is attained by the provision which commits, almost unconditionally, the choice of sanitary advisers in this matter to bodies containing in force the representatives of the owners, tenants, and ratepayers of these places. Thus, duties of no common difficulty in the way of inquiry, report, etc., may be entrusted to ill-informed, dependent, and unlearned persons, although questions of high scientific moment are often involved in such investigations; and therefore the thorough qualification and official independence of the reporters should have been a chief concern of the Legislature. The amendments, good in themselves, made in this measure by the House of Lords do not touch these weighty points. The rights of a life-tenant or owner in fee, the possible injury to proprietary interests, were apparently held to be matters of greater importance. Far be it from me to question or even to doubt the humanity, zeal, and sympathy for the working classes which actuated the framers and promoters of this enactment. It is, moreover, a great thing to have obtained from the Legislature some recognition of the principle that the dwellings of the poor ought no longer to be left to the chances of uncontrolled employment of capital. So we must hope that this is only a tentative measure, and that the necessary corrections and extensions may be speedily made in an Act which, I confess, appeared to me at first like a great sanitary sham,—and which, even now, unless it be amended, will prove, as far as it may operate, seriously obstructive to a rational system of sanitary organisation.

State governments, concerned only with the immediate interests of trade and commerce, have, inconsiderately or unknowingly, permitted the growth of aggregation, without making any adequate provision for the safety of the thickening populations. On the State, therefore, as I venture to conclude, rests the responsibility of taking the initiative, and in some degree lightening the local burdens, by a really permanent and efficient reform—such as would extend town areas, by a gradual distribution of their poorer classes over larger surfaces of land. If, by the adoption of this principle, some boundaries of feudal origin might have to be superseded, some antiquated divisions and political restrictions to be removed, the gain to the country might be still greater.

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[1] Eighth Report, p. 17.

By State aid, I do not mean advances out of the national funds. The capitalist only requires some security for outlay upon undertakings which, though vast, are really prudent, and ought to be ultimately remunerative. A public guarantee for the payment of moderate interest upon private or corporate advances, or a charge upon the county rate, would surely provide more than the required capital, the repayment of which need not be limited to forty years, as it is in the Act to which I have before referred. The benefit of a larger measure would be enjoyed chiefly by the next generation: why, then, should the present be required to bear the whole responsibility? If the creation of a permanent "stock" were undesirable, might not ultimate repayment of capital be limited to a century?

Slow, of necessity, must be such a process of social reconstruction, but every step taken by the Legislature for the better house-accommodation of the poor ought, I think, to keep in view the *enlargement of inhabited areas.*

In reply to some minor objections still urged against the adoption of this principle,—I would observe that proximity to work and the labour-market in these days is measured by time rather than by space. The labourer within a mile of his work may require a quarter-of-an-hour to walk to it. Give him a cheap railway, and he may travel from five to eight miles in the same time—that is, he is practically as near to his work as though he lived within ten or fifteen minutes' walk of it. But we are told that railways are either wanting or unavailable; that existing companies will not come to terms; and that new companies would not pay.

To all this I reply; if the wealthy classes are still to be at the mercy of a railway despotism, at all events, let the working man be freed by some public measure, which might enable him to get quickly out of town, by railway, at a low fare. Let him have at least the option of breathing fresh air, of resting his weary eye upon the green of nature, of scenting the newly up-turned earth, of growing his vegetables, and of housing his wife and children away from town abominations. How long, I ask, is the suburban residence to be solely the luxury of the moneyed classes?

There can be no doubt of the financial economy of the principle. The weekly railway ticket, plus the rent of a cottage with from five to twenty poles of garden ground, need not equal the present cost of a stifling lodging on a flat of some old house in a dark street, reeking with moral and physical impurity; or amidst heaps of manure in some mews, impacted between the backs of lofty town mansions; nor need it equal the rent of rooms in some vast block of model lodgings. The saving of health, and the prolongation of life, would be clear gains in the financial comparison.

There will always be, I grant, a mass of unemployed labourers, waiters on Providence, who must reside as closely as possible to the labour markets—to the wharves and docks of great ports. But how much less expensively, and more safely, might this class of labourers be housed on the very spot, if the other class, in constant work and able to leave town for their villages, were no longer to compete for the miserably small living space within the town precincts.

For those who are compelled to dwell in these centres, a greater number of well-contrived blocks, such as are now raised by societies and philanthropic individuals, may be found necessary. But their site, distribution, height, and proximity, should be subject to safe municipal regulations. They should not be allowed either to be erected on improper or unhealthy sites, as they sometimes have been, or to obstruct the free circulation of air.

If the required extension of inhabited area should be practically impossible in the case of London, that huge exception to all known methods of local management, we may surely beg the metropolitans not to interfere to prevent the principle from being carried out where it may be practicable.

Professor Kerr's plan for a simpler and humbler class of dwellings to shelter the lowest of the poor, commends itself to public favour. No doubt, when the people are more generally and more rationally educated, when useful facts of elementary physiology are taught in our primary schools, they will not fail to appreciate as they ought the superior advantages of an out-of-town cottage. I pray that the opportunity may be afforded to them.

Surely, then, we need not speculate upon bringing mountain or sea-air, by enormous pipes, into town centres. We should more wisely, with due regard for existing interests, promote legislative provisions for the judicious distribution of the labouring classes over wider areas of habitation.

II.—WATER: the flowing, sparkling, refreshing, and cleansing element—second only to air as a necessary of life, and bounteously supplied by nature in abundance and wholesome purity—has been long subjected to grievous neglect and outrage. The natural rights of the dwellers upon land to the water it furnishes have been usurped by monopolists, individual and corporate.[1] That which we might almost call *feræ naturæ*, has been seized, imprisoned, and sold to those who could afford to buy it; withheld from the poor, yet wasted by its proprietors and consumers.

Then, the original sources of water have been neglected and sometimes suppressed, the channels of its natural flow injured and obstructed, the banks of its courses abandoned to decay from natural causes, and to reckless wear and tear by unregulated industries; while the streams themselves have been deliberately converted into disseminators of poison to the riparian populations.

But before I touch on the injuries which man has inflicted on water, and has been forced to receive back again with ruinous usury, I would remark on the serious and progressive diminution in the natural supply of water, in most parts of this country.

As the land has become more thoroughly disforested and drained, for social and agricultural purposes, the water from springs (whether surface or subsoil), and from ponds and marshes, has, of course, passed more rapidly off, and through the drier soil, into main channels and rivers. Less having soaked into the soil, less rises in vapour, there is less of cloud and mist, and therefore a decreasing rainfall.

Professor Ansted, in a recent masterly essay,[2] has shown how universally these changes are progressing in civilised countries, and how important are their effects upon supplies of water. Whether or not, in the coming golden age of science, man will be able to call down rain at will—as has been lately predicted by my accomplished predecessor in this chair—it is certain that man can both diminish the annual rainfall in most places, and he can again restore it. Unquestionably he has diminished it, in some regions, to an extent which threatens the safety of great communities.

Yet, improvements in agriculture, producing a drier and more tractable soil in plains and valleys, with a thorough drainage of fever-breeding marshes and fens, cannot be otherwise than beneficial to any country—provided the hill sources of water are protected.

The most important measure of redress for the growing evil of which I speak, is to preserve, with more sedulous care, the great natural reservoirs of our water supply, the elevated sponges of those mountain and hill ranges, which are the marks of our watersheds and points of attraction for atmospheric moisture.

These high sources of running water—sources which are too hastily assumed to be perennial, yet which have kept our great rivers tolerably full during the longest droughts—are lessening in produce in many districts. The wild rills, which, within the memory of a generation or two, used to dash and leap down the hill-sides, are now, too often, things of the past, only fitfully running, after a storm or long-continued rain. We know both the fact and its cause. The heights, from and under which the streamlets sprang, were once wood crowned. They are now bare. The forest and brushwood of old with their accompanying herbage—which largely condensed the mists floating upon the hill-tops, which retained the moisture, allowing it to ooze through porous rocks until held by some impermeable stratum for the service of living creatures, and which checked rapid evaporation from high ground and thin soil exposed to sun and wind—have been felled. On the western ranges, summit after summit has been cleared of wood. The proceeds of the wood-sales may not have been dissipated, but much of the hill water—the natural wealth of the region—has disappeared.

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[1] A recent essayist—and a very able writer he is—on the future water supply of London, speculates on the acquisition of gathering grounds, containing more than 3,000 square miles, and including other water beds than thay of the Thames, from which he coolly proposes to draw, by various craftr expedients, some 250 000,000 gallons of water per diem. Of this, their own natural provision, he generously offers to allow the unfortunate dwellers in the land one fourth part, before carrying off as much of the remainder as he can to metropolitan reservoirs!

[2] *Royal Agricultural Journal*, 1866, p. 62; 1867, p. 65.

These results of forest clearing are yet more manifest in other parts of the world. The diminution of rainfall in the Canary Isles is, perhaps, as apposite an instance as any of those adduced by Professor Ansted. The failure of water in the plains of Central India, from the same cause, has now, we learn, arrested the serious attention of the Indian Government, and some of the hill-sides are to be replanted.

In this country, the effects of the hill-clearing are felt, not only by agriculturists, but (what is more directly to my point) by those who now endeavour to obtain improved supplies of water for the great town populations, spreading over plains and valleys.

Another cause of the diminution in the flow of streams, as well as of their waste, is the prevailing neglect of their channels and of the ground immediately adjacent. Obstructions of various kinds are permitted to form and grow from the refuse of mines, manufactures, and commercial processes, raising the river-beds with silt and indurated deposits, destructive alike to animal and vegetable life, and subversive of the purifying functions of running water. These evils are accompanied by greater liabilities, both to floods and to water-logged land.

Happily this great subject is now being comprehensively and judiciously handled by the eminent men who constitute the Royal Commission on river pollution, and who are adding to our sanitary literature reports of immense value. Some of their recommendations bearing on sanitary administration deserve most particular attention. Already, we owe to that Commission the Thames Navigation Act of 1866; and we are thus encouraged to hope that every watershed and river-basin will in time be brought under a body of able and intelligent conservators.

A scientific administration of the entire valley of the Thames, under this Act, may effect much, if not all, that was anticipated by my friend Dr. Acland,[1] to whom chiefly, I believe, we owe the origination of measures now in progress for the conservation of rivers. But in referring to the leaders of this movement, it would be ungrateful to omit one, no longer among us—the father of our founder—who contributed to our first meeting (and in this town) an admirable paper on the condition of the Severn. The Thames Conservancy Act is, indeed, a great step in sanitary legislation, for it recognises the necessity of extending the areas of administration, in conformity with the natural topography of the country.

(To be continued.)

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Summary of Science.

(*Specially Edited and Compiled for the Medical Press and Circular.*)

By C. R. C. TICHBORNE, F.C.S., F.R.G.S.I., Etc.

[The Editor of this Summary wishes it to be understood that he is not responsible for the ideas, theories, or the correctness of statements made in any of the papers quoted in the compilation.]

BRITISH ASSOCIATION.

NORWICH MEETING, 19TH AUGUST, 1868.

THE *savants'* gathering may be considered as perfectly successful, if we take into consideration the miscellaneous character which the papers of such a meeting must always present. We refer to quality, for although most of them are of great value to their respective sciences, there is a class of scientific men who think it absolutely necessary to "cork" up a paper for the annual gathering, irrespective of any consideration as to whether they have materials for even a small dish.

The inaugural addresses of the President and the respective chairmen of the different sections, were all good, and strictly appropriate, because the men who delivered them were in their right places.

The President's (Dr. Hooker) address is principally taken up with a review of Darwin's theories on natural selection, particularly as regards its botanical aspect. Dr. Hooker stigmatises Fossil Botany (at present) as the most unreliable of sciences. Professor Tyndall's address to the members of the mathematical and physical section was an oration in the strictest sense of the word. It was, as a composition, the paper of the meeting, although we cannot endorse all Professor Tyndall's deductions. We may cite, as a specimen of this paper, his reasoning upon the construction of organisms: The Pyramids of Egypt were built by human force applied externally—"slave power, or labour," as it is termed by Professor Tyndall. If we take a crystal of salt, it is an exact imitation. "The human mind is as little disposed to look at these pyramidal salt crystals without further question as to look at the pyramids of Egypt without inquiry whence they came. By analogy you may suppose that swarming among the constituent molecules of the salt there is an invisible population, guided and coerced by some invisible master, and placing the atomic blocks. This, however, is not the scientific idea, nor do I think your good sense will accept it as a likely one." The scientific idea is that the molecules act upon each other without the intervention of slave labour—that they attract each other and repel each other at certain definite points, and in certain definite directions, and that the pyramidal form is the result of this play of attraction and repulsion. While, then, the blocks of Egypt were laid down by a power external to themselves, thin molecular blocks of salt are self-posited, being fixed in their places by the forces with which they act upon each other. The formation of a crystal, a plant, or an animal, is in the eyes of scientific thinkers a purely mechanical problem, which differs from the problem of ordinary mechanics in the smallness of the masses, and the complexity of the processes involved. A beam of polarized light, if passed through a crystal, reveals an inner structure peculiar to itself, and if we pass from this, which we are accustomed to regard as a dead mineral to a living grain of corn, we shall find, on examination by polarized light, chromatic phenomena similar to those noticed in the crystals, because the architecture of the grain resembles in some degree the architecture of the crystal. "But what has built together the molecules of the corn? You may, if you please, consider the atoms and molecules to be placed in position by a power external to themselves. The same hypothesis is open to you now. But if, in the case of crystals, you have rejected this notion of an external architect, I think you are bound to reject it now, and to conclude that the molecules of the corn are self-posited by the forces with which they act upon each other. It would be poor philosophy to invoke an external agent in the one case and to reject it in the other."

As before stated, the formation of a crystal, a plant, or an animal, is equally a purely mechanical problem.

Professor Frankland's address (Chemical Section B) was a summary of the work that had been done in England during the last twelve months. He especially drew attention to the works of Perkins, Duppa, Graham, Maxwell, Simpson, Crum, Brown, &c., and also dwelt at some length upon the fine scientific schools of the Continent, particularly as regards the magnificent laboratories, the Berlin Laboratory alone having cost £47,715. His opinion, which is endorsed by *vox populi*, is, that if we are to keep up with continental countries as regards their arts, manufactures, &c., we must bestir ourselves. We do not, however, think that London is so badly off in this respect. What is required is that the science schools should be more scattered through the kingdom, and that the sciences should be taught in different schools with more definite views towards specific calling. This is the system more in vogue in France, &c. Thus, in London, we have the following excellent institutions in Chemistry alone, besides the University and Medical Schools:—The College of Chemistry, which, we may say, is devoted to pure Chemistry; the Laboratory of Professor Perry (School of Mines) for metallurgic instruction; Pharmaceutical Society—a Laboratory for Chemistry in connection with Pharmacy; also Veterinary and Agricultural Laboratories.

In Section 2 (Biology) the following papers were of especial interest:—"On Some Effects of Extreme Cold on Nervous Action," B. Richardson; "Report upon the Physiological Action of Mercury on the Secretion of Bile," Professor Bennett; "Report on the Investigation of Animal Substances by the Spectroscope," by Dr. E. Lankester; and Professor Heynsius "On the Albumenoid Substances of the Blood-Corpuscles." The general papers on chemistry will be in abstract.

BRITISH PHARMACEUTICAL CONFERENCE.

THE meetings of this Society, which are held coeval with those of the British Association, have proved most useful. They have tended towards raising the dignity of pharmacy, and have brought prominently before the public the importance of that art. There are few countries in Europe where that department has been so neglected as in this kingdom; at least, we are certainly far behind France and Germany. The papers read possessed more than ordinary interest, particularly those connected with the adulteration of drugs. Among many others of considerable merit, we must especially draw attention to the following :—

---

[1] "Acland on the Cholera at Oxford," p. 114. See also 10th Report of Medical Officer of Privy Council, p. 18.

MR. STODDART'S PAPER ON HONEY.

This paper is an excellent one upon the subject. The characteristics of honey, when fresh from the hive, is that of a thick, yellow liquid, having a specific gravity 1·423. It does not give a blue colouring with iodine, even when only just deposited from the honey-bag of the bees into the comb, although the immature or unripe "nectar" of flowers sometimes gives a blue reaction. After collection, the honey gradually thickens and deposits crystal. This is due to solid particles, which are floating in a syrup. These crystals are those of dextroglucose, interspersed with pollen-granules. Honey originally is formed from a solution of cane-sugar (sucrose), which is gradually changed into grape-sugar (glucose), also forming a small quantity of acetic acid, formic acid, and alcohol. The author had analyzed samples adulterated with pea or bean-flour, pipe-clay, turmeric, sulphate of lime, also largely with sugar.

The next paper, by Dr. Fluckiger of Berne, was upon the subject of *Rose-oil*, in which he seems to say that the stearoptene of rose-oil is a paraffin.

Papers also appeared upon the microscopic examination of the alkaloids by Mr. Ellwood.

Granular citrate of magnesia by Mr. F. Clayton, in which he describes the articles now in the market under this name; "Senna," by Mr. Gracus; "Notes on lemon-juice and its decomposition," by Mr. Stoddart; and last, but certainly not the least important, "A paper on the estimation of Tannic Acid," by Mr. J. Watts. Messrs. Brough, Proctor, Reynolds, &c., contributed papers to meeting for 1868.

CHLORIDE OF METHYLENE.

Mr. Perkins prepares chloride of methylene from chloroform, by acting upon an alcoholic solution of chloroform with zinc and a little ammonia. On mixing the re-agents the temperature rises, and the whole enters into ebullition, and much gas is given off. The chloride is not formed in large quantities. Tetrachloride of carbon treated in the same manner gives chloroform and marsh gas.

ACTION OF LIGHT UPON CHLORIDE OF SILVER.

If in a tube of white glass, from 14 to 15 inches long, you enclose moist chloride of silver (freshly precipitated by means of a solution of chlorine in water), and expose it to the direct action of the solar rays, it will be observed, that while the chlorine solution is yellow, the chloride of silver remains white; but after the chlorine solution becomes colourless, the chloride decomposes the water under the action of light. As soon as the chloride of silver blackens at the surface, it should be agitated from time to time, and left exposed for a few days to direct light, until the whole becomes of a fine black colour.

If the tube is now taken into a dark place the blackness will disappear by degrees, chloride of silver becoming reformed, and the contents of the tube becoming perfectly white again; and this experiment may be repeated indefinitely. It is an evidence that in their successive reactions the chlorine, oxygen, hydrogen, &c., preserve properties of combination and re-combination. Bromide of silver (and, probably, cyanide) present the same re-action. Iodide of silver only blackens in the sun, after being sensitised by means of pyrogallic acid. It does not blacken visibly without a reducing agent.—*Foreign Correspondent of the "Chemical News."*

◆

WITHDRAWAL OF DR. RICHARDSON FROM THE CONTEST FOR THE UNIVERSITIES OF EDINBURGH AND ST. ANDREW'S.

In a second edition of the last number of our Scottish supplement, we announced the retirement of Dr. Richardson in the terms in which it was supplied to us, viz., the resolution of his committee as follows :—

"The Committee, having come to the conclusion that Dr. Richardson's return cannot on this occasion be secured, recommends, with Dr. Richardson's concurrence, his retirement from the present contest."

We have been further informed that the supporters of this eminent gentleman have handsomely defrayed all the expenses that have been incurred, a course which will be looked upon as most honourable by all parties. It is very commonly reported that only a small proportion of the medical graduates gave Dr. Richardson the support he expected. This must be due to the number of candidates in the field, and the large number of promises that had already been made. It is no secret that an active canvass had been for months going on—in fact, ever since the first proposal to enfranchise the universities—on behalf of two eminent Scotchmen of opposite parties. Only a little while ago, Dr. Prosser James had been persuaded by a large number of medical friends, supported by the section of politicians who were not satisfied as to the thoroughly Liberal views of Professor Playfair, to enter the field as an advanced Liberal and medical reformer. We gave our tacit support, as we have done to every medical candidate, and would gladly have given it also to Dr. Richardson, as against any non-medical candidate.

Now that Dr. Richardson retires from the contest, the question is whether the other medical candidate will have the great proportion of his supporters. If so, he has a fair chance. If not, we should doubt the probability of his success. We regret to hear, on good authority, what we hope may, after all, prove not correct. It is to the effect that Dr. Richardson, while professing his retirement to be neutral, has not only not tendered his aid to the other medical candidate, but is giving his personal influence to the Conservative lawyer. This may be consistent enough so far as general politics go, but Dr. Richardson came forward on other grounds. He deliberately set medical affairs above politics, and refused allegiance to either party in the State. If a man making such professions, does not help another medical candidate, when can we hope to see the profession represented in Parliament? Dr. James from the beginning, it is true, avowed himself a party man, but he gave so much importance to medical politics, that he excited the opposition of many of the Arts graduates and thereby imperilled his election.

It is to be hoped that medical electors will refuse to desert their profession, and will rally round their remaining candidate. Otherwise we shall look upon the contest as virtually lost, and consider that the profession has only its own members to blame.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

OPENING OF THE WINTER SESSION.

On Monday Professor Hargrave delivered the Introductory Address before the President and Council, a great number of professional gentlemen, and a very large attendance of students.

Professor Mapother afterwards delivered the opening lecture of his course on Physiology, and selected, in accordance with the usual practice, the classification of the animal kingdom. He began by urging the importance of zoology as a branch of general education, and dilated at some length on the advantages to be derived from its intimate investigation by scientific medical men. Many important maladies owed their origin to the lower forms of animal life, and from other higher classes, some of the most valuable agents in the treatment of disease were derived. It was announced that the first ten lectures of the course, which treat only of comparative physiology, were open to the public.

◆

ELECTIONS AT THE KING'S AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

The day sacred to St. Luke, the beloved physician, is that which the King's and Queen's College of Physicians in Ireland have from time immemorial set apart for the annual election, but this year as the day fell on Sunday, the meeting of the college was necessarily adjourned until the Monday following. The following officers were elected :—President—Dr. Churchill. Vice-President—Dr. Freke. Censors—Drs. Foot, Little, Atthill, and Freke. Treasurer—Dr. Dwyer. Registrar—Dr. Guinness. Representative on General Mecical Council—Aquilla Smith. Professor of Medical Jurisprudence—Robert Travers. Examiners in Midwifery—Dr. Johnston ; Dr. Jennings.

The College then proceeded to the selection of Fellows and Honorary Fellows. Of the latter, were chosen Dr. Minter, Deputy-Inspector General of Hospitals and Fleets, Surgeon to Her Majesty's Yacht, and Surgeon Extraordinary to His Royal Highness the Prince of Wales, and Dr. Maxwell Simpson, well known as a chemist of the highest attainments. Three ordinary Fellows were added to the list ; Dr. S. L. Hardy, ex-President of the Dublin Obstetrical Society ; Dr. C. F. Perceval, Assistant-Physician to the Incurable Hospital ; and Dr. Fleetwood Churchill, son of the President of the College.

NOTICES TO CORRESPONDENTS.

Dr. S. T. Haslett Lahey.—In order to expose the swindle of which you complained having been the dupe, we procured one of the little instruments styled "The Scientific Wonder," and submitted several small objects—atomics, animalculæ, a drop of blood, &c.—to test its power. As these tests answered as well or better than could reasonably be expected of so tiny an instrument, we cannot but think that the lens in the one you purchased must have become in some way injured in transit or otherwise.

We are equally jealous of our advertising as of our news columns, and are at all times only too happy to expunge anything that partakes of quackery or swindling ; and assuredly the case in question would not escape the lash, could we justly join in your condemnation.

That this "new light" is likely to aid any scientific investigation, or usurp the position of a Harley, a Smith-Beck, or a Steward, is of course out of the question ; but as a "scientific toy," which by the way would have been the more correct title to have given it—still some licence must necessarily be allowed to manufacturers—it is unquestionably an adjunct to the labora'ory of the junior members of the community, and a boon to the poorer classes.

The following letter has been addressed to the many members of the Profession. We here reproduce it for those of our readers who may not have seen the same.

THE CORRIGAN ELECTION FUND.

Dublin, Oct. 26, 1868.

Sir,

Believing the election to Parliament of an able and independent member of our profession to be an object of the highest importance, in a public as well as a professional point of view, we beg leave to ask your support and contribution towards a Guarantee Fund for the purpose of aiding the return of Sir Dominic Corrigan, Bart., for the City of Dublin.

The following gentlemen have already given us their names with the subscription placed opposite to them. We shall feel much obliged for an early reply, and will thank you to aid us amongst our professional brethren in your neighbourhood.

Yours truly,
R. D. Lyons, 8 Merrion square, West.
R. McDonnell, 14 Lower Pembroke street,
E. D. Mapother, 125 Stephen's green.

Post-office Orders or cheques may be made payable to any one of us.

Mr. J. Aston (new subscriber) is thanked. The back numbers have been forwarded.

Pancreatic Emulsion.—In reply to the questions of several correspondents, we are requested to state that the Pancreatic Emulsion prescribed by Dr. Freke with such favourable results, as described in this Journal of Oct. 7th, was manufactured by Messrs. Savory and Moore, of New Bond street, London.

◆

BOOKS, PAMPHLETS, &c., RECEIVED.

Hyères and Cannes. Second Edition. By Edwin Lee, M.D.

Health Resorts of the South of France. By Edwin Lee, M.D. London: W. J. Adams, Fleet street

The Nursing Schedule. Arranged by Dr. Horace Dobell.

The Croonian Lectures on Matter and Force. By Henry Bence Jones. A.M., M.D., F.R.S. London : John Churchill and Sons.

The Westminster Hospital Introductory Address. By Francis Mason, F.R.C.S. London : John Churchill and Sons.

◆

Births and Deaths.

BIRTHS.

Beatty.—On October 13th, the wife of Dr. J. Guinness Beatty, Senior Assistant Physician of the Rotunda Lying-in Hospital, of a daughter.

DEATHS.

Alexander.—On the 15th inst., H. D. Alexander, M.D., of St. John street, Edinburgh.

Bowe.—On the 14th inst., at Leeds, John Bowe, M.R.C.S.E., of Richmond, Yorkshire, aged 67.

Marsden.—On the 17th inst., Wm. Marsden, M.R.C.S.E., of Skipton-in-Craven, Yorkshire, aged 70.

Myers.—On the 14th inst., Henry Myers, M.R.C.S.E., of Milton street, Dorset square, late surgeon in the Portuguese army, aged 64.

Williams.—On the 11th inst., from the effects of a fall from his horse on the preceding day, William Williams, F.R.C.S.E., of Dolgelly, Merionethshire.

Williams.—On the 13th inst., at Drim, near Fisguard, Pembrokeshire, William G. Williams, M.R.C.S.E., of Salisbury, aged 32.

We believe we are correct in stating that Dr. John M. Minter, F.R.C.S., Deputy-Inspector-General of Hospitals and Fleets, Surgeon Ext. to H.R.H. the Prince of Wales, &c., will accompany H.R.H. and the Princess in their tour through Germany, Denmark, thence through Greece, a portion of Asia Minor, and finally up the Nile. The Royal party will probably leave about the middle of November.

Advertisements.

URGENT APPEAL.

THE Members of the Medical Profession and the benevolent public are earnestly requested to contribute to the relief of Dr. Aldridge and family, who are reduced to a state of destitution.

It is hoped that a sufficient sum may be collected to enable the family to join their relations in Australia.

Contributions in aid of this object, will be thankfully received and acknowledged by the following gentlemen :—

Sir W. R. Wilde, Dr. Stokes, Dr. O'Ferrall, Dr. Croker, Dr. Gordon, Dr. Hudson, Dr. W. O. Barker, and Messrs. Bewley and Hamilton.

SUMS ALREADY RECEIVED.

Henry Bewley, Esq., £100.

Dr. J. T. Hamilton	£15	0	0	S. Nalty, Esq.,	0	10	0
Dr. A. Hudson,	10	0	0	Per Dr. Cronyn,	0	10	0
Dr. O'Ferrall,	10	0	0	James Haughton, Esq.,	1	0	0
E. Long, Esq.,	10	0	0	Dr. Oldham,	2	2	0
Dr. Croker,	5	0	0	Dr. Barton,	1	1	0
Dr. Duncan,	5	0	0	Dr. Bevan,	2	2	0
Dr. Evory Kennedy,	5	0	0	Dr. Harvey,	1	0	0
Dr. M'Donnell,	5	0	0	Dr. Banks,	2	0	0
Sir W. Wilde,	3	3	0	Dr. Hildige,	5	5	0
Dr. Gordon,	3	3	0	Dr. Smyly,	1	0	0
Dr. Cruise,	2	2	0	Dr. Lipsett,	1	1	0
Dr. Mapother,	2	2	0	Dr. Duigan,	1	0	0
Dr. P. Smyly,	1	0	0	Dr. Cronyn,	1	0	0
Dr. Nalty,	1	0	0	Dr. Brunker,	1	0	0
Dr. Dwyer,	1	1	0	Dr. Collins,	5	0	0
Dr. Doyle,	1	0	0	From a Friend,	2	0	0
Dr. Bennett,	1	0	0	Dr. E. Bewley,	1	1	0
Dr. Smallman,	1	0	0	Dr. E. Hamilton,	1	0	0
Dr. West,	1	0	0	Dr. Barker,	2	0	0
Dr. Thornhill,	1	0	0	Dr. Denham,	1	0	0
Dr. E. Bradshaw,	1	1	0	Dr. Hardy,	1	0	0
Dr. Forrest,	1	0	0	Andrew Armstrong, Esq.,	2	2	0
Dr. W. Stokes, Jr.	1	0	0	Dr. F. Kirkpatrick,	1	0	0
Dr. Churchill,	1	0	0	Dr. Kidd,	1	0	0
Dr. Fitzpatrick,	1	0	0	Dr. James Armstrong	2	0	3
Dr. Harrison,	1	0	0	Ben Thos. Patterson, Esq.	3	0	0
R. J. Swift, Esq.,	1	0	0	Dr. Chaplin,	1	0	0
Mrs. S. Hinds,	1	0	0	Dr. Mollan,	2	0	0
Dr. Bateson,	1	1	0	Dr. Stewart,	5	0	0
Dr. Beatty,	1	0	0	Dr. M. Burke,	1	1	0
Dr. C. H. Leet,	1	0	0	Dr. Elliott,	1	0	0
Amicus,	0	10	0	The Editor Medical Press			
G. H. Porter, Esq.,	0	10	0	and Circular,	1	1	0
J. Stronge, Esq.,	0	10	0	Dr. John A. Fergusson	1	0	0

CITY OF DUBLIN ELECTION, 1868.

MEDICAL SUBSCRIPTION towards a GUARANTEE FUND, for Expenses of Sir D. J. CORRIGAN, Bart., M.D.

Dr. Robert M'Donnell	£100	0	0	Dr. Isaac Ashe	£5	0	0
Dr. Robert D. Lyons	100	0	0	Dr. Wm. M'Cormac,			
Dr. E. D. Mapother	50	0	0	Belfast	5	0	0
Dr. Fr. R Cruise	50	0	0	Dr. J. Cuming Belfast	5	0	0
Dr. John Hughes	20	0	0	Dr. Henry J. Gogarty	5	0	0
Dr. Robert Cryan	20	0	0	Dr. P. C. Little	5	0	0
Dr Henry J. Tyrrell	20	0	0	Dr. W. H. O'Leary	5	0	0
Dr. J. K. Forrest	20	0	0	Dr. James Brady	3	0	0
Dr. T. Hayden	20	0	0	Dr. Davys, Swords	3	0	0
Dr. J. S. Hughes	10	0	0	Dr. S. M. M'Swiney	2	0	0
Dr. James Daly	10	0	0	Dr. Michael Shanley	2	0	0
Dr. W. J. Martin	10	0	0	Dr. Lynam	2	0	0
Dr. Walshe	10	0	0				

Post-office Orders or Cheques to be made payable to—
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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 4, 1868.

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LECTURES ON STRICTURE.

WITH SPECIAL REFERENCE TO ITS TREATMENT.

By **Rawdon Macnamara**,

Vice-President and Professor of Materia Medica in the Royal College of Surgeons of Ireland, and Surgeon to the Meath Hospital.

LECTURE III.

Almost as if it were to be a commentary upon our last lecture, gentlemen, a case has been sent up to me for treatment from the country, which you have had an opportunity of examining. The case to which I allude is that of A. B., æt. forty-six. A subject of congenital phymosis, eight years ago he had been circumcised in one of our metropolitan hospitals. Subsequently, he goes down to the country, gets retention of urine, and the highly intelligent surgeon who is called upon to relieve him fails in finding the meatus urinarius externus, for reasons which are perfectly patent to you on examination, and to which I shall presently more particularly allude. By operative interference he gets a glimpse of the meatus, introduces an instrument, gives the patient temporary relief, and then recommends him to place himself under my care for more perfect treatment. What, now, is this patient's present condition? The foreskin is drawn tightly down over the glans penis, and its orifice is a very small cartilaginous ring, scarcely capable of admitting the passage of a director, perfectly incapable of distension, and which no amount of manipulation or skill permits of seeing the meatus urinarius. You may well now interrupt me and say, "But you tell us that eight years ago this man was circumcised." Yes, gentlemen, he was subjected to the operation, but it was imperfectly performed. That very point to which I drew attention in my last lecture was not attended to, and the mucous membrane was not divided to an extent corresponding with the division of the cutaneous structure; the result was that it has gradually contracted again, as you see it now, and with this additional inconvenience—extensive adhesions between the prepuce and glans penis. Our duty now is to introduce the director, and slit up the prepuce on its dorsum, to break down the adhesions, remove all the indurated cartilaginous tissue, and leave the glans penis as uncovered as the unfortunate condition of the parts will admit of. Well then, gentlemen, you have seen me trying to carry out the steps of the operation I have just sketched out for you. You must have observed how very intimately and extensively the glans was attached to the prepuce, with what extreme difficulty the attachments were broken down; and none of you can have failed to remark the dense, cartilaginous structure of the tissue which I removed with the assistance of the excellent scissors recommended by that distinguished surgeon, Mr. Butcher, for the operation for harelip, and which bears his name. You may also have observed that, with some difficulty, I introduced into the patient's bladder a No. 3 gum elastic catheter, some little time having been first expended in discovering even the orifice of the urethra, and that I finally dressed the penis with a small roller of dried lint, without any effort to connect the mucous and cutaneous surfaces by points of suture. As you look at the result of this operation, you can readily perceive that the glans penis is now fairly exposed, and no reason exists why the operation should not now be permanently of use to him. Why I made no effort to connect the skin and mucous membrane together by points of suture, I shall now explain to you. In structures so altered by disease, union by the first intention would be hopeless; therefore sutures could be attended with no benefit, and might only complicate the further progress of the case. I preferred bringing the parts into position by the strap of lint, and I shall leave everything undisturbed for the next forty-eight hours. By the introduction of the gum elastic catheter, and by leaving it also in the bladder undisturbed for the next forty-eight hours, I look for two advantages, one connected with his stricture, a point which I shall again have to revert to; the second, and perhaps at this moment the most important, is that I shall so conduct the urine out of the bladder as not to allow it to come into contact with the raw surfaces of the wound, and so produce in them irritation.

We now come to consider the impediments to micturition caused by stricture of the urethra. Strictures have long been divided into three great classes—organic, spasmodic, and mixed; terms, the first two of which explain themselves, the third being supposed to be a compound of the two first. Although these terms bear so self-evident an interpretation, it may perhaps be as well to enter more fully into their consideration. When most strictly interpreted, an organic stricture is conceived to be a narrowing of the urethra from its normal or healthy calibre by some adventitious growth or deposit within or without its walls.

By this narrowing an impediment is presented to the free egress of the urine, and this impediment is *permanent* in its character. Slowly progressive in its tendency, gradually, though surely, increasing in intensity, the *purely* organic stricture, so understood, is free from exacerbation; it is not better one time, worse another, but is always present, exhibiting the characteristic phenomena and symptoms of the disease. This, to my experience, is the very rarest form of stricture; and why it should be so you will thoroughly understand when you advance further with me in the study of the disease. Spasmodic stricture, on the contrary, is supposed to exist perfectly independent of any *structural* alteration whatsoever in the calibre of the urethra; to be dependent upon extraneous, constitutional causes, which, when removed, leave the anatomical conformation of the part as perfect and as unaltered as they were previous to the presentment of the first symptom of the disease; whilst the mixed stricture is understood to be an organic stricture upon which has been superimposed an attack of spasmodic stricture. This last form of stricture—the mixed stricture—is admitted by every surgeon of any practical experience as being by far the most frequent kind of stricture which we are called upon to treat in our everyday practice. This classification, originally proposed by John Hunter, has by no means been accepted as perfectly satisfactory by succeeding surgeons. If meant to include all the causes of difficult micturition, it is not comprehensive enough, inasmuch as it excludes many, acute gonorrhœa for instance, which may produce such a result; and if it be meant only to refer to cases of difficult micturition dependent upon structural change, it is too comprehensive, including, as it does, cases of pure spasmodic character, in which no such structural change is supposed to have occurred. Various other divisions have been suggested by successive authors on the subject, but somehow I do not attach much importance to such classifications, and shall content myself with referring to special treatises upon stricture, where you can readily make yourselves acquainted with these points. In practice, it will be sufficient for you to know that there are such things as organic strictures, and that they are subject to exacerbations at times from extraneous influences; and that independent of stricture, strictly so understood, we have many other causes which may give rise to difficult micturition, or, in fact, impede the act altogether, the principal of which I alluded to in my former lectures.

The existence of Hunter's spasmodic form of stricture has been denied by some authorities, and yet I am as convinced of its existence as I am of the existence of organic strictures. Over and over again has the passage of a catheter in my hands been impeded, if not altogether prevented, by powerful spasmodic contractions of the walls of the urethra, immediately after it had passed that portion of the urethra corresponding to the glans penis. These powerful contractions have been experienced by me as my instrument traversed the entire length of the urethra on into the bladder; and even on the withdrawal of the instrument have I been made sensible of the grip with which the spasmodic contraction of the walls of the urethra still held it. Occasionally some of my patients have been well aware of the existence of this tendency to spasm in their individual cases, and have warned me of this peculiarity. But it is in infant boys that you will best observe this spasmodic form of interference with micturition. Often have I been sent for to see a little fellow of some six or eight months old, screaming with pain, and unable to pass one drop of water in spite of the most violent muscular efforts on his part. That the case is one of retention, and not suppression of urine, will be quickly evidenced by the presence of a palpably distended bladder. The *coup d'œil* which not unfrequently presents itself to the surgeon upon entering the room in such cases is not a little funny. The struggling, screeching child, lying on its anxious and terrified mother's lap near the fire; the nurse on her knees before the little fellow practising a plan which, by the way, frequently proves successful, and which is to breathe her warm breath upon his little genitals, and for her success in which she is frequently rewarded by receiving either in her mouth or eye the first jet of urine which at length escapes from the little patient's bladder. What but spasm is the cause in such a case as this of the impediment to micturition? The possibility of the existence of any form of organic stricture is precluded by the age of the patient, as well as eventually disproved by the subsequent history of the case. Nothing but spasm, *pur et simple*, can account for these not very unfrequent phenomena. In such a case we need not have much apprehension as to the result. Fortunately the symptoms are readily amenable to treatment; a warm bath and a little nitre punch will speedily afford relief. By nitre punch I mean a mixture composed of two drachms of sweet spirits of nitre, two ounces of hot water, and a lump or two of white sugar. A teaspoonful of this given the little sufferer every ten or fifteen minutes will quickly relax the spasm and allow the urine to flow. In adults, also, I have repeatedly met with cases of retention of urine, in which also extreme difficulty has been experienced in the introduction of the catheter, all attributable to spasm, and perfectly independent of organic stricture. This form of difficult micturition is to be distinguished from that which occurs as the result of the over distended bladder, to which I made allusion in my first lecture. Here the difficulty is situated in the urethra, and is due to inordinate spasm—a spasm which makes its existence be recognised by the decided resistance it gives to the introduction of the catheter, and upon the subsidence of which the urethra presents as healthy an appearance as if it had never existed. The treatment for this condition is the warm bath, the opium suppository, the inhalation of chloroform, the administration of the muriated tincture of iron, and, should all this fail, in urgent cases the introduction of the catheter. Allow me to say a few words, gentlemen, upon these several remedies.

The warm bath should be entered at first at the temperature of 96° F., and cautiously raised to 108° F. By so proceeding, in the majority of cases, uncomplicated with organic stricture, the spasm will be allayed, and the patient most probably will pass his water in the bath, and especially so if an opium suppository had been introduced into his rectum previous to immersion in the bath. This suppository should be composed of one grain of watery extract of opium and two of camphor. The muriated tincture of iron, originally suggested by Mr. Cline, the surgeon to whom Sir Astley Cooper served his apprenticeship, has great virtues in such cases. In my practice, I have derived signal service from its administration. It should be administered in fifteen minim doses every ten minutes, and rarely indeed has it disappointed my expectations. Not unfrequently I employ a mixture of the muriated tincture of iron, and of laudanum, in equal proportions, and of this I give thirty minims every twenty minutes, until relief be experienced. Chemists may object to the compatibility of these two medicines, and talk to you of decomposition; let not such remarks, however, influence you; the combination has sufficient practical value to recommend its exhibition in such cases, and the end, in this instance, justifies the means. I could cite many cases which have occurred in my own experience which would illustrate the great value of the muriated tincture of iron, either *per se*, or combined, as I have described to you, with laudanum. I shall content myself, however, with but two; the first, illustrative of its value, when employed alone; the second, when combined with laudanum. The first case occurred many years ago in the person of a dearly loved fellow student, now a distinguished provincial practitioner; he had been playing billiards all the evening, and, upon proceeding to empty his bladder, to his horror, he found himself unable to do so, from excess of spasm. He never before had experienced the slightest difficulty in micturition, but now was unable to void it, save in drops; and to add to his embarrassment, the time was approaching for the departure of the last train for Kingstown, where he resided. He hurriedly rushed off to a neighbouring chemist, where he procured half-an-ounce of the muriated tincture of iron, and he commenced at once to take sips of it at hap hazard, with such an amount of relief, that before the train reached Boolerstown, or, in other words, within half-an-hour from the time he commenced the treatment, he was compelled to give relief to his over-distended bladder in the very railway carriage itself. Now this gentlemen never had a symptom of stricture before that evening, nor has he ever had one since, although many years have elapsed since the period to which I am now alluding. In this case, I have no doubt on my mind but that the relief experienced was due to the action of the medicine, and yet are we told that the muriated tincture of iron is of no use in such cases! This case, gentlemen, is by no means an exceptional one; in many other similar cases have I employed it, and though in some few instances it has disapointed my expectations, still I have great confidence in its remedial power.

With respect to the value of the combination of muriated tincture of iron with tincture of opium, employed in the manner I have described, I shall give you but one example; but it, however, is a striking one. Some months ago, a gentleman came to my study requesting me to relieve a very much over-distended bladder. He never had suffered in a similar way on any previous occasion, nor had he ever any symptoms of organic stricture. The invasion of his disease was sudden, and probably attributable to wet feet and cold exposure; his agony was unmistakeable, and when proceeding to examine him, I found plentiful evidence of previous surgical efforts, his person and linen being covered with blood, He stated that he had applied to several medical men before coming to me, and that all had failed in passing even the smallest instrument, and that these abortive efforts were the source of his bleeding. I declined to attempt to pass any instrument as matters then were, but requested him to accompany me in his cab, which was at the door, up to this hospital, where I hoped to be able to give him some relief, He eagerly assented, and upon our arrival here I directed a warm bath to be prepared as expeditiously as possible, and meanwhile gave him thirty minims of the tincture. About twenty minutes, or a little more, elapsed before the bath was ready. I repeated the dose, and just as he got into the bath a few drops of urine, attended with much scalding, came away. With very little difficulty indeed I slipped a gum elastic instrument into his bladder, and in a few moments his relief was complete. Apprehensive of any unpleasant results following the coming into contact of the urine with the urethra, which had undoubtedly been lacerated in one, if not in several, places, I fastened the instrument in his bladder, and left it there until the following morning, when I removed it; I saw that gentlemen but on one subsequent occasion, when I introduced a No. 10 silver catheter into his bladder, without meeting with any impediment whatsoever. Surely, gentlemen, such a case cannot be looked upon as one of organic stricture. This gentleman mentioned to me a fact which must be accepted as curiously illustrative of the agony both of mind and body under which he was suffering previous to the unloading of his bladder. It was this: that repeatedly had he sent me patients to treat for stricture in consequence of the little reputation I have acquired on this subject; but that when his own hour of suffering came, he forgot all about me, his agony put everything out of his mind, but the desire to get immediate relief, and that it was due to the accidental meeting of one of those parties whom he had advised to consult me, and whom he met as he left the abode of the last surgeon, that he came near me at all. I mention this fact, gentleman, in no spirit of vain glory, but to prove to you how intense must be the sufferings of a patient in such a condition. And, in conclusion, allow me to give you this practical hint: when a patient has had several ineffectual efforts made by other sugeons to pass an instrument, where there is evidence of much violence having been employed afforded by the quantity of blood he has lost, try some such palliative treatment as I employed in this case previous to attempting to pass the catheter; otherwise, you also may add to the mischief already inflicted upon his urethra.

Original Communications.

EXPERIENCES OF A REGIMENTAL SURGEON IN INDIA.

By C. A. GORDON, M.D., C.B.,
Deputy Inspector-General of Hospitals.

(Continued from page 368.)

The histories of all military expeditions teem with illustrations of the effect of active service in enabling soldiers for a time to resist the ordinary causes of disease. In August, 1857, a body of soldiers was dispatched from Dinapore to Arrah, partly to avenge the disaster to which allusion has already been made, and partly to relieve the small force that was besieged at the latter place. The rainy season was then at its height. The men were for upwards of twenty days employed in marching, or in fighting their Sepoy enemies. During the day and during the night they were without shelter of any kind. Fortunately, the military operations were successful. Had they been otherwise, disease to an alarming extent would doubtless have appeared among the troops, exposed as they were to drenching rain, fierce sunshine, great bodily fatigue, irregular and badly cooked meals, want of regular sleep, and other hardships incidental to expeditions such as that in which they were engaged. But although at the time, while the excitement of military service enabled the men, as it always does, to undergo fatigues and hardships that under other circumstances would be impossible, no sooner was this moral stimulus permitted to subside, as it did on the return of the detachment to the comparative ease and comfort of barrack life, than severe sickness attacked the majority, carrying off a very large proportion. The disease that unquestionably proved most intractable was dysentery of the hæmorrhagic type, but of this more will be said in its proper place. In circumstances such as those in which this detachment was placed, the ration of ardent spirits authorised by the regulations of the service to be issued to the soldiers is, in my opinion, to be recommended as a sanitary measure; for, however prejudicial undiluted spirits may be at other times, there is no doubt that to soldiers—wet, hungry, and exhausted—the dram of rum, by the direct stimulus it imparts, decreases their liability to diseases of a debilitating nature, to which these depressing conditions predispose them. It must be understood that it is only under particular conditions of service such as have been enumerated that the ration of spirits to soldiers is advocated; and I may here observe that the views expressed on the subject have received ample confirmation in the reports of more recent field operations. Among such I may mention the expedition to Bhootan, several medical officers connected with which were led to believe that a moderate allowance of spirits acted as a protection against malaria in that most malarious country; and during that to Magdala, the medical officers have recorded the circumstance that after the soldiers had been some days deprived of their stimulant an evident deterioration in health began, attended by diarrhœa, and inability to completely digest and assimilate their food. It is further borne out by the experience of American medical officers during the late civil war in that country, as related by Dr. Hammond in his work on military hygiene.

For several weeks the regiment to which my present remarks more immediately refer had to hold itself at all times prepared for a sudden attack to be made by the rebel Sepoys upon the station which it occupied, and for the very probable contingency of an attack on the part of the native inhabitants of a neighbouring city[1], in which were situated the Government opium stores, containing a quantity of that drug valued at two millions sterling; thus its duties for that time were very severe. It moreover became necessary to locate a company of men in a close, ill-ventilated building connected with these stores, and the result was that in an incredibly short space of time a large proportion became attacked with hæmorrhagic dysentery and phagedenic ulcers, to both of which diseases they had doubtless been rendered predisposed by previous exposure and fatigue, but which were directly excited by the insanitary condition into which they were thrown.

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[1] Patna.

As the principal loss sustained by the regiment occurred during the three first months in which it was occupied in the operations against the mutineers, it may be interesting, in a medical point of view, to record the amount of that loss during July, August, and September.

From the records of the hospital, it appears that the decrease in the regiment, exclusive of the 47 killed as already mentioned, included—seven died of cholera, five of hepatitis, and 18 from various other causes of a miscellaneous nature ; thus giving a total of 77 deaths in three months in an average aggregate strength for the same period of 837; or, to state the rates of mortality still more explicitly, an average rate of upwards of 36 per cent. per annum. During the same three months, no fewer than 426 cases of disease and injuries were treated in hospital, instead of 311 in the same period immediately preceding.

During the months of October, November, and December, the duties were considerably lightened by the presence of detachments of others sent for that purpose. The hot and rainy seasons had gone ; the most healthy period of the year set in ; and, as might be expected, the numbers treated and died in hospital materially diminished, the former being 330 and the latter 5.

From the latter part of December to 31st March, 1858, the entire regiment was employed on field service. During that time it marched a distance of upwards of four hundred miles, going to and returning from Lucknow, at the siege of which it took a prominent part. For some time it occupied a standing camp ; several times it was engaged with the rebels ; and finally made continuous forced marches to the relief of Azimghur, where they were besieging a small British force. Thus, then—in quarters, on field service, during a siege, in an unfortunate surprise, and in a rapid military advance—the 10th Regiment was employed during the first year of the Indian mutiny in nearly every variety of service that infantry can be called upon to perform.

The sanitary condition of the troops while employed on those different services was good, the severity and prevalence of disease being considerably less than in quarters. Unquestionably, the regularity of the life the soldiers were under the necessity of leading, the want of opportunity to indulge to any great extent in drunkenness—that saddest bane of the army—more than compensated for the effects of exposure and fatigue to which they were subjected. I may mention, however, that during some months embracing the hot season of 1858, when the regiment was on field service, and when the summer heat ranged to 116° F. in the shade, the men imperfectly supplied with changes of clothes and with tents, they suffered in health to a great extent. Tired and exhausted as they were on such occasions, after long marches, they were unable to obtain that amount of rest and sleep that was necessary to renovate and refresh their energies. The closeness and heat of the atmosphere almost completely banished sleep from them as they lay on a pallet of straw, or had not even that substitute for a bed. The powers, thus prevented from recovering from the depression of the previous day, were still further lowered by the march and exposure, and, it might be, the attack on the morrow. Appetite next began to fail. The ordinary rations, coarsely cooked as they necessarily were, no longer were eaten with relish. There was indifference, then absolute loathing felt towards them ; and thus, while duty and climate continued to exercise their depressing effects, the system obtained no support, because food was almost entirely eschewed.

Added to these, the chilopoietic functions became deranged ; secretion of bile, at one time checked, at another became inordinate ; irregularity of the bowels was the result—at times constipation, but more frequently diarrhœa—which reduced the remaining strength with marvellous rapidity. The ratio of attacks of diarrhoea and dysentery increased ; fevers of more or less severity became more numerous ; and giddiness and congestive headaches indicated, even in the absence of more severe symptoms, the effects of continued exposure to the terrific sun during May and June.

On service in India, troops are seldom deprived of their ordinary quantity of vegetables. During almost the whole of our operations potatoes were served out to the soldiers, but, as a matter of course, no variety in kind of vegetable. Fruit was not obtainable, and although no actual outbreak of scorbutus or purpura occurred, yet in not a few instances the deprivation of fruit produced a very distinct effect upon them. In some officers so distinctly was this the case, that the desire for fruit actually amounted to a perfect craving, the teeth became coated with tartar ; and when at last a supply of mangoes, grapes, leechees, and peaches was brought to camp, these were devoured with an avidity and in quantities scarcely credible. Not only did no evil result follow, but in many instances the attacks of diarrhœa became less urgent, and our bodily sensations plainly told us that a want previously felt by the system had been supplied.

Although, under ordinary circumstances, the means of providing for wounded soldiers during a campaign are probably better than they are in any other country, nevertheless circumstances may in rare instances occur in which the wounded cannot be given the advantages of those arrangements. An example of this occurred in July and August, 1867, on which occasion many of the soldiers who were wounded could not receive hospital treatment till some days afterwards. The condition of some, especially those suffering from injuries of the more important bones, was deplorable. Extensive suppuration, discharges of extremely offensive matter, mortification, and the occurrence of maggots were found in all ; and what rendered matters little better than they were, even with those conditions, was the fact that in the hospital at Dinapore, being filled as it was with wounded men, hospital gangrene made its appearance among them in a manner familiar only in the days of the Peninsular war. Of the hospital attendants, it too often happened that they were in no way qualified for the duties required of them. Not only were they natives of the country, with all the inherent apathy and indifference to the value of life which characterises the race to which they belonged, but they had no training whatever for their vocation ; so that, except for the few soldiers who, under the exigencies of the occasion, could be spared to assist their wounded comrades, the latter were very badly off. Some attempt has, it is true, been made of late years to remedy this very sad state of affairs, but it has, I fear, not yet advanced to maturity.

Hospital Reports.

KING'S COLLEGE HOSPITAL.

Cases under the care of Dr. Beale, F.R.S.

(From notes by Dr. Tonge.)

ACUTE RENAL DROPSY.

H. R., æt. forty-nine, blacksmith ; admitted July 13, discharged August 7 ; in hospital twenty-five days. Was in King's College Hospital last April, with dropsy; when discharged, had slight hæmaturia and œdema of legs. Previous illness one month. On admission pallid, legs œdematous, slight ascites, breath short, sibilus over back of lungs ; urine scanty, slightly albuminous, containing blood casts, blood corpuscles, and renal epithelium ; six days later much nausea and vomiting; fifteen days later drowsiness, gradually deepening into coma; very scanty urine. Died in convulsions two days later.

Post-mortem examination.—Much fluid in pleure pericardium and peritoneum; lungs œdematous, bronchi choked with mucus; left ventricle hypertrophied and slightly dilated; warty growths on two of the aortic valves; atheromatous patches at root of aorta; kidneys large, eight and-a-half ounces each, congested, fatty.

Sesquichloride of iron and quassia; bicarbonate of soda and hydrocyanic acid; carbonate of ammonia and chloric ether; Sesquichloride of iron and chloric ether; podophyllin; compound jalap powder; pepsine.

H. T., æt. forty-two, smith; admitted, December 17, discharged March 5. In hospital seventy-nine days; relieved. Is exposed while at work to draughts of air and sudden changes of temperature. Previous illness thirteen days; began with headache, catarrah, and œdema of face. On admission face puffy, considerable œdema of scrotum and legs; slight lumbar pain; urine pale, one-third albumen, with renal epithelium and washy casts; a little blood five days later; forty-five days later urine as before, but no blood, and a few granular casts, some containing oil; twenty-nine days later only a trace of albumen, ankles still œdematous.

Liq. ammon. acetatis and aromatic spirits of ammonia; then sesquichloride of iron and chloric ether; afterwards quinine, scammony and jalap; hot air baths; loins dry cupped.

HÆMATURIA.

E. B., æt. forty-three, groom; admitted February 22, discharged February 27; in hospital five days, discharged because unruly. In King's College Hospital with uric acid gravel under Dr. Beale some months ago; hæmaturia fourteen days. On admission, urine very dark with blood (blood casts and free blood globules seen under microscope), deposits uric acid, is not albuminous; systolic bruit loudest over base of heart; indistinct diastolic murmur over base; urine free from blood four days later.

Sesquichloride of iron and quassia.

PEMPHIGUS.

Elizabeth W., æt. thirty-five; admitted November 18, discharged February 24; in hospital ninety-eight days; relieved. Had typhus four months ago; previous illness four weeks. Shivering followed by heat of skin, and the next day a crop of bullæ about shoulders. On admission recent bullæ on shoulders, arms, back, chest, buttocks and feet and ankles, interspersed with red patches left by old bullæ. Fresh blebs continued to appear while she was in hospital, but became smaller. The excoriated surfaces healed rapidly under plain water dressing.

Sesquichloride of iron and hydrochloric acid; acetate of ammonia, aromatic spirits of ammonia and ether chloric; sesquichloride of iron and chloric ether; bicarbonate and nitrate of potass. Locally, benzoate of zinc ointment, and water dressing.

WESTMORELAND LOCK HOSPITAL.

PRIMARY UTERINE SORES.

Under the care of Mr. Morgan,

Professor of Anatomy, R.C.S.I.; Surgeon to the Hospital, and to Mercer's Hospital.

Amongst the difficulties of arriving at a true appreciation of the history of a syphilitic infection, is that of fixing the time of the initial introduction of the poison; in the male, from the occurrence of urethral, or hidden sores, and in the female from their formation internally and out of view, save with the aid of the speculum. Ricord gives some excellent illustrations, and refers to the complications and difficulties that may arise in recognising this source of infection. Several cases of hidden primary sores have come under my care in the hospital wards, where the ulcer was found on the uterus or upper part of the vagina. I select the following as amongst the most interesting; and as the patient has been under my observation since the first reception of the poison, the history is accurate.

K. B., aged twenty-six (ward No. 2, bed 7), admitted May 5, 1868. Four years unvirtuous; presented hardened tender inguinal glands on both sides to such an extent that she was greatly inconvenienced in walking, though not so as to cause lameness. There were no other signs of syphilis, no sore of the genitals, no abrasion, and but little vaginal discharge. She had given birth to a child three months previously; the child was perfectly healthy, and she continued to suckle it till her admission into the hospital. The glands had been swollen and tender for two weeks previous to application. These being the only signs, I made a speculum examination, which showed a well marked small sore on uterus about one-quarter of an inch from the os externum; and another sore of the same character on the vaginal wall about two-thirds the distance within. Both these sores were clean looking and small, nearly the size of a threepenny piece, not smeared with pus or bleeding easily, and completely insensible. I practised auto-inoculation from each sore, on each thigh, and cauterized the sores with nitrate of silver, not with a view of their destruction, but of vigorous stimulation. The inoculations failed completely. In another week I repeated the inoculations with the same negative results; and again in a week when the sores were inclined to heal, but without success.

I did not give mercury in any form, but by local applications, injections, and tonic treatment succeeded in healing the sores and improving the general health. The swelling of the inguinal glands abated by fomentations and pressure; the patient was discharged cured, June 6th, 1868. A drawing was taken of the sores as first seen, which shows admirably their condition and appearance.

On the 31st of July, 1868, this woman again presented herself for admission. She states that she had not lead a dissolute life since, and that she was not in needy circumstances. She is now a capital illustration of syphilitic poisoning; with the skin pallid and murky looking, alopecia well marked, enlargement of the cervical glands, small ulcer of the right tonsil, pains in the shoulder-joints, and covered with a copious crop of papulo-squamous eruption, well marked on the palms of the hands and soles of the feet and over the body generally. She had in arms her child, the most perfect specimen of a boy in complete health and splendid condition that could possibly be seen; she states positively that she still partially suckles him and the breasts no doubt still secrete.

On admission the child was put on spoon diet and not allowed to suckle. The patient was treated by the Calomel Vapour Bath, which she got three times a week for three weeks, fifteen grains of calomel being used for each bath, and the bath continued for twenty minutes. The bath was then ordered but twice a week for six weeks longer; ten grains of saccharrated carbonate of iron were administered three times a day, and generous diet given. On the 12th of October, 1868, the patient was allowed to leave the hospital, the eruption which was exceedingly obstinate to treatment having all but disappeared.

The calomel bath in this case acted most beneficially. In three weeks there was a slight fœtor of the breath discernible, and some salivation. With regard to the child there is no doubt but that it was nourished *altogether* by the mother, though she was suffering at the time from two primary sores, and there is but little doubt that it was partially nourished at all events by the mother while the subject of intense constitutional taint, yet the child was in splendid condition without a sign of anything syphilitic, showing that though the mother was herself the subject of primary syphilis with consequent glandular excitement, yet that the lacteal secretion not only was harmless, but was capable of giving abundant nutrition; and again, that though afterwards she was suffering from syphilitic fever, and the full excitement caused by the development of well marked constitutional symptoms, that even then there was no unhealthy taint communicated to the child. With regard to the latter circumstance, no doubt the child was but partially supplied by the mother, and its chief food was artificial.

EDINBURGH ROYAL INFIRMARY.

CASES OF ANEURISM TREATED BY IODIDE OF POTASSIUM.

Under the care of Dr. GEORGE W. BALFOUR.

WE are able to furnish later information as to Case 3 to the following effect:—

In the beginning of August, this man presented himself at the Infirmary, having been working at his trade as a mason since his discharge. He stated that he now suffered from no discomfort nor inconvenience, but had called to thank Dr. Balfour, and to inquire if the air of Leith would be likely to be injurious or the reverse. Dr. B. pointed out that the aneurism had not disappeared, but that it had ceased to swell up and inconvenience the man; he stated that this seemed to show that the iodide of potassium had restored the arterial tissue to a state of comparative health, and to bear out Dr. King Chambers' idea that, whatever other actions it might have, it was certainly a restorative of the white tissues; the man had no longer an aneurism, but only a dilated, but quite elastic, artery where the aneurism had been. He has not since been seen, and as he lives at Leith, and would certainly return if uncomfortable, the probability is that he is feeling well and able for his work.

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Foreign Medical Literature.

CASE OF HEMIOPIA.

Communicated by DR. M. K. LOEWEGREN.

Translated from the *Hygiea* for May, 1868, by

W. D. MOORE, M.D., Dub. et Cantab., L.K.Q.C.P.I, M.R.I.A.,

HONORARY FELLOW OF THE SWEDISH SOCIETY OF PHYSICIANS; OF THE NORWEGIAN MEDICAL SOCIETY; AND OF THE ROYAL MEDICAL SOCIETY OF COPENHAGEN; SECRETARY FOR SWEDEN, NORWAY AND DENMARK, TO THE EPIDEMIOLOGICAL SOCIETY OF LONDON.

Per Nilsson, labourer, of the parish of Skurup, aged fifty-four, was admitted into the hospital at Lund, on the 29th of March, 1867, for weakness of sight.

The patient stated that he had enjoyed in general particularly good health, and had never been confined to bed by illness. He had however, of late years occasionally been troubled with headache, which sometimes lasted for several days consecutively, but in the intervals he had been completely free from it. The pain was seated principally over the vertex and in the forehead, without being specially concentrated in or about the eyes. During the last two or three years he has remarked that the power of vision was constantly diminishing, but so that he at times saw better, at times worse. Last Christmas he says he was for a short time almost totally blind in both eyes, so that he could scarcely distinguish whether a candle was lighted or extinguished in the room. Subsequently, however, the power of vision increased gradually during January and the early part of February, but after that time he thought that no change took place. The patient says that he has always led a regular life and that he never had syphilis.

Present State.—The patient is of ordinary build, and has, with the exception of a rather flaccid and puffy condition, a tolerably healthy appearance. There is nothing particular to remark in the state of his circulatory, respiratory, or digestive apparatus. Urine not albuminous. The organs of sense, with the exception of that of vision, present nothing abnormal. The intellect is clear. The patient complains now only of great diminution of the power of vision, so that he even finds difficulty in making out where he is. He has no headache. Externally his eyes exhibit nothing abnormal. Their mobility in all directions is unimpaired. The pupils are uniform in shape, of moderate size. They react rather languidly to the light. Their fixation is correct. On closer investigation of the power of vision, the following conditions are found to exist. With the right eye he could, although rather uncertainly, reckon fingers at the distance of about ten feet. When the left eye was covered and the patient was told to fix, with the right, an object held straight before him at the distance of a foot, he could not describe the movements of the hand on the outside of the fixed point, nor could he do so when the hand was carried upwards and outwards, or downwards and outwards. On the inside of the fixed point, as well as upwards and inwards, and downwards and inwards, he could, on the contrary, distinctly perceive the movements of the hand (with the exception, however, of the most peripheral parts of the field of vision,) and in the neighbourhood of the fixed point *at this distance*, even reckon the fingers. When the field of vision was examined in a dark room with the aid of an ordinary oil lamp the defect in its outer part was still more distinctly visible, and the boundary toward the inner and still retained half of the field of vision was particularly acutely marked. When the patient fixed an object at about a foot's distance, he could not perceive the slightest glimpse of the lamp burning with a full flame, so long as it was held on the outer part of the field of vision, not even when the flame was brought quite up to the fixed point. The boundary between the thus defective outer part of the field of vision and the still somewhat retained inner part was formed of a slightly curved vertical line with the concavity to the nasal side and passing through the centre of the fixed point. So soon as the flame passed this boundary from without inwards it became quite evident to the patient. The investigation of the power of vision of the right eye, therefore, gave the following results: the central vision considerably lowered (to about 1·20th of the normal), the eccentric vision in the *inner* part of the field of vision rather lowered, thus showing that the *outer* half of the retina, had, to a certain extent, retained its integrity; the eccentric vision in the outer part of the field on the contrary, had totally disappeared, thus exhibiting complete anæsthesia in the nasal half of the retina.

With the left eye the patient could easily reckon fingers at the distance of twenty feet, and at the distance of one foot he could read separate words of No. 10 of Jaeger. The eccentric vision was limited and bounded in the same manner as in the right eye. In the inner part of the field of vision he could, however, everywhere easily reckon fingers; in the outer he could not see the movements of the hand. He could, nevertheless, on investigation with the lamp, occasionally perceive a glimpse of the flame, when this was carried round in the outer half of the field of vision. But so long as the flame was held peripherally this was not possible; on the contrary, so soon as it was brought nearer to the vertical line of division in the field, it became occasionally evident to the patient, even when it was lowered to one-half. The examination of the left eye, therefore, showed that the central vision was considerably lowered, though to a less extent than was the case with the right eye; that the eccentric vision in the *inner* half of the field was almost intact, in the *outer* half on the contrary, it was deficient in the more peripheral parts, and extremely depressed in the parts of the field of vision bordering on the inner half, and that consequently the boundary between the outer efficient part of the retina and the inner anæsthetic part of the latter, although quite distinct, was not here so accurately marked as in the other eye.

Examination with the ophthalmoscope showed that the media were perfectly clear and transparent. The fundus of the left eye exhibited nothing abnormal. In the right eye, on the contrary, the nasal part of the papilla of the optic nerve was rather white and shining (atrophic), and the calibre of the retinal vessels on the same side was perhaps rather diminished. These changes were however but slightly marked.

(To be continued.)

Literature.

ON CONSUMPTION AND ITS TREATMENT BY THE HYPOPHOSPHITES. By John C. Thorowgood, M.D. Lond., Assistant-Physician to the City of London Hospital for Diseases of the Chest, Victoria Park; late Physician to the Royal General Dispensary. Second Edition. London: John Churchill and Sons; Dublin: Fannin.

THIS pamphlet before us is composed of two parts. Part I. contains the author's first series of observations on the use of the hypophosphites in pulmonary disease; and Part II. contains a new and more extensive series of cases and observations.

It is well known that, mainly in consequence of the extravagant, we had almost said ridiculous, manner in which the hypophosphites were at first lauded up to the skies by Dr. Churchill, of Paris, they fell into disrepute, and were discarded as useless by some practitioners as far as their curative powers in consumption went.

Dr. Thorowgood seems for several years to have employed the hypophosphites of soda and lime in the treatment of phthisis, and to judge by the cases he has published, the success attending the treatment seems beyond a doubt.

The case of F. A., given at page 11, is peculiarly instructive. This man's illness commenced with cough and hæmoptysis. Under ordinary routine treatment he got worse, and he then was ordered five grains of the hypophosphite of soda, with glycerine and water; he had no cod-liver oil or cough pill, and recovered completely. About a year after the same symptoms returned, and were again arrested by the same medicine.

The case of Wm. G., at page 26, is a good one to show the fair way in which the powers of the hypophosphite of lime were treated. The man had distinct phthisis in the left lung, and was improved by a course of the hypophosphite of lime. Subsequently this was changed to the simple liquor calcis sacc. of the B. P., but there was no marked effect on the pulmonary symptoms till the hypophosphite was added.

Dr. Thorowgood believes that phthisis in its early stages is a disease of the nervous system (page 7), and his idea is to endeavour to regenerate exhausted nerve force by the administration of phosphorus in such a form as shall be readily assimilated. How far this theory may be true we do not profess to say, but certainly his work is honestly written, and all due credit given to other observers in the same field. We would hope it may serve to stimulate to further trial of these hypophosphites in consumption, and also in chronic nervous affections; for a remedy which has the confidence of so careful a physician as Dr. Thorowgood has proved himself to be, ought not again to fall into disuse. Of the rapidly rising physicians of the younger generation, Dr. Thorowgood is generally esteemed one of the most able, and, we believe, the confidence of his brethren in him is well placed. His little work, like all that proceeds from his pen, is not showy, but is full of sound and reliable information. It is not a pamphlet to amuse one's self with for a few minutes, but is one which anyone seeking to learn all that is known about the hypophosphites should possess and study. Authors would do well to bestow on their productions the trouble that Dr. Thorowgood has not spared on his.

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Correspondence.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The pressing want of efficient medical officers for her Majesty's fleets, and the constantly increasing scarcity of candidates, has now become so serious a matter that unless measures are forced on the Admiralty for remedying this state of things, a very large increase in the number of men yearly lost through want of professional attendance will surely take place. Allow me, through the medium of your columns, to draw attention to the causes of this unpopularity of the navy.

By a long system of mismanagement and injustice, the number of naval medical officers have been reduced from 1,207 in 1828 (when there were but 30,000 men to attend) successively to 1,025 in '38, 990 in '48, 890 in '58, 870 in '64, and finally to 750 at the present time; and of whom not more than 350, or at most 400, are fit for active service at sea. There are now 60,000 men distributed all over the world in 320 ships, large and small; and even these officers are so hampered that the full value of their services is not obtained. This necessarily leaves very many vessels without surgeons, especially on the pestilential coasts of Africa and China, where, from the very nature of his duties, the doctor so frequently falls a victim during epidemics; then for many months, until his successor joins, men wounded by accident or in skirmishes with the natives, are lost for want of skilled attendance.

There can be no doubt that the chief cause of the wide-spread discontent in the service is a want of honesty on the part of the Admiralty, who have so constantly broken faith with their medical officers by invariably interpreting their ambiguously worded warrants against them, and in favour of executives. The next cause is the struggle to perpetuate their exploded dogma that *surgeons* must come from a social class different and inferior to themselves, and are therefore to be treated, not according to the laws of justice or gentlemanly feeling, but as slaves to their will; so, should a Medico dare to maintain his opinion on any question, even though he had been specially educated on the point, yet it is "gross disrespect" if it does not happen to accord exactly with the plans of the Executives, and he renders himself liable to be dismissed from his appointment at a moment's notice, as, indeed, lately occurred at the Cape of Good Hope. The medico being right and the executive wrong, even according to the written rules of the service, is of no avail.

Another very important sore is relative rank for age. An executive is promoted to lieutenant at 20, frequently at 19, the surgeon to the same rank at 30; although, the former is educated at the country's expense, the latter at his own. For instance—a naval cadet, aged 13, who left the service, was sent to school, college, and hospital, took his degree with honors, and joined again as an assistant-surgeon, aged 24. During those eleven years he had expended £1,500 (five years at school, £400; six years at college, £720; diplomas, fees, &c., £180; outfit, instruments, and books, £200). Had he remained an executive, he would have spent £310 (six years' allowance at £40, and outfit £70), and received from Government £1,320 4s. 2d. (two years' cadet's pay, £33 9s. 2d.; four years' midshipman's, £127 15s.; two years' sub-lieutenant's, £182 10s.; three years' lieutenant's, £547 10s.; and eleven years' allowances for lights, servants, provisions, etc., £429)—hence he would have received £1,000, instead of spending £1,500. Now from the age of 24 the executive will rise to the rank of commander, on an average, after five years' *sea* service, at the age of 31; the medical officer to the same relative rank after 17 years' *sea* service, at the age of 47. The executive's pay from the age of 19 or 20 to 30, is 10s. a day, with allowances of from 1s. 6d. to 6s. The medical officer's pay from the age of entry, 24, to 30, is also 10s. a day, but with no allowances whatever. The placing educated gentlemen in an inferior position to, and under the authority of unruly boys, is one of the greatest annoyances of medical officers at sea, *and must be remedied.*

The choice of cabins is still a subject of dispute; in none of the harbour ships, and but few of the others, have the medical officers their proper ones. In the new class of gun vessels, the triangular space under the captain's ladder is allotted to the medico, although, with the exception of the lieutenant, he is the only officer entitled to a cabin. In the training ships, pupil teachers have cabins on the main deck; the surgeons are "stowed away in the cockpit."

The unfair favouritism in giving away desirable appointments, the invidious distinction in uniform, the difficulty in getting leave, poor pay, and incomplete recompense for loss in cases of wreck—all help to deter promising young surgeons from joining a service where the best part of their lives will be spent in exile, and in compulsory association with a few, perhaps, uncongenial messmates, cut off from all home ties, and subject to all the miseries and privations and greatly increased mortality incidental to a sea life.

If the following reforms were honestly carried out, I feel sure the present discontent in, and unpopularity of, the service would vanish, and again a good class of candidates would apply at Somerset House, and the stigma of leaving our sailors and marines to die through neglect in out-of-the-way parts of the world would be removed.

Firstly. The Medical Department should be made a separate and distinct corps, managed entirely by the Director-General, who should have a seat at the Admiralty Board, and be responsible solely to the First Lord or Minister of Marine, and have nothing to do with "middle men."

Secondly. A rolster should be kept to ensure fairness in the appointments (as is now done in the Marines, Artillery, and Engineers), and all dockyards, yachts, harbour and drill ships, victualling yards, hospitals, sick quarters, marine and marine artillery appointments, be held for three years, and never twice by the same officer.

Thirdly. To compensate those assistant-surgeons affected injuriously by the unjust warrant of May 7, 1867, clause 13; they must be promoted in their turn, viz.—when the first of the new class of candidates attains five years seniority (July, 1872), the new class afterwards in rotation; their age would then be about 30, or a few years senior to those of corresponding executive rank.

Fourthly. Surgeons should be promoted to the rank of staff-surgeon after fifteen years' service; their age would be about 40, then nearly nine years older than their executive brethren, five years older than navigating officers, and the same age as paymasters and engineers.

Fifthly. Retirement on £1 a day should be optional after twenty years' service.

Sixthly. The pay of surgeons to be the same as at present, to commence with (on promotion), but to increase sixpence a day for every year's service afterwards.

Seventhly. That full pay leave be granted to the extent of one day for every six days' service—to be taken altogether or separately, or to reckon towards length of service for pension; this 2 years and 11 months leave, and 17 years and 1 months actual service, to count for twenty years—if no leave has been taken, and proportionably, if less than the full leave has been taken.

Eighthly. That a Deputy Inspector-General be appointed for charge of all small hospitals now under the management of Staff-Surgeons and Surgeons, and the trick of putting the medical officers of hospitals on the guard-ships' books, to deprive them of their allowances, be discontinued.

Ninthly. That the uniform be either abolished altogether or made like that of executive officers, with the Geneva badge within the curl on the sleeve, as the distinctive mark.

These reforms would cost the country little, and would ensure efficient medical attendance for the sailors of our fleets.—Your obedient servant, R. N.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 4, 1868.

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MARRIED SOLDIERS.

THE Queen's Regulations and Orders for the Army in a laconic but very emphatic manner, direct that marriages among soldiers are to be discouraged. And so they are by every possible means. How far, however, this discouragement is effectual, either in conducing to the military efficiency of individuals, or in the cause of public morals, are questions to which the answers are various, according to the point of view from which they are considered. If we compare the extent to which marriage is permitted in the various armies of Europe, we find that, taking our own first, all regimental staff sergeants, and seven per cent. of rank and file, are allowed this privilege everywhere except in India, and there the proportion is increased to twelve per cent. In Spain, during the late *regime,* no man could marry until he had served six years, and the woman had to prove that she had sufficient means to maintain herself. In the Imperial Guard of France, the prohibition to marry is absolute; and in the line, not more than two or three soldiers per regiment of 3,000 strong have wives. In Sardinia, much the same principle prevails. In Austria, the privilege is confined as far as possible to non-commissioned officers. In Prussia, no soldier is permitted to marry during his first three years of service; and in Russia, on the other hand, marriage is both permitted and encouraged.

As regards the British Army, it is found that, inasmuch as love laughs at locksmiths, so Cupid, as represented by the soldier, sets regulations and orders, in matters Hymeneal, at defiance. It accordingly so happens that, besides those whose wives are what is called, "borne on the strength of the regiment," a number, varying according to circumstances, are "married without leave," and being so, enjoy none of the privileges, such as they are, that are permitted to the others. Taking both classes, statistics show that among the soldiers serving in the United Kingdom there are of those between twenty and twenty-five years of age 10·4 per cent. married; of those from twenty-five to thirty, 24·8 per cent.; from thirty to thirty-five, 37; and above forty, 48·3 per cent.—very large proportions, no doubt; but we must not forget the fact, that the proportion of soldiers in any regiment gradually decreases after thirty years of age. We, moreover, learn from statistics, that the circumstance of young men becoming soldiers itself exerts to a considerable extent a deterrent influence as regards marriage. Thus, among the civil population of England and Wales, the proportion of husbands of twenty to twenty-five years of age is 22·3 per cent.; twenty-five to thirty, 58·7; thirty to thirty-five, 75·5; and forty to forty-five, 82·6.

According to the statistics from which we quote, a very striking difference exists between the longevity of married men in civil life as compared with that of bachelors. For example, in Scotland, where alone the subject has been systematically examined, it has been observed that whereas the average age attained by married men is 59½ years, that of bachelors is only 40; in other words, after the age of twenty, married men are likely to live nineteen years and a-half longer than bachelors. Such being the case in civil life, it is reasonable to conclude that similar results occur in the army. With regard to the relative efficiency as soldiers of married and unmarried men, it must be confessed that statistics on an extensive scale are not available; so far, however, as the subject has been investigated the results indicated are, that for every two days' duty performed by a bachelor soldier, he who is married performs three—a proportion that, in the mass throughout the army, assumes a very important shape.

Nor is the question of less importance in its bearing upon morality. In a regiment, not only are vice and crime principally confined to single men, but it is a well-known fact that among them, the better disposed seek to marry with the desire to thus avoid temptation, which, in their single state, they find themselves unable to resist. Then, again, with regard to the public, let us but allude to the seduced girls, the amount of disease and suffering propagated among them and among the unhappy children to whom many give birth; let us, moreover, point to the vagabond population which owes its origin to the soldiery in our garrison towns, and we must acknowledge that the question of marriage of soldiers is in reality of importance, not alone as affecting the military classes, but in its bearing upon a large portion of the civil population.

As to the condition of the married soldier in the British Army at the present time, it has been well said that he cannot support himself, that he is to a certain extent a pauper, receiving relief which is never quite sufficient to meet his ever increasing wants; if he has a large family he is even insufficiently fed, and becomes actually physically inefficient as a soldier; if he be willing to work to increase his means he has but little chance of employment. It is true that the picture here drawn refers chiefly to the United Kingdom; yet what a melancholy state of matters does it display? And yet hard as are those conditions, they are far less injurious to health and efficiency than are those to which the bachelor soldier is exposed.

In India, the conditions of a married soldier, as well as of his wife and children, are very much more favourable than they are in this country, although even there room exists for improvement, more especially in extending to the families the privilege, now for the most part restricted to the single men, of being sent to Hill Sanatoria for the preservation or recovery of their health—a deprivation which of itself accounts for most of the greater mortality that yearly occurs among them as compared with the soldiers. It is this great mortality among them, combined with the comparatively unprolific marriages in that country, that render the actual number of married soldiers in regiments some years in the country fewer than are permitted by regulations; for as the proportion of girls is exceedingly small who attain womanhood, and our soldiers have a natural repugnance against matrimonial alliances with the black inhabitants, the supply soon ceases to be equal to the demand, and men have to submit to enforced celibacy as well as to its various consequences. These remarks, it is true, refer to recent times. Some thirty or forty years ago matters were different. Soldiers in India then married native wives, sometimes from choice; others lived in a state of concubinage; drink of the most pernicious kind was nightly introduced by their wives or concubines, and the scenes, orgies, crime, and disease that were the consequences was described at the time as something horrible. All that, however, is of the past. The conditions of the present day are happily very different, and it is to them that these remarks are intended to refer.

Marriage having thus been shown to conduce to longevity, to add to the military efficiency of soldiers, to the diminution of crime among them, as well as of vice, disease, and misery among the civil population, the questions naturally present themselves—by what means can it best be extended? and how are those drawbacks by which it is now beset to be remedied?

Most undoubtedly one of the greatest difficulties that beset the entire question of marriage among our soldiers arises from the conditions of military service, which are unlike those of any other army; thus, whereas no other troops are exposed to anything like the extent of foreign and tropical service that ours are, the remuneration given to our men for this almost perpetual banishment and exposure to pestilential climates is less than what can be earned by an ordinary field labourer at home; our system of so-called *voluntary* enlistment chiefly secures as recruits either the very lowest strata of society, the thoughtless who have been entrapped while in a state of intoxication, or the improvident and worthless, who are unfitted to "hold their own" in civil life. Such men have, as a rule, neither pride nor interest in the army further than that, while serving in it, their daily wants are supplied. They soon come to learn that even for the steady men, those who endeavour by regular attendance at the regimental school, and thus endeavour to fit themselves for even the non-commissioned ranks, their chances of advancement are small; as for promotion to officers, the chances are so much against them that they really can never be taken into account by a recruit of the ordinary class. Life in the barrack room is too often deprived of all pleasure by the continual supervision and interference of indiscreet corporals and sergeants; petty foibles are too often recorded as *crimes;* and the soldiers learn from their comrades, as they come to be discharged, that the rates of pensions awarded to them are not only very different from what they had been led to expect, but that they are inadequate, as a rule, to supply their most ordinary wants should health have been lost. They see, in fact, that, constituted as the army is, there is little to bind them to it, but much to give rise to the belief that, however long they may serve, their actual or prospective conditions are but little, if at all, improved.

If, then, the social conditions of soldiers are to be in any considerable degree improved, the first and most important step to be taken is to render the army attractive to a better class than that which is now represented by our soldiery and recruits; the conditions of a soldier's life must be such as to attract men of reputation and character to the ranks, and to render it a misfortune to be excluded therefrom. Some of the means by which this end may be attained have recently been discussed by the author of a pamphlet on the state of the British Army in 1868, and of the practicability of the measure, not only without adding to, but actually with a decrease of, the army estimates, there need not exist a question. Were service in the unhealthy colonies diminished, and the army opened up as a career for the yeoman classes, two of the most important measures to this end would have been attained.

Major Bannatyne believes that a great object would be gained if we could make the soldiers' marriage and return to civil life more certain and less distant than they are at present. He recommends that soldiers serving in the reserve force should be permitted to marry, and when they are called on permanent duty a daily actual allowance of 3d. for each woman, and 1½d. for each child under fourteen years of age, should be granted to their wives and families.

With reference to this proposition, it is to be observed that experience has yet to prove the readiness with which, did need arise, discharged soldiers would give up their homes, their little plots of grounds, their wives and children, to take their place in the ranks on active service. History does not record instances where they have done so, and it is to be feared that were the experiment now tried with the present description of men who serve as soldiers, not only would their services be lost at the very time when they should be most efficient, but they could not afterwards be reckoned upon with confidence.

Military colonies, according to McCulloch, are generally admitted to have been a failure. The soldiers get attached to their farms and families; they become unwilling to leave them, and impatient of military restraint. Herr Von Haxthausen, in his comparison of the military colony system of Russia with that of Austria, says that in most places the idea of making both a soldier and a peasant out of a Russian was soon given up. Similar results followed a similar measure when some years ago it was tried in New Zealand and elsewhere. Pensioner colonists became dissatisfied with the very government to which they owed the domestic comfort and independence that they enjoyed; with comparative wealth came to them a voice and influence in the community of which they formed a part, and these they were not slow to employ against their benefactors. Hence the system was abandoned. Nor is it likely to be entertained again.

"Brown Bess" asks the question, Why not make the permission to marry one chief advantage of the re-engagement of soldiers, the soldier devoting his whole future life in consideration of the provision made for his wife and family? This proposition implies that Government should make direct provision for the wives and children of its soldiers, thus acting towards them in an exceptional and very different manner from what it does towards any other free classes of her Majesty's subjects. The plan is therefore not likely to be adopted; yet it may become matter for consideration how far permission to marry, with good quarters for the wife and children, might not be held out as an inducemement for deserving men who have completed their first term of service to re-engage. But here two difficulties meet us, the first being in reference to the reckless or the thoughtless, who, as young soldiers, marry without permission, and whose families are usually in a state of absolute destitution; the other as to how far the extra expense thus incurred by encouraging old soldiers to continue in the army would be repaid to the State by their greater efficiency. There is every reason to believe that it would not, and that therefore arrangements directed to only one class would end in failure.

What then seems the most practicable way of meeting this important and difficult question? The improvement in the prospects and position of the soldier to which allusion has already been made being once effected, it would then become practicable to make terms with candidates for enlistment. Our army, if numerically smaller than at present, would gain in respect to quality. It might then be made a condition of engagement that the recruit should for the first five years of his service remain unmarried on pain of dismissal, if serving in the United Kingdom, or any of our possessions having a temperate climate, admitting of manual labour. It is moreover to be observed that among other shocks given to many of our cherished notions, the campaigns in America and Prussia have shown how unnecessary is the extent of continuous drill to which it has been the custom to subject soldiers. Would it not therefore be possible to permit soldiers who are able to work at handicrafts to do so for their own individual profit; those who desire to learn being trained to particular trades and the proceeds placed to their credit in the regimental savings bank? They would thus, in the event of marriage, be in a position to earn the means of maintaining their wives and children in comparative comfort; it being understood that most, if not all the work now executed by contractors should be given to regiments. Another very important means to the same end would be that of reducing to a minimum the moves of regiments, which at present are such a source of expense to the soldier; and another would be that of making better provision than has hitherto been made for the families of soldiers, while the latter are employed in active service. The direct outlay occasioned would be inconsiderable, while the increased efficiency of the soldiers would, it is calculated, far more than repay the State for the first expense. Sickness and crime being diminished, so would the expense and loss of service incurred by curing the one and punishing the other. Soldiers would feel that their labour was remunerative to themselves; and in course of time their sons would enter the ranks, not only educated in the regimental school, as at present, but with some knowledge of mechanical art, such as would occupy their spare time and enable them to earn a fund for their future requirements. The question is doubtless of far too great importance to be exhaustively discussed within the space allotted to these remarks; all, therefore, that can be effected is to direct attention to some of its more prominent phases.

PROFESSIONAL AUTOCRACY IN MEDICAL JOURNALISM.

The members of the profession in Ireland, who are accustomed to the freedom of buying their newspaper when and where they choose, have learned a new lesson this week at the hands of the *British Medical Journal*, which they are slow to realise, and unlikely to forget.

The British Medical Association has pressed its invitation to Irish doctors to come to its arms, with all the blandishments and all the promises of future benefits with which the election atmosphere is now so full. The heavy British father is ready to take back his recreant Irish offspring to his embrace; but he must be satisfied beforehand that the prodigal son is duly purified and disinfected, and that no aroma of outside barbarism shall offend the nostril of the condescending parent. The "British Medical Association," forsooth, will have no Irish doctor unless he has passed quarantine, and cast his Celtic slough; and accordingly, the following certificate, or clean bill of health, is considerately supplied to every member of the profession in Ireland :—

II.—Certificate.

We, the undersigned, hereby testify, from our personal knowledge, that the above-named.................. of.............. is a gentleman of good professional character. We therefore recommend him for election as a member of the British Medical Association.

To be signed by at least three persons already members of the Association, and whose names and addresses must be attached, we presume, as a material guarantee.

We assume that this requirement must be a solemn farce, conveniently provided for by the signatures *in lobo* of the editor, sub-editor, and secretary; yet, nevertheless, it conveys an insult to the profession in Ireland, which their status, beside that of the members of the British Medical Association, renders even less called for.

The physicians and surgeons of Ireland are well aware that the British Medical Association is justified by no lofty professional position in requiring credentials of respectability from them; and we imagine they are little likely to go out of their way to produce their title-deeds to professional respectability for no higher a reward or merit than the patronage of the British Medical Association.

THE EDINBURGH ASSOCIATION FOR IMPROVING THE CONDITION OF THE POOR.

In every civilised country, in proportion to the increase of the population, great difficulty is found in dealing with the poor. Legislation has hitherto by no means lessened the difficulty. Our parish system as it at present exists is not equal to the emergency; if it has not rather increased the evil by the mode in which it has been administered. At all events, the subject cannot escape the attention of thoughtful and benevolent minds, who feel naturally for the destitute and helpless around them, but who find themselves perplexed by the diverse and apparently irremediable condition of the class to which they would extend their aid. The Edinburgh Association has undertaken a work of no easy performance, and purposes to invite a conference with the employers of labour in the city to consider the best method of carrying out their object. In anticipation of this, Mr. David Curror, who regulates the employment committee, has addressed an important letter to the Lord Provost, the chairman of the association. Mr. Curror has long studied the peculiarities and claims of the poor. From his position as chairman of the City Parochial Board, all that he advances on the subject has a value and bearing well worthy the attention of everyone interested in the great question of Poor-law management. He commences by answering some objections, and correcting some misapprehensions with regard to the establishment and agency of the association, showing that it is "an honest and zealous attempt to reform and ameliorate the existing system;" and then proceeds to classify the recipients of public charity under the three following principal heads :—

> "(1). The poor who are poor by the allotment of providence. That is the 'cruiked folk, seek folk, impotent folk, and weak folk,' of the old Scotch Poor-law Act, and embracing in the description 'old folk' and 'daft folk.' These are the poor that are never to cease out of the land. The burden of their relief is light, and not disagreeable to bear in any Christian community.
>
> "(2). The poor who are poor in consequence of accident, or the visitation of God prostrating their energies for a time, but who were not born to be poor—such as the working bread-winner of a family who meets with an accident at his work and is laid aside from it for a while. Nothing is coming in, and the little he had spared from the immediate wants of his family is soon exhausted; and when exhausted, his family, under the Poor-law system, seek relief from the Parochial Board, and get it. Once broken in spirit to seek what he has not wrought for, he continues on the Board, and under the present system he and his become permanent paupers. A family driven to abide in some of the hovels your Lordship is razing from the face of old Edinburgh, may be visited with fever, and the same process goes on till the whole family get upon the poor's-roll, and, as 'once pauper, aye pauper,' become permanent burdens on the rates, and so all of them become paupers by accident.
>
> "(3). The third and last class is what may be called self-imposed pauperism. These are the sorners, the sturdy beggars of the old Scotch Acts, who are able but most unwilling to work, and to repress whom the old Scotch Acts were passed, and the sturdy pains and penalties therein specified inflicted.

He considers that a treatment proper to each class should be adopted, and not, as under the present Poor-law system, all be subjected to the same regimen, however widely different their circumstances may be. The association, it appears, is attempting to carry out the general principles which he suggests, and may perhaps eventually show that there is a better and more effective method of dealing with pauperism than that which up to the present time has been attempted.

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Notes on Current Topics.

Army Medical Officers and Reduction in the Army.

We have always been the strenuous advocates of the rights, and exponents of the grievances, of our brethren in the public services. No journal can boast greater constancy in this, and some have been apt to desert the colours occasionally, and leave us alone. Still we have never hesitated to carry our banner to the front.

We have been deeply interested in a good deal of talk that has come to our knowledge respecting proposed reductions. The public journals, of course, teem with vague rumours as to the course likely to be adopted by the present Government—if permitted to continue any length of time in office—a contingency which will be regarded with different views by different parties.

A scheme has been whispered about that embraces the following reductions. Of course we give it with all due reserve, but we are credibly informed that it is under the consideration of important persons.

Reduction proposed.—The Military Colleges, Sandhurst and Woolwich, to be abolished, to make room for private enterprise. The whole of the depôt battalions to be struck off. The whole of the 2nd Battalions (equal to twenty-five regiments) to be struck off. The 2nd Majors, Cornets, and Ensigns of Regiments to be put on half-pay list and absorbed.

Upon the policy of this measure we have nothing to say. Doubtless the authorities have well considered the matter, and the improved equipment of the troops should render a smaller force more effective than the larger number armed with the weapons of the past age.

There are, however, questions upon which the medical officers should be prepared to express an opinion. The sanitary condition of the army, at all times important, will become especially so when the number of men under arms is so materially reduced; and it is clearly their duty to consider whether, by improving the lodgment of the men and other regulations, it will not be practicable to reduce the percentage of ineffectives from sickness and preventible disease. They should be prepared to take advantage of the increased accommodation placed at the disposal of the Horse Guards to secure every possible convenience for the men under their charge.

Again, the position and accommodation of army surgeons and their staffs is not such as their talents and services entitle them to expect.

Commanding officers too frequently regard their non-combatant brethren as impediments to be got out of the way until their services are required. It may be well to consider whether some of the quarters vacated by officers placed upon the half-pay list could not be placed at the disposal of the surgeons without detriment to the public service.

We recommend these suggestions to the consideration of our brethren, urging them to be prepared to press their views upon the authorities in the way most likely to prove effective.

Certificates of Purity.

Professor Frankland has publicly protested against the practice of advertising certificates granted by certain institutions. The case which attracted his attention was a gross one. A firm advertised some preparation as innocuous "under certificate of the Royal College of Chemistry." Neither the Professor himself nor his predecessor had granted such a certificate. Neither he nor Dr. Hofmann would be likely to do so. A reply was given that an assistant in the laboratory, eleven years ago, stated a certain specimen of essence of almonds to be free from Prussic acid. Granted this were so, what proof is that of the quality of what has been sold since?

We think that Professor Frankland's courageous exposure of this system deserves the thanks of all. There has been so much nonsense talked about adulterations and so much iniquity exposed, that we can understand an honest firm desiring to fortify their own guarantee; but it is obvious that analysis for such purposes as advertisers desire, is of little use, and in many cases is most unreliable. The system is, in fact, altogether bad.

Royal College of Physicians of London.

The debate on the proposed reform in this body has taken place. Dr. C. J. B. Williams, at the Comitia Majora, last Thursday, brought forward his proposals in the following form:—

"1. Before the Council proposes the list of members to be proposed for the Fellowship, it shall be open to receive for consideration the name of any member or members of a certain standing recommended by two or more Fellows with a statement of the grounds of their recommendation.

"2. Further, if not satisfied with the list of names recommended for election by the Council, it shall be open to any of the Fellows to add to the names on the list; the list so altered shall be suspended in the hall of the College for a fortnight, at the end of which time a Comitia Majora shall be held, and shall proceed to a ballot; and all those members shall be elected to the Fellowship who have the votes of a majority of the Fellows present."

We are glad to report that reason has been so far heard that the first proposal has been substantially carried. The latter has, however, been again postponed, and it is impossible to say when it will be again taken up. Some people express satisfaction that something has been done. They look upon it as a step. Verily, they are thankful for small mercies. To those who love the *status quo* we would whisper the assurance that there is no fear of the College in Pall Mall "shooting Niagara."

Tobacco.

We have not heard the last of the tobacco controversy, though the confirmed devotees of the weed go on their way, in spite of counterblasts, as comfortably as meat-eaters pursue their habits against the warnings of vegetarians, and beer, wine, and spirit drinkers against the ravings of the teetotallers. A popular writer on physiological questions has offered his explanation, in *St. Paul's Magazine*, of the effects of nicotine on the health. The article in question is well worth reading, though we confess not to have found anything new in it. The writer points out how, as a rule, secretion of nicotine by the kidneys must rapidly remove the poison if taken. We recently had occasion to show how great is the error of fancying that smokers take the nicotine into the system to any extent. The case of those who snuff or chew is not at all parallel. These habits are far more capable of inflicting injury.

Royal Commission on Sanitary Organisation and Laws.

We understand that a Royal Commission is about to issue to inquire into the operation of the present sanitary laws, as well as the manner in which the various offices connected with State Medicine are carried out. It was at first intended only for England, but at a meeting of the joint Committees of the Social Science and British Medical Associations, the President, Dr. Acland, was requested to urge on the Home Secretary the importance of extending the Commission to Ireland and Scotland, and he did so successfully.

Rumour assigns to Dr. Stokes, Professor Haughton, and Dr. R. McDonnell the honour of seats at the Commission, but there are surely other names identified with sanitary science.

Asylum for the Imbecile Poor.

The foundation stone of the first asylum for the reception of the imbecile poor of the metropolitan district was laid on Saturday afternoon. This is part of the scheme provided for in Mr. Gathorne Hardy's Bill for the Improvement of the Administration of the Poor-laws for the Metropolitan District. The site, at Leavesden, near Watford, is well suited for the purpose, on account of pure air and a surrounding picturesque country. The edifice consists of three detached parallel rows of building, covering a large area. There will be on the female side five general blocks, each for 160, and one infirmary block for 60 patients, affording accommodation for the reception of 860 females in all. There will be on the male side four blocks of 160 each, which, with the infirmary block, give 700, or a total accommodation of 1,560 patients of both sexes. The length of the corridors on the one side is 168 yards, and on the other 138. A detached infirmary for infectious diseases is to be erected in the rear. The ground floor on each block, which will be used as a day-room for the patients, is 105 feet long, 36 feet wide, and 14 feet high, while the dormitories will be spacious and thoroughly well ventilated.

The Late Mr. Henry Brown.

The late Mr. Brown, of Windsor, who had so long enjoyed the confidence of the royal family, was a student of the London hospital, and a dresser under the late Sir William Blizard. After qualifying, he became a partner with Mr. O'Reilly, surgeon to the royal family and household at Windsor. He succeeded that gentleman on his death, in 1833, and has, throughout his career, professionally attended various members of the royal family, including three reigning sovereigns, George IV., William IV., and Her Majesty. The Duchess of Kent and the Prince Consort were also his patients, and all seem to have been much attached to him. He died on the 24th ult., aged sixty-six. He introduced the use of chloride of lime in cancer, and of quinine in acute rheumatism.

The Quarterly Return of the Registrar-General.

Following from week to week the returns, much of the information of the quarterly report is anticipated. The following summary may, however, be interesting.—

During the three months ending Sept. 30 there were 255,199 births, and 165,728 deaths in the United Kingdom. The recorded natural increase of population during the quarter was therefore 89,471, and the native emigrants were 40,672. Both births and deaths in England were above the average number; but the marriages, which are given for the June quarter only, were fewer. The average price of wheat was 59s. 1d., to which it fell from 71s. 10d. in the previous three months. The mean temperature throughout the quarter was 63·9, and on the 22nd of July the thermometer in the shade rose to 96·6—the highest temperature ever recorded at Greenwich. The mean summer fall of rain is 767 tons to an acre of land; but in the last summer the deficiency was 252 tons an acre.

It is to be remembered that since the close of the quarter a more unhealthy period has set in, so that the next return is likely to be less favourable.

Verdict of Murder against a Surgeon.

The awful case of Mr. Powell has caused plenty of comment in the columns of our contemporaries. We have no desire to dwell upon the sad details of a case which possibly no human being would be able honestly to judge, even did he know the facts, and these, let us remember, are at present involved in dense obscurity. Let us draw a veil over the errors and sufferings of one who was evidently so sensible of his position that no human punishment could be greater than what he must have already endured.

Military Hospitals.

Sir John Pakington has expressed his intention of supplying military hospitals with the most perfect system of female nursing, and arrangements have been made with the Nightingale Committee for the education at St. Thomas's Hospital of a certain number of nurses specially with this object. After many remonstrances on the part of the military authorities at Woolwich, Sir John Pakington has consented to change the system of treating the sick in the Herbert Hospital. From the 1st November the regimental plan of work commenced, and each medical officer assumed charge of the sick men of his own battery or brigade. It is not, however, intended at present to interfere with the general organisation of the hospital under the governor, although, doubtless, many alterations will be necessary before a satisfactory combination of regimental and general hospital systems can be obtained.

Sir D. Corrigan's Candidature.

It is generally allowed that Sir D. Corrigan's success is certain, as his medical brethren of opposite politics are favourable, and by the Liberal party he is enthusiastically supported. The constituency exceeds 12,000, and the contest is therefore most expensive, owing to the great number of polling places and officials which are needed. It is, therefore, much to be desired that he should receive the generous aid of his professional brethren, for, in seeking to advocate their claims, he will make a large pecuniary sacrifice. His address to the profession, which we give elsewhere, proves how able an advocate he would be in our cause, and there can be no doubt that his sphere of usefulness in the House of Commons would be most extensive. Any gentlemen who have not received the circular from the treasurers will please attribute the omission to the unavoidable mistakes in addressing so many letters.

Death of Dr. Hardy, of Dublin.

When we recorded last week the election of Dr. Hardy to the Fellowship of the King and Queen's College of Physicians, we little anticipated that we should discharge the painful duty of recording his sudden and premature death in our issue of to-day. From robust health, scarcely two days intervened to Dr. Hardy's removal, and the suddenness of his death has painfully enhanced the universal regret which the announcement evoked.

Dr. Hardy has been a Fellow of the Royal College of Surgeons for just a quarter of a century, and would have resigned that position in a few days, as the regulation necessitated that he should before accepting the Fellowship of the College of Physicians last year. He held the office of President of the Dublin Obstetrical Society, and, both as an author and as an ex-Assistant-Master of the Rotundo Hospital, and Physician Accoucheur to Dr. Stevens's Hospital, he occupied a front position in the rank of Irish obstetric surgeons. He had been a frequent and valued contributor to our columns, and leaves behind him a memory as a scientific obstetrician not less respected than that which his social qualities had long secured to him.

Beaumont Medical Society.

This is a most useful Society, as it takes in not only practical subjects, but discusses medical ethics and politics. It numbers upwards of eighty members, resident in the eastern part of the metropolis, and its meetings are most cordial—more so, perhaps, than most professional gatherings. Dr. Herbert Davies, Senior Physician to the London Hospital, presided at the last meeting.

The Scotch Universities.

The constituency of Glasgow University is 2,360, that of Aberdeen 1,988, giving 4,350 as the number entitled to vote at the next election. For Edinburgh and St. Andrews conjoined the numbers are rather higher.

Two convictions against women under the Contagious Diseases' Act have been obtained at Plymouth.

Oxford is to have an hospital for incurables.

The patients in hospital for injuries received at the late boiler explosion are going on favourably.

The Exeter Local Board have under consideration plans for preventing the river being polluted by the refuse of paper mills. We are glad to see that the *Exeter Gazette* reports the proceedings, which have been adjourned.

Earthquakes in England. That is the last sensation. The disturbance in Ireland was thought rare. Now we have to report that at Bristol, Worcester, and Leamington slight shocks were felt last Friday night. It is proper to add that there is no reason at all for an immunity of this island from earthquakes, and in the eleventh and twelfth centuries they were, so to speak, frequent.

The *Southampton Times* contains some correspondence on the health of the borough. It is pleasant to see such topics excite discussion.

The King of Prussia has presented Nélaton with a handsome porcelain vase from the royal manufactory at Berlin, as a token of his appreciation of the learned doctor's professional services to Count von Goltz.

Some discussion as to economy in the Royal Mail Steampacket Company leads some to object to the pay of the captains. It is justly replied that in a service in an unhealthy climate, which is known rapidly to injure the best constitutions, £800 or £1,000 a year for the ablest commanders is very moderate. We think so too.

At the Royal Institution of Great Britain, on Monday last, W. Pole, Esq., F.R.S., in the chair, Musgrave Bristo, Esq., was elected a member of the Royal Institution.

Faculty of Physicians and Surgeons of Glasgow.—At a meeting of this corporation held on the 5th inst. the following officers were elected:—President: Dr. Andrew Anderson. Visitor: Dr. Harry Rainy. Councillors: The President, *ex officio;* the Visitor, *ex officio;* Drs. Fleming, Robert Scott Orr, John Coates, George Robertson, and Wm. Weir. Treasurer: Dr. John Coats. Honorary Librarian: Dr. George Rainy. Vaccinator: Dr. James Dunlop. Board of Examiners: Drs. William Lyon, Andrew Buchanan, James Morton, Robert Perry, R. D. Tannahill, J. B. Cowan, Andrew Fergus, George Buchanan, R. Scott Orr, and Wm. Leishman. Clinical Examiners: The Physicians and Surgeons of the Royal Infirmary. Examiners in Arts: Dr. John Coates and James Steven. Clerks: Laurence Hill, LL.D., and William Henry Hill. Secretary and Librarian: Alex. Duncan, B.A.

We have to announce that an Infirmary is to be established at Oldham, in consequence of the grant of £1,000 from the Mansion House Cotton Famine Relief Fund, which has been supplemented by subscriptions to the amount of nearly £2,000 more at a meeting convened for the purpose of aiding the object.

Social Science Association.

HEALTH SECTION.

Address

BY

H. W. RUMSEY, ESQ., M.D.,

President of the Section.

(Continued from page 382.)

Before passing on to another topic, I would ask whether it might not be advisable by special re-adjustments of local taxation to encourage the planting and growth of timber on the bare hills of the West and North of Great Britain. I would also strongly recommend that large reservoirs, for the storage of water at the heads of our principal valleys, should be safely constructed at the public cost.

The sources of water thus decreasing, do we, as a people, take the greater care of that which Nature still beneficiently provides? Just the contrary. Within the last thirty years, almost all the great water-courses of the land have been for the present defiled, and even converted into distributors of disease, by measures of town sewerage contrived hastily and executed unscientifically.

So eager were most of our earlier sanitarians to get rid at any cost of human refuse, that, without due consideration of the possible results of the methods adopted on the future water-supply of the people, they advised the pouring of abominations of all kinds into the nearest water-courses—having first rendered subsequent measures for the recovery of what was truly valuable in this so-called refuse almost impracticable by diluting it with floods of water, both that which had been artificially stored at enormous expense for town distribution, and the natural rain-fall.

In vain did physiologists and scientific agriculturists protest, for various reasons, against this rash dilution and wrong disposal of organic matter. The skill and enterprise of our great civil engineers, supported by the energy of leading sanitary reformers, were triumphant. The effete products of manufactures and trades, the animal and vegetable *débris* of towns, mineral detritus, all that comes under Lord Palmerston's celebrated definition—"Matter in the wrong place"—was to be got out of the way by water-carriage, which was assumed (and not without reason) to be the most expeditious and economical mechanical power for the purpose.

The result of this remarkable movement was, however, that communities have had to encounter a more serious difficulty than at the very beginning of sanitary reform. To glance at some of the perplexities and losses which followed. There were fish in the rivers, good for food, but they might take their chance; so, being deprived by decomposing nitrogenous matter of the oxygen naturally existing in the water, they all perished. There were human communities down the stream, suffering from an increase of sickness and mortality,—some in large towns, many in hamlets and villages, who were crying out for drinkable water; well, they were advised to filter the river-water, or to boil and then aërate it—or, if all this were too troublesome and expensive, they might sink wells or tunnel the nearest hills for a safer supply. No substantial relief or help was afforded them.

But there were also landowners and large occupiers with riparian rights on the land through which these streams, shamelessly converted into open sewers, flowed. And these found their remedy in the old laws of the kingdom—laws which had not become obsolete, prescriptive rights which had not been invalidated by recent sanitary enactments.

Accordingly, Boards of Health (so called) have been restrained by injunctions issued by the Court of Chancery from discharging their refuse into the streams in question. These prohibitions have multiplied; and some places, as Banbury and Tunbridge Wells, have suffered sequestration for disobeying the injunction.

Municipal authorities throughout the country have, therefore, now to choose between leaving their towns undrained in contravention of sanitary enactments, suffering legal penalties for draining them into rivers, or making very costly experiments upon sewage, in the hope of satisfying both liabilities. There is, as a leading journalist says, a "sanitary dead lock." Meanwhile, the inhabitants of both town and country are, in numerous places, calling out for pure drinking water. Water there may be, perhaps in plenty;

"Water, water, everywhere,
Nor any drop to drink,"

for it has become sewer-water!

Now, excepting certain first-class towns in the north, and especially on the older geological formations, where the water supply is pure and abundant, it is indisputable that the condition of drinking water in most parts of England is deteriorating. Village supplies are very generally scanty and bad.

Here I may digress for a moment, to note the great advantage which might accrue to scattered populations from the use of Norton's American tube wells, which economically tap the subsoil strata to a depth of from ten to thirty feet. Everyone knows how valuable they proved in the Abyssinian expedition. They possess the sanitary advantage of testing the quality of the water issuing at different depths in the same boring; and they may be used, I think, as registers of fluctuation in the level of the subsoil water.

Complaints of town supplies are also on the increase. I may take one instance of many. Only last year, Professor Frankland reported of the Lincoln supply, that not one of the three samples sent for his examination was fit for domestic purposes, that they were all excessively hard, and that one was frightfully contaminated with sewage. Even at Croydon, the pet specimen of drained towns and sewage utilization, the water supply is complained of as deficient and intermittent.

In these and other towns where the supply is short and of very indifferent quality the community has no protection, no redress. The water monopoly entrenches itself behind its statutory rights. The ground being pre-occupied, no rival undertaking has a chance; and there is no law to compel the water-traders to surrender their monopoly on fair terms of sale to the public. I agree with Professor Gairdner, that whereever water has become a matter of private sale or barter, there has been a dereliction of duty on the part of the community, represented by the local authorities.

A constant supply at high pressure is rare in the South of England; yet Mr. Beggs informs us that there are about 150 towns in this Island which enjoy the benefit of a constant water supply. It has now, therefore, been proved to be practicable. Its sanitary advantages are unquestionable. The entire abolition of cisterns and water-butts in houses would be a reform scarcely inferior to the abolition of cesspools. The change by no means involves a loss of water. For instance, in Hull, where half the town is supplied on the intermittent, and half on the constant system, the waste is found to be greater in the former. In Manchester, the adoption of the constant system has resulted in a saving of seven gallons per head daily. Of course, on this system, due precautions must be taken to prevent waste, *e.g.*, by taps and water fittings of the best construction. A recent most useful pamphlet, circulated gratuitously by this association, contains evidence, especially that of the eminent civil engineer, Mr. Bateman, which settles both the practicability and the economy of a constant water supply.[1]

I have it, on Mr. Liddle's authority, that in the Whitechapel district, the machines called "water-waste preventers" have been in operation for several years, and answer perfectly their intended purpose, so much so, that the East London Water Company is desirous of promoting their use.

The relation of water supply to the prevalence of certain forms of zymotic disease is a question far too wide to admit of more than a few cursory remarks. Yet I cannot avoid noticing two very remarkable instances of this connection, afforded by the events of the last two years.

1. After the clear light which has been thrown upon the history of the cholera epidemic in the eastern parts of the metropolis in 1866; first, by the weekly statements of the Registrar-General, fortified, as they were, by Professor Frankland's analyses; next, by Dr. Lankester in his forcible exposition of the effects of the water supply upon cholera in the East of London;[2] then, with great fulness of detail and accuracy of research, by Mr. Radcliffe, checked as the form of his conclu-

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[1] The case of Glasgow may perhaps be cited by recusant water companies as evidence of the wastefulness of the system. It appears that nearly 47 gallons per head are daily consumed in that city; more, probably, than in any other place. The citizens of Glasgow ought to be remarkably clean. Perhaps Dr. Gairdner can favour us with some explanation of this apparent anomaly.

[2] Quarterly Journal of Science, January, 1867.

sions was by the cautious logic of Mr. Simon, who, nevertheless, accepted the substance of those conclusions ; and now, lastly, by the luminous and exact records of Dr. Farr ;—it is not too much to affirm that the most destructive force of that epidemic was spent upon the precise area supplied by the East London Water Company. We cannot go into the disputed points of that elaborate controversy, for it would not then be fair to ignore the counter statements and arguments of Dr. Letheby and Mr. Orton. But, explain the circumstances and events as one may, there are broad facts which remain undisputed. I need only mention the following. The deaths from cholera and diarrhœa in the field of this water supply amounted to 89 in a population of 10,000, while in no other single company's field, north of the Thames, did such deaths amount to more than 18 in 10,000. Taking the reported deaths from cholera only, the mortality in the East London Company's field was nine times as great as in the New River sub-districts, and twenty times as great as in the North-Western sub-districts.

"Of the total mortality of 5,915, no less than 4,276," says Mr. Radcliffe, "occurred in the East district of the metropolis and adjacent suburban districts of West Ham and Stratford."

"In those districts immediately prior to the outbreak impure water was known to be distributed over this field of supply. Neither the meteorology of the period, nor altitude, nor the nature of the soil, nor density of population, nor filth, nor the state of the sewerage, nor locality, affords any explanation of the peculiar localisation of the outbreak, in the East districts. There is but one condition known which might become capable of propagating cholera, common to the whole area of the outbreak, namely, the water supply."[1]

2. Other most confirmatory evidence of the connection between zymotic disease and water supply is furnished by the outbreak of typhoid fever in 1867, at Guildford. The fatal force of the epidemic fell upon that portion of the population which dwelt on the area, supplied by what is there called the "High Service Reservoir." From this tank was distributed on a particular day—such was the horrid fact—actual sewage matter, which, owing to some engineering defect, had leaked into the well supplying the reservoir. "No other condition," says Dr. Buchanan, in a remarkable correspondence with Mr. Radcliffe on the East London cholera, "on careful and detailed inquiry, is at all coincident with the outbreak of fever."

Again, Dr. Stevenson Macadam's report, at our last anniversary, on the relation of disease to the water supply of certain populous places in Scotland, shows plainly enough that the ravages of cholera were coincident in time and place with the use of water from impure wells.

But on this point, as on many others, the reports of the medical officer of Privy Council are full of facts and recommendations, which I cannot now even enumerate ; yet all of the utmost significance and value.

Mr. Simon has especially dwelt, with great force, on the moral responsibility and legal liability of water companies, and has pointedly suggested that the distribution of fouled water by a local board or water company is a proper case for judge and jury on a claim for damages, by any of the persons injured by its malfeasance.

He is of opinion that, whatever latent liability of this kind may exist in our law, explicit legislation is required. If loss of life or health be clearly proved, there can be no reason why claims for compensation should not be made upon a company of water purveyors, or upon a board of health (acting either as water providers or sewage carriers), as well as upon a railway company.

A most instructive discussion followed upon Dr. Macadam's interesting paper on river pollution, in this department at Manchester, where we had the advantage of hearing Lord Robert Montagu's clear summary of the question, and Mr. Rawlinson's able comments on the practical working of various experiments. The River Commission has to some extent endorsed the principle of the resolution carried on that occasion, recommending prohibitory legislation against the pollution of rivers. Should the legislature proceed in the course it has wisely commenced, and determine eventually that no natural stream of water shall be defiled by the refuse of towns, mines, or manufactories, we need not doubt that adequate and remunerative methods will be discovered for safely disposing of them all, and thus maintaining our rivers as distributors of life, health, and pleasure to an increasing and prosperous population. In the discussion just referred to, it was conclusively shown that prohibition of this kind had fully answered with respect to gas works, and that the principle had been, and might further be, advantageously applied to lead, copper, and tin mines, as also to the principal manufactures.

Now, it has been clearly established, that the particular defilement of water, which is most dangerous to public health, is that caused by putrescent animal matter, which has either passed through town sewers, or percolated the soil, and in both cases has led to contamination of drinking water.

Sanitary reformers have, therefore, to consider, in the first place, the case of towns which are committed to the modern sewerage system, of which the metropolis is the grand exemplar, and which, in the aggregate, have spent many millions sterling upon their Cyclopean constructions.

The only practical question here, is—what is to be done with the results? It is almost childish to propose to abolish that system, and to commence *de novo*.

From analyses made of the earlier results of filtration, we might conclude that not less than six-sevenths of the really fertilizing elements of town sewage remain in the fluid which has passed through the strainers and tanks of outfall works.

So that, besides the injury to health and life caused by allowing this foul water to escape into rivers, the means of augmenting and cheapening the food supply of a teeming and needy population, have been wantonly wasted.

With regard to the sanitary injury, it is true that, given a sufficient time, sufficient length of current, and sufficient aeration of river water, the greater portion—and how much is not exactly known—of the dissolved and suspended poison is consumed by the oxygen naturally existing in the water and constantly renewed from the air. This is another of those beautiful provisions of nature which one cannot pass by without thankful acknowledgment.

The burning power of oxygen, so wonderfully active in the air, is almost as surely, though far less quickly, efficient in running water, provided the quantity of refuse thrown into the stream be not enough to extinguish the combustion. It is therefore a matter of the utmost importance not to tax the oxygen of water unduly. Oxygen being far more soluble than nitrogen in water, it is well for mankind that the air contained in running water should consist of nearly double the proportion of oxygen which the atmosphere holds. This bountiful provision of oxygen seems as though it were intended to compensate in part for the slower combustion of dead and decomposing organic matter in water.

A remarkable proof of the gradual extinction of the burning, by the corrupting, principle, was furnished in the Thames at the height of its pollution by London sewage. Professor Miller tells us that in 1858, the river water at Kingston showed oxygen in normal proportion ; at Hammersmith the ratio had sunk to half ; at Somerset House to one-fifth ; and at Greenwich and Woolwich the oxygen was almost annihilated. The friendly elemental fire was quenched ! Corruption had triumphed ! The naturally purifying action of aerated water has thus its limits and its fatal counteractions. Neither can it be trusted when the contamination is of a peculiarly fatal character. It is the quality rather than the quantity of organic matter which determines its danger. We are, as yet, quite ignorant of the degree of tenacity of life possessed by the germs of specific diseases. The proportion of nitrogenous matter, as determined by the chemist, does not even mark clearly the distinction between what is putrescent and what is not at the time decomposing. Still less does it tell of more recondite organic constituents.

"To look for a specific test for miasma in water is absurd," said Mr. Tichborne, in a recent remarkable physiological paper ;[1] "there are certain subtle substances of intense power which are physically unrecognisable—substances that, so far as we have gone, no balance can weigh, no microscope can enable us to see."

That pretty and popular test, the permanganate of potass, though useful enough for demonstrating the loss of oxygen in water, and indicating roughly, though serviceably, the unwholesomeness of water, has been shown to be untrustworthy for determining the proportion of the worst forms of organic matter. Nor does the apparent completeness of the burning work of oxygen in water, as shown by the presence of nitrates or nitrites in the clear, cool, sparkling, yet treacherous, water of certain town wells, prove that the most dangerous ingredients have been destroyed. Well-known facts of disease and mortality among the drinkers have proved that it still exists.

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[1] Ninth Report M. O. P. C., p. 331.

[1] Read in the Physiological Section of the Medical Association at Dublin.

We come then to the only known and reliable method of dealing with this hideous creation, Town Sewage, which we have formed, as Frankenstein did his Fiend, by dabbling with decomposition,—a monster which, like his, may shorten our miserable days, unless we bury it in the earth—our fourth element.

Metaphor apart, the distribution of this pernicious yet precious sewer water, over the land by irrigation, within safe and accessible distances from our large towns, appears to be plainly indicated as the best cure for the evil, and it has now been proved to be both practicable and remunerative; at least, in all those places where irrigation can be accomplished by gravitation.

(To be continued.)

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POOR-LAW MEDICAL OFFICERS' ASSOCIATION (OF ENGLAND).

The first quarterly meeting of this Association was held on Tuesday, 27th ult., at the Freemasons' Tavern, London; Dr. Rogers in the chair.

Our last number contained the chief portion of the Report of the Council, which was circulated beforehand. We need not therefore repeat its contents.

That Report having been adopted by the meeting,

Dr. **Thomas** moved, "That in the opinion of this meeting the salaries of Poor-law Medical Officers are totally inadequate to the onerous and very responsible duties they are required to perform, and the meeting recommends that the Council of the Association be authorised to memorialise Parliament on the subject, and to take such other steps as they may deem requisite to ensure to the medical officers a system of fair and equitable remuneration for their professional services."

This resolution was seconded by Mr. B. **Baker**, and carried unanimously.

Dr. **Fowler** proposed, and Mr. **Bruce** seconded, the next resolution—"That this meeting is of opinion that all Poor-law Medical Officers should be appointed for life, as recommended by the Select Committee of the House of Commons in 1854."

This resolution was adopted, and the usual vote of thanks to the President and Council was given.

THE DINNER.

The annual dinner was held at the Freemasons' Tavern in the evening of the same day. The toast of the evening was given by the President, who, in proposing "Prosperity to the Association," traced its origin from July, 1866, when 27 members joined. At the end of the first year the number had increased to 45; at the end of the second to 80. Attempts were made to crush out the society, which had become obnoxious to certain parties in power; but it prospered notwithstanding, and an amalgamation took place between the provincial and metropolitan poor-law officers. The Association had now grown to be a fact. The position of the medical officer had become so bad that it was impossible for him to do his duty towards the poor placed under his control, unless at the loss of his own time and money. A case was mentioned where a poor-law medical officer, who had to ride over 30,000 acres of district, and find medicines, was paid by the guardians the sum of £15; and other instances were given of an equally striking character. In returning thanks for the hearty manner in which this toast was honoured, Dr. Fowler laid down the principle that, in parochial matters, as in others, under-paid work was under-done work.

Various other speeches were made, the speakers including the Rev. H. Jones, Dr. Dixon, Dr. Brett, Mr. B. Baker, Mr. Norton, Dr. Stallard, Dr. Anstie, &c.

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Gleanings.

A WORD FOR INTRODUCTORY LECTURERS.

This, gentlemen, is a restless age. There is no quiet journeying by easy stages, but a scream, a whistle, and where are you? You must change at every station. All things come under review. Reverence is gone, authority is dead. Everything is questioned, and sometimes before an answer can be given, the fiat goes forth—"Sweep it away!" There is said to be no harm in all this. It is merely the spirit of the age. And as savages kill off their old relations, so some would consign the innocent introductory lecture, along with most other institutions with any antiquity to vouch for their respectability, to the limbo of forgotten things, as it serves, according to them, merely for the airing of wise saws and empty platitudes. But they forget that the lecture is a centre around which other attractions cluster. They forget that men are not made up of lines and angles only;—that old times and old memories have a charm that leads the student of years gone by to visit once more his *alma mater*, and be reminded of former days, when he sees them mirrored in the student of to-day. Whatever the lecture may be, "old students"—proud of a title which carries them back to the dawn of their professional life, and tells us that though freed from academic restraints and the fetters of a curriculum, they are and ever will be students still—are glad of the opportunity of again recalling the scenes of former toil and pleasure, and of conjuring back the time when responsibility was sought for and care sat lightly.

The occasion, too, is a fitting one for throwing out some hints and suggestions to those about to leave us, in order to ascertain the truth of the theory of correlation according to which the Art of Healing should resolve itself into the means of living. And it would not be a seemly thing to welcome those who have to-day enrolled themselves as Students of Medicine with only a silent greeting.—*Dr. H. Simpson's Address at the Manchester School.*

PARISH NURSERIES.

Some time back the question was started, whether day nurseries could not be organised, at which working women could leave their younger children while they went out to work. After a great deal of talk, several nurseries were organised in the metropolis and some other large towns. We believe that they have been eminently successful, and that they are appreciated by those for whom they are intended. They are, however, very few comparatively. To be of universal benefit they must be established in every district. A suggestion now made for the first time deserves attention. It is proposed that the children of very poor and hard-working parents should find a home during the day, be nursed, taught, and fed at the cost of the parish. Such a system would be open to gross abuse if it were not well organised. The question is, whether it could not be so organised as to prevent the children of well-to-do parents being taken care of, or being "left until called for."—*Lincolnshire Chronicle.*

THE MEDICAL CALLING.

The study of medicine commends itself. We are told (by Mr. Ruskin) that "there are five great intellectual professions relating to the daily necessities of life—the soldier's to defend it; the pastor's to instruct it; the physician's to keep it in health; the lawyer's to enforce justice in it, and the merchant's to provide for it." Of these daily necessities, by no means the least worthy of consideration, is the duty of the physician to keep the body in health. *That is the part we have to play.*

Our profession is one of great usefulness, and is as free from allurements to dishonesty as any other calling. No right-minded man will employ the public for his own interest; he will rather make it the interest of the public to employ him. Again, the very nature of our education affords the exercise of the highest faculties of the mind.

> "The flower, the tree, the birds, the running brook,
> Are all to us material for thought."

It is impossible to study Anatomy, Physiology, or Chemistry, three of the most comprehensive subjects in science, forming the solid basis upon which we have to build our superstructure, without being deeply impressed with the infinite wisdom of Divine power. In reading the volume of Nature, we are animated by a passionate yearning for increased research in exact proportion as our ideas become more developed, our tastes more elevated, and our intellects more refined. If we view the beautiful symmetry and the variety of Nature's forms, the grace and regularity of her designs, our minds must be led to purer notions and happier thoughts.

True, indeed, is it that the man who is most to be pitied under misfortune is he whose happiness depends on outward circumstances. To be really happy, he should be capable of finding resources in himself, and what more ennobling or what more useful employment than the study of that science which relates to the phenomenon of life?

"Knowledge," says a distinguished writer, "is essentially and directly power: and it is indirectly virtue. Knowledge is also happiness. There is no other pastime that can be compared with it in variety. Even to him who has been longest conversant with it, it has still as much novelty to offer as at first. It may be resorted to by all in all circumstances, by the young and by the old. It converts solitude into the most delightful society." As our reading comprises an endless variety of subjects, it is no matter of surprise that, from time immemorial, medicine should have been studied for its own sake by those possessing the keenest reasoning powers; but when it is cultivated for the sake of aiding others, then it is like the quality of mercy—

"It is twice bless'd—
It blesseth him that give, and him that takes."

"The constant object," says Brodie, "of our profession is to confer benefit on others. The advocate at one time pleads for the guilty, and at another endeavours to convict the innocent. The soldier engages to go wherever he is sent that he may destroy the lives of those from whom he never received an injury; but the Physician and Surgeon are engaged only in lessening the affliction and prolonging the existence of their fellow-creatures." In the pursuit of a profession which has for its object such lofty and beneficient aims—the cure of disease—the relief of suffering, the keeping the body in health, it is no wonder that the good physician should be taken as the highest type of humanity.

Further, if we regard the worldly emolument to be derived from the practice of our profession, we have, even on this score, not much reason to complain. Were we all to attain great wealth, high station, or enormous influence, our natural emulation would be quickly dispelled, and our motives for acquiring superior skill speedily crushed. Such honours are but to the few; yet the prizes are open to all, and just as the race is to the swift, and the battle to the strong, so he who arms himself with perseverance, self-reliance, and endurance, will be the first to reach the winning post. We may all, however, expect a modest competency; but we acquire a far richer reward which gold cannot purchase—the heartfelt gratitude and thanks of suffering humanity—as well as the intense satisfaction we ourselves derive from pursuing a vocation whose object is at once sacred, unselfish and sublime.

It is nothing that science has discovered an agent which produces complete temporary insensibility, so that the surgeon is enabled to perform the most trivial as well as the most formidable operation with absolute painlessness? Is it nothing that we have entrusted to our keeping the power of restoring sight to the blind, and of making the lame walk? Is it nothing that when a child is suffering from impending suffocation—when indeed the last spark of life has well nigh fled, we, by our art, can snatch that child as it were from the very jaws of death? Is it nothing for us to know that when a patient is bleeding profusely and dangerously, that we have committed to our care the means of instantly stemming that hæmorrhage? Is it nothing that in our daily practice, our skill, properly applied, often changes the scene from one of utter grief and desolation to one of perfect joy and gladness? Is all this nothing? Then science is nothing, art is nothing, and our profession is nothing!—*Mr. F. Mason's Introductory Address at Westminster Hospital.*

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Medical News.

The Public Health.—We extract the more interesting items from the last return of the Registrar-General. 3,169 deaths were registered in London and in thirteen other large towns of the United Kingdom. The annual rate of mortality was 26 per 1,000 persons living. The annual rate was 24 per 1,000 in London, 28 in Edinburgh, and 22 in Dublin; 19 in Bristol, 21 in Birmingham, 30 in Liverpool, 32 in Manchester, 38 in Salford, 25 in Sheffield, 28 in Bradford, 29 in Leeds, 28 in Hull, 25 in Newcastle-on-Tyne, and 31 in Glasgow. The deaths registered in London during the week were 1,421. It was the forty-third week ot the year; and the average number of deaths for that week is, with a correction for increase of population, 1,340. The deaths in the present return exceed by 81 the estimated amount. The deaths from zymotic diseases were 331, the corrected average number being 352. Four deaths from small-pox, 19 from measles, 105 from scarlatina, 10 from diphtheria, 21 from whooping-cough, 67 from fever, and 30 from diarrhœa, were registered. Of the 67 deaths from fever, 19 are registered as typhus, 37 as typhoid or gastric fever, and 11 simply as common continued fever. One hundred and ninety-two deaths occurred from phthisis, 120 from bronchitis, and 77 from pneumonia.

Bristol Board of Guardians.—At the usual weekly meeting of this Board, held last week, Mr. J. Bartlett (the Governor) presided. Mr. H. Naish, in accordance with his notice of motion, moved that the salaries of the medical officers of the four districts now coinciding with the relief districts (as resolved last week) should be £100 per annum. The number of paupers under the new arrangement would be as follow:—In No. 1 district, 918; No. 2, 912; No. 3, 774; No. 4, 882 paupers. He (Mr. Naish) would have preferred to propose a salary of £90 for the medical officer of No. 3 district, and that St. Peter's Hospital should be included in No. 2 district; but as this would not be in accordance with the resolution of which he had given notice, he was unable to move it. He thought his proposition was a liberal one to the medical officers, and just to the paupers. Mr. Wintle seconded the resolution. Mr. Pearce (Maryleport) proposed, as an amendment, that the salary of the medical officer of No. 3 district should be £90, and the rest £100 each. Mr. Tuckey seconded the amendment. Mr. Hodgson wished to move another amendment—that Nos. 1 and 2 districts should be amalgamated, and assigned to one medical officer at a salary of £175 per annum, which would be a saving of £50 on Mr. Naish's proposition. He ultimately gave notice of bringing forward a motion next week, to rescind Mr. Naish's resolution that was carried last week. After considerable discussion, a further amendment was proposed by Mr. Holmes, and seconded by Mr. Shackell, to the effect that St. Peter's Hospital should be included in No. 2 district, and that the salary should be £100, and the salary for No. 1 district £100, No. 3 district £90, and No. 4 district £100. It was contended that notice of such motions should be given; and the whole question was being re-opened, when Mr. Hodgson suggested that the debate should be adjourned for a week, subject to discussion on all the amendments at present proposed. Mr. Shackell's amendment having been lost, Mr. Pearce's amendment was dismissed by the casting vote of the chairman; and Mr. Naish's resolution, giving £100 each to the medical officers of the four districts, was carried, twenty-two gentlemen voting for it. The question relative to St. Peter's Hospital was understood to stand over till next week. The other business was of a routine character.

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INEBRIATE ASYLUMS.

In the October number of the *Atlantic Monthly* is a narrative by Mr. Parton of a visit to the largest of the inebriate asylums in America, one of which is situated at Binghamton New York. This institution is under the care of Dr. Albert Day, who formerly filled a similar position in the Washington Home at Boston. The treatment consists in rest from the ordinary vocations of the patient, pleasant occupation, a wholesome diet, croquet, billiards, and bowling, a library, reading-room, music and flowers, gardening, and 'good company.' These are some of the influences used to prevent the recurrence of the desire for alcohol. The system is voluntary, but patients are not allowed to visit the village without permission, and on a violation of this rule they are placed in confinement. We read:—'It occasionally happens that a patient, conscious of the coming on of a paroxysm of desire, asks to have the key of his room turned upon him till it is over. It is desired that this turning of the key, and those few barred rooms in one of the wards, shall be regarded as mere remedial appliances, as much so as the bottles of medicine in the medicine chest. It is, however, understood that no one is to be released from confinement who does not manifest a renewed purpose to refrain.'

It is stated that a great many patients come to the asylum intoxicated, being only able by such means to screw up their courage. Once entered within the walls the use of liquor is absolutely prohibited. No gradual 'tapering off' is allowed, and this is found not only to be safe, but gives the patient less intense suffering, and suffering of briefer duration. No medicine is used to cure drunkards of their taste for liquor. It is believed to be impossible to effect anything by such means.

NOTICES TO CORRESPONDENTS.

On account of the unusual pressure upon our advertising columns, we are compelled to postpone much valuable matter, Notices to Correspondents, &c.. to our next.

DISINFECTANTS.

To the Editor of the Medical Press and Circular.

Sir,—In your excellent remarks on Scarlatina, you enumerate as good disinfectants to be employed carbolic and chloride of lime, and Condy's Fluid. Why is Burnett's Disinfecting Fluid left out? It is one of the best disinfectants, according to the experiments of Mr. Chapman, of Merton College, Oxford, recorded in the "Journal of Science," for Jan, 1867, page 138, and my own experience confirms this view Mr. Chapman classes it, in point of efficacy, as equal to the now fashionable carbolic acid, and to sulphate of iron, and as rather superior to Condy's Fluid, though the latter is very good. We must not lend ourselves to fashions in such matters, but use the best. In the sanitary department of the Brighton Museum, *all* good sorts are exhibited without favour or omission. But I have not got Dr. Pairman's sulphur pastilles, and should be glad of a sample.

I am, Sir,
Your obedient servant,
W. E. C. Nourse, F.R.C.S.

Brighton.

Communications with enclosures have been received from Mr. Barker, London; Dr. Davys, Swords; Dr. Armstrong, Cork; Mr. Rawdon Macnamara, Dublin; Dr. Crofton, Tuam; Dr. Rumsey, Cheltenham; Mr. McCulloch, Birmingham; Dr. Craig, Scarborough; Mr. J. Lawrence, Birmingham; Dr. Phelan, Dr. J. G. Beatty, Dublin; Mr. J. Warnock, Birmingham; Mr. Savory, Hastings; Dr. Ashe, Warrenpoint; Dr. F. Clarke, Luton; Dr. E. Smith, Londonderry; Dr. R. H. Newett, Shankhill; Mr. Freeman, Lewisham; Dr. G. H. Porter, Dublin; Dr. J. Aston, Wadingham (new subscriber;) Mr. R. W. Swan, Dublin; Dr. Pierson, Scarborongh; Mr. Morgan, Dublin; Mr. Nourse, Brighton; Dr. Greenway, Wellington; Mr. Wilson, London; Mr. Bentley, London; Dr. Jackman, Swymbridge; Mr. F. W. Brown, Uppingham; the Secretary of the Harveian Society; Dr. F. Pratt, Cardiff; Dr. Dobbs, Newport; Dr. Kirby, London; Professor Humphrey, Cambridge; J. Baker Brown, Esq., London; Mr. Huntley, Reading; Dr. Murphey,' Miltown, Kerry; Dr. Peppard, Piltown, Kilkenny; Dr. Scriven, St. Stephen's green, Dublin; Dr. M ssy, Ravensdale, Louth; Dr. McBride, Newry; Dr. Saunderson, Edenderry; Dr. Wilson, Keadue, Roscommon; Dr. Nicolls, Navan; Dr. O'Sullivan, Limerick; Dr. Murray, Delvin; Dr. Welsh, Ballyshannon; Dr. Stafford, Newcastle, Clonmel; Dr. Smart, Ballymahon; Dr. Reidy, Tralee; Dr. D. Tayes Shanagolden; Dr. Mulville, Gont; Dr. McEvoy, Balbriggan; Dr. Leeper, Ready; Dr. Quinlan, Lismore; Dr. Ringland, Lisbane; Dr. McMurtry, Birmingham; Dr. Wade, Kilcoch; Dr. Charles Cookstown, &c., &c.

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BOOKS, PAMPHLETS, &c., RECEIVED.

The Liverpool Medical and Surgical Reports. Vol II. London: John Churchill and Sons.

The World of Wonders. Part I. London: Cassell, Petter, & Co.

Dr. Rigley's Obstetric Memoranda. Fourth Edition. By Alfred Meadows, M.D. London: Henry Renshaw.

Cases of Disease in the Subjects of Inherited Syphilis. By J. Hughling Jackson, M.D. London: John Churchill and Sons.

Bible Animals. Part XI. Longmans & Co.

The Pharmaceutical Journal.

Edinburgh Medical Journal.

Canada Medical Journal.

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APPOINTMENTS.

Aitken, J. M., 'M.D.—Consulting Surgeon to the Kilmarnock Fever Hospital and Dispensary.

Barclay, J., M.D.—Visitor of Houses licensed for the Reception of Lunatics within the County of Leicester.

Borland, J., M.D.—Medical Officer to the Kilmarnock Fever Hospital and Infirmary.

Carey, F. E., M.D.—Medical Officer to the Lunatic Asylum, Guernsey, vice De Beauvoir de Lisle, M.R.C.P.L., deceased.

Cooke, J., M.B.—Medical Officer to the Hastings Dispensary.

Hensman, Mr., M.R.C.S.E.—Assistant Medical Officer to the Devon County Lunatic Asylum, Exminster, vice Joseph P. Richards, M.R.C.S.E., appointed Medical Officer to the Middlesex County Lunatic Asylum, Hanwell.

Matthews, J., M.R.C.S., &c.—Certifying Surgeon. under the provisions of the Factory Act, for the Carnforth and Holme Districts.

Paxton, J., M.D.—Consulting Physician to the Kilmarnock Fever Hospital and Dispensary.

Thursfield, T. G., M.D.—Certifying Factory Surgeon for the District of Broseley, Salop, vice Richard Thursfield, M.R.C.S.E., deceased.

Wilson, T., L.R.C.P.Ed.—Certifying Factory Surgeon for the Alton District, Hants.

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Birth and Deaths.

BIRTH.

Brown.—On the 21st ult., at Uppingham, the wife of Frederick Warren Brown, Esq, M.R.C.S., of a son.

DEATHS.

Clark.—On the 23rd ult., H. Clark, M.R.C.S.E., of Leamington, late Senior Surgeon H.E.I.Co.'s Bengal Service, aged 75.

Diver.—On the 27th Sept, at Rampart row, Bombay, the wife of Thomas Diver, M.D.

Eves.—On the 22nd ult., Augustus Eves, M.D., of Cheltenham, aged 69.

Forte.—On the 6th ult, of phthisis, at George town, Demerara, A. C. Forte, M.D., M.R.C.S.E.

Knapp.—On the 24th ult., J. M. Knapp of Bath, Surgeon-Major, late Bombay Army, aged 54.

URGENT APPEAL.

THE Members of the Medical Profession and the benevolent public are earnestly requested to contribute to the relief of Dr. Aldridge and family, who are reduced to a state of destitution.

It is hoped that a sufficient sum may be collected to enable the family to join their relations in Australia.

Contributions in aid of this object, will be thankfully received and acknowledged by the following gentlemen:—

Sir W. R. Wilde, Dr. Stokes, Dr. O'Ferrall, Dr. Croker, Dr. Gordon, Dr. Hudson, Dr. W. O. Barker, and Messrs. Bewley and Hamilton.

SUMS ALREADY RECEIVED.

Henry Bewley, Esq., £100.

Dr. J. T. Hamilton	£15	0	0	S. Nalty, Esq.,	0	10	0
Dr. A. Hudson,	10	0	0	Per Dr. Cronyn,	0	10	0
Dr. O'Ferrall,	10	0	0	James Haughton, Esq.,	1	0	0
E. Long, Esq.,	10	0	0	Dr. Oldham,	2	2	0
Dr. Croker,	5	0	0	Dr. Barton,	1	1	0
Dr. Duncan,	5	0	0	Dr. Bevan,	2	2	0
Dr. Evory Kennedy,	5	0	0	Dr. Harvey,	1	0	0
Dr. M'Donnell,	5	0	0	Dr. Banks,	2	0	0
Sir W. Wilde,	3	3	0	Dr. Hildige,	5	5	0
Dr. Gordon,	3	3	0	H. N. Draper, Esq.,	2	0	0
Dr. Cruise,	2	2	0	Dr. Lipsett,	1	1	0
Dr. Mapother,	2	2	0	Dr. Duigan,	1	0	0
Dr. P. Smyly,	1	0	0	Dr. Cronyn,	1	0	0
Dr. Nalty,	1	0	0	Dr. Brunker,	1	0	0
Dr. Dwyer,	1	1	0	Dr. Collins,	5	0	0
Dr. Doyle,	1	0	0	From a Friend,	2	0	0
Dr. Bennett,	1	0	0	Dr. E. Bewley,	1	1	0
Dr. Smallman,	1	0	0	Dr. E. Hamilton,	1	0	0
Dr. West,	1	0	0	Dr. Barker,	2	0	0
Dr. Thornhill,	1	0	0	Dr. Denham,	1	0	0
Dr. E. Bradshaw,	1	1	0	Dr. Hardy,	1	0	0
Dr. Forrest,	1	0	0	Andrew Armstrong, Esq.,	2	2	0
Dr. W. Stokes, Jr.	1	0	0	Dr. F. Kirkpatrick,	1	0	0
Dr. Churchill,	1	0	0	Dr. Kidd,	1	0	0
Dr. Fitzpatrick,	1	0	0	Dr. James Armstrong	2	0	0
Dr. Harrison,	1	0	0	Ben Thos. Patterson, Esq.	3	0	0
R. J. Swift, Esq.,	1	0	0	Dr. Chaplin,	1	0	0
Mrs. S. Hinds,	1	0	0	Dr. Mollan,	2	0	0
Dr. Bateson,	1	1	0	Dr. Stewart,	5	0	0
Dr. Beatty,	1	0	0	Dr. M. Burke,	1	1	0
Dr. C. H. Leet,	1	0	0	Dr. Elliott,	1	0	0
Amicus,	0	10	0	The Editor Medical Press and Circular.	1	1	0
G. H. Porter, Esq.,	0	10	0	Dr. John A. Fergusson	1	0	0
J. Stronge, Esq.,	0	10	0				

CITY OF DUBLIN ELECTION, 1868.

MEDICAL SUBSCRIPTION towards a GUARANTEE FUND, for Expenses of Sir D. J. CORRIGAN, Bart., M.D.

The Treasurers, Drs. Lyons, R. M'Donnell, and Mapother, beg to acknowledge the following subscriptions received since last publication:

Dr. W. Stokes, jun.	£10	0	0	Dr. Doyle	£2	0	0
Dr. P. W. Long	5	0	0	Dr. Adrien	2	0	0
Dr. Steven Longford	2	0	0	Dr. M'Cabe	2	0	0
Dr. G. M. M'Cormick	10	0	0	Dr. Zanphton	2	0	0
Dr. G. Oldham	10	10	0	Dr. S. Nichol's	2	0	0
Dr. Tucker, Sligo	1	0	0	Dr. Atkins	2	0	0
Dr. Fitzsimons, Rothergan	1	1	0	Dr. Martin Portlan	2	0	0
				Dr. O'Rorke	2	0	0
Dr. Lanigan, Ballymahon	1	0	0	Dr. Drennan	2	0	0
				Dr. Laffan	3	0	0
Dr. G. Atkinson	2	0	0	Dr. M'Dermott	1	1	0
Dr. Kennedy, Tipperary	1	0	0	Dr. Leeper	1	1	0
Dr. C ean, Wexford	3	0	0	Dr. Phelan	1	0	0
Dr. Goodall, ,,	3	0	0	Dr. Foley	1	0	0
Dr. Boxwell, ,,	3	0	0	Dr. Cahill	1	0	0
Dr. Furlong, ,,	1	0	0	Dr. Salmon	1	0	0
Dr. Hadden ,,	1	0	0	Dr. M'William, Howes	1	0	0
A. B., per Dr. Lyons	25	0	0	Dr. O'Donoghue	1	0	0
Dr. Nedley	10	0	0	Dr. T. Furlong	1	0	0
Dr. R. O'Kelly	2	0	0	Drs. E. O'Kelly, sen. and jun.	10	0	0
Dr. Pope, Donegal	1	0	0				
An Army Medical Officer	5	0	0	Dr. M'Neagh	5	0	0
Mr. Powers, student	2	0	0	Dr. P. O'Brien	5	0	0
Dr. Scully, jun., Clonmel	1	0	0	Dr. Quick	1	0	0
				Dr. Kisby	1	0	0
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Introductory Address

DELIVERED AT

THE CITY OF DUBLIN HOSPITAL,

By Dr. J. H. Benson,

Physician to the Hospital.

Gentlemen,—We are assembled to-day to inaugurate the work of another medical session. Deeply sensible as I am of the high compliment conferred on me by my colleagues in deputing me to deliver the introductory address, I yet stand before you with mingled feelings of diffidence and of hope. Of diffidence, when I contemplate my own imperfect qualifications for the undertaking; and when I remember the names of the illustrious men who have preceded me on similar occasions, and who, by their eloquent addresses, have bequeathed to their successors a task from which any man may reasonably shrink. I am here with feelings of hope, almost of confidence, too, from the grateful recollection of the indulgence which I have invariably experienced both at the hands of my respected colleagues, and from you, my student friends, during my clinical teaching and clinical investigations. I now crave a renewal of my lease of indulgence, and must ask you to bear with me a little, while I say a few words about your future prospects and pursuits.

Advice or suggestion on matters of importance is seldom valued or even listened to, except when it comes from one whose hoary head entitles him to be heard with the attention due to his years, or whose long experience and success in life are not matters of question. But, as I cannot boast of these qualifications, I must plead that the recollections of all your difficulties, doubts, and temptations are still green in my memory, as having been but so lately one of yourselves; and what I want in the multitude of years I must endeavour to make up by the freshness with which the picture stands before me.

On behalf of my colleagues then, Gentlemen, and from myself, I bid you a hearty welcome at the threshold of the profession you have chosen. I assume that both you and your parents have already well considered the question of your choice of a profession in all its bearings; but if not, I ask you to pause ere you enter the porch, and to count the costs.

To give you a sketch of the work before you I will begin by quoting a passage from an introductory address delivered here a few years ago by him who is at once my colleague and my nearest of kin. "You are choosing, then," he says, "a very arduous profession,—I might almost say a life of toil and anxiety, mingled, however, with many exquisite enjoyments. Other professions lead to higher rank, and frequently to greater riches. There are no grand prizes to be drawn in this; no peerages in prospect; no seats on woolsacks; no ermine or lawn sleeves, or large pensions. Our profession, therefore, does not attract the aristocracy of birth, nor the worshippers of wealth; but it does attract and develop much of the aristocracy of intellect. The lovers of science find its studies congenial to their tastes; and the benevolent can here find ample opportunities for the exercise of their best aspirations. Its pursuits are ennobling and elevating to the mind; the most fascinating studies form a part of the preparation for it; while its object, end, and aim are to take from the misery and add to the happiness of mankind. I am content to place one study before it in dignity and importance, and only one—namely, divinity. The subjects which engage the attention in divinity are higher, the interests involved are more momentous. But next to that, I would place the study of medicine. Other professions have, indeed, their charms and their usefulness, and I have already allowed that they more frequently lead to riches and honours; but are the objects which engage the attention in them of such paramount importance? *They* have to do with property; our profession with life. *They* with the outworks; ours with the citadel. What is that which confessedly, even to a proverb, is the greatest of earthly blessings? What is that without which all others are valueless? Is it not health—a sound mind in a sound body? . . . . How gladly would we give all that we possess for life and health, if these cannot be obtained on any other terms. Your business will be to preserve that life, and to restore that invaluable health. The lawyer's profession is a noble one; but it is in many respects less so than ours. He has to deal chiefly with property; we with the more important concern—life. He may establish the right, protect the weak, and defend the innocent; but how often is he engaged in establishing the wrong, or screening the guilty?

"Not so with you, Gentlemen. Your business will be at all times and in all places to do good,—to protect the sick and weak, to restore every man to his property, health. Your client is always the oppressed; his adversaries are pain, disease, and death. To combat with these is your vocation, and to triumph over them can do no wrong to other men. You have the privilege of humbly imitating your Divine Master, who, while on earth, went about doing good, and healing all manner of sickness and all manner of disease among the people. The soldier's profession is esteemed a noble one, and so it is when exercised in a just cause—in defence of home and country, in defending the weak, and protecting the innocent. But, alas! unjust wars are sometimes carried on, and the brave soldier must bear a part in scenes of violence and slaughter at which his soul, in cooler moments, would shudder. He must fight and kill according to orders. Your task, my friends, will be a better one. Not only in civil life, but even in the Army and Navy, your grateful duty will be to heal the wounds that others have inflicted; to bind up the broken heart; to soothe the pangs of suffering humanity. Friend and foe you treat with kindness, and save to the uttermost of your power. The laws of war allow this. At home or abroad, in civilised or in savage life, you are always to be the benefactor and the friend—the good Samaritan—often the confidential adviser, ministering to minds diseased as well as to their suffering bodies. This is your acknowledged mission, so that you are spared and welcomed wherever you go, even amongst the bitterest enemies of your country or race.

"Contrast a great physician with a great warrior—with an Alexander or a Napoleon. The conqueror is called 'great,' estimating him, as we do the whirlwind, by the devastation he has wrought. The greatness of the physician is measured by the benefits he has conferred on his fellow-man, by the number of lives he has saved; and whether is it nobler to save life or to destroy?"

The benefits conferred on mankind by medical men—by such men as Jenner, Harvey, Sydenham, Hunter, Simpson, and a host of others, are almost inestimable. Napoleon has slain his thousands, but these have saved their ten thousands; and the last named of these has robbed the surgeon's knife of half its terror. Nor is it only in matters strictly medical that men of our calling are foremost in usefulness. The justice of the great Samuel Johnson's remark on this subject will be acknowledged by everyone. He says:—"Wherever there has been any association of good men for laudable ends—wherever any institution has sprung up, having science or literature for its object, or any great scheme of benevolence been designed or perfected, medical men have always been found amongst their first—their most zealous and useful supporters."

But not even a tithe of the medical man's benevolent labours is known to the world. A soldier in his campaign endures many hardships, privations, and dangers. His brilliant victories he achieves for the most part in the ardour and heat of battle, with his comrades around him; each ready to conquer or die. *Then* the most timid women could entertain no fear. His acts of daring are told abroad, and their story brings upon the cheeks of friends at home the flush of rapturous enthusiasm, and the heart of the patriot throbs in fervid sympathy with his. Perhaps he falls gloriously in battle, and a tablet is erected to his memory, or else he returns home laden with medals and crosses; and in either case is called, and *rightly* called, a hero. But what is his to the unwritten heroism (unwritten. except in the eternal pages above) of the man who, not on occasions only, and when the world stares, but habitually—daily for a lifetime—enters unseen, in cold blood, into the dark chamber of loathsome disease, often joined with squalid poverty and crime, and there stands face to face with death, and wrestles long and hard with the great enemy; and but too often, in his zeal to rescue the life of his fellow man, becomes himself a silent victim to the destroyer. Yet who calls *him* a hero?

But in saying so much as I have in praise of our profession, I do not mean to exalt it by enviously lowering others—far from it; but I wish to put prominently before you its true dignity and importance.

Let us now glance at the nature of your future studies, and the means at your disposal for acquiring the necessary information. Medical science embraces, more or less directly, almost every branch of human knowledge. There is scarcely any department of science or of art which does not contribute its stream to the great gulf of medicine, while several are entirely merged in its depths. You cannot, therefore, expect to master *all* the subjects thus connected with it; but you can master the most important, and gain a familiar acquaintance with the elements of most, if not of all the rest.

Among these I include the various subjects which form parts of what is called a *liberal education*, and though their study bring not in itself professional knowledge, it is that which, in the words of John Stuart Mill, one of our greatest thinkers, will "direct the use of your professional knowledge, and bring the light of general culture to illuminate the technicalities of a special pursuit." But the subjects which are intimately amalgamated with therapeutics (or the healing art), and with which you will be required to prove your acquaintance by examination, are sufficiently numerous by themselves. So many and so complicated are they, indeed, that you will not be expected to master *all* of them *thoroughly* in the short period of your pupilage; but while you pay special attention to some, you may and ought to obtain a comprehensive insight into the rest. Without this you will be unable to appreciate their important bearings upon practice—there will be many an unseen weight clogging your professional career; and, looking back at the close of any stage of your race you will have reason to know why your chariots "draw heavily," and to regret it because it will have been your own fault.

At the College of Surgeons you will learn many of the necessary collateral subjects; but surgery, practice of physic, midwifery, and partly pathology can be *successfully* studied *only* in hospital, and at the bedside. During your first and second years, attend particularly to anatomy. It is the first and grand foundation-stone of your professional studies. Without a thorough knowledge of the various parts of a complicated machine, you could never attempt to repair it, and would you feel yourself justified in undertaking the repair of the most complicated, most universal in all action, of all machines—the human body—with a scanty knowledge of *its* mechanism? I hope most of you heard, and profited by, the valuable advice on this subject given by my respected and experienced colleague, Dr. Hargreave, in his late able and eloquent address at the College of Surgeons. Remember the important distinction he drew between the qualifications of the "lingual anatomist" and the "scalpellary anatomist."

The age has passed when our forefathers supposed that the arteries contained air, that the pineal gland was the seat of the soul, and that the use of the brain was (after their own expression) "to act as a sponge in soaking up the pituita which distilled from the nostrils in chilly weather." Since then, anatomy has made gigantic strides, and with the aid of her twin-sister physiology, many of the inscrutable mysteries of former days have been revealed, and many secret chambers have been discovered, and, one by one, unlocked. We now can clearly see the speaking evidences of omniscient design in planning our frame, and of consummate skill and stupendous power in the ease with which every difficulty is overcome, and in the perfection and harmony of the whole.

Chemistry, another important collateral, treats of the properties of those secondary agents of the Creator, by whose mutual reactions all physical operations take place on the surface of our globe from the least to the greatest. In certain questions purely medical, the aid of chemistry is indispensible. As a means of diagnosis and prognosis we employ it directly in some cases, such as in morbus brightii and diabetes, and without a familiar acquaintance with the subject we should be continually at fault in endeavouring to understand the local influence of medicinal agents, and their reciprocal reactions in the treatment of disease. Of all the collateral subjects you will have to deal with, chemistry is the one whose study will be attended with, perhaps, the largest mental training. It will cultivate not only the memory, but all the intellectual faculties; and it has many of the advantages of mathematics in tending to produce a close and accurate habit of thought and reasoning. Up to a comparatively recent period its study was carried on in secret, I may say, until the genius of such men as Davy and his pupil Faraday, Berthollet, Liebig, and others, brought light out of darkness, and raised the subject to its present high position among the sciences. By their invaluable labours we have now, laid up, a large fund of interesting and important information; and we can dimly descry stretched before us a vast, untravelled plain, whose doubtless fertile soil is rich with hidden treasure. By the aid of chemistry we are made acquainted with some of the grandest, most beautiful, and most harmonious of nature's laws, and in surrounding objects and phenomena we trace evidence of their operations, from the delicate perfume of the violet to the vast earthquake of Peru, or the upheaval of whole continents.

The present is essentially an age of progress and enlightenment. Daily we see empiricism uprooted, and the meshes of old and groundless theories rent into fragments by the spirit of enquiry and criticism. Science is rapidly outgrowing her weaker sisters, Literature and Art. Every year it is becoming less true that, "Science moves but slowly, slowly, creeping on from point to point;" for her strides are now gigantic, and by no conjunction can we set bounds to her possible conquests. How lately in the world's history was it that Galvani, an Italian physician, observed that the contact of certain dissimilar metals with certain parts of a frog's leg, produce movements in the latter; or that the genius of the immortal Newton unfolded the compound nature of light—yet what are the results even now? Though the fruit of these seeds may not yet be fully ripe, so rapid a growth has taken place that we can now transmit our thoughts with unerring truth, and with the rapidity of lightning, through thousands of miles of ocean, along the awful solitudes of Atlantic's bed; or, leaving earth and all its mimic storms behind, we take our flight into the regions of immensity, and from the nature of the spectrum of their light calculate the rapidity of motion of what have been hitherto called the fixed stars, and analyse the very ingredients of their atmosphere, or determine the physical constitution of the nebulæ, more leagues away, ten thousand times, than there were seconds since the creation of man. In the domain of medicine too, Science has shown herself able and willing to work with no sluggard's hand. By pressing the physical sciences into our service, we are now supplied with such all-important instruments as the stethoscope, laryngoscope, ophthalmoscope, endoscope, microscope, sphygmograph, clinical thermometer, galvanic machine, &c.; and the *late* introduction of most of these clearly indicates the rapid and welcome advance of the corresponding sciences into the domain of medicine.

Modern investigation is fast leading us to a belief in the cryptogamic origin of many diseases. The opinion is now gaining ground that the cause of the malarious fevers of hot climates, of dysentery, yellow fever, and cholera, may be traced to the introduction into the system of different species of fungus, or of infusoria. The time is, perhaps, not very remote when further investigations may show that typhus and enteric fevers, as well as small-pox, measles, and scarlatina, have a similar origin. In support of this view I may mention that Professors Hallier, Docent, A. Zuerne, and Keber, of Dantzic, have all observed peculiar organic bodies, endowed with powers of active movement, in the lymph of certain forms of variola. During the late fatal epidemic of fever in the Mauritius, the researches of Dr. Schmidt demonstrated the presence of minute plants of a fungus along the whole of the intestinal canal of patients who died of the disease; and these fungoid growths were found by the aid of the microscope, to be the countertypes of similar organisms discovered in the Grand River, which ran through the infected district. The treatment of so-called zymotic diseases by the use of antiseptic or septicidal agents, indicates another important advancement in therapeutics, and one which may prove of extensive application. The medicinal agents of this class, such as the sulphites, advocated by Poli, of Milan, carbolic acid, etc., are thought to act either by destroying the so-called catalytic germs of the organic poisons of certain diseases, or, by reacting on the material components of our own organism, to render them incapable of being acted on by these catalytic germs. In surgery, carbolic acid, as recommended especially by Lister, has already proved of great service. When used as an external application in any of its various forms, it destroys the minute vegetable and infusorial spores which we know from the researches of Pasteur are continually floating in the atmosphere, particularly where animal and vegetable life abounds, and which, by being admitted into wounds and to raw surfaces, is the chief cause of suppuration. These septic organisms being destroyed, then, and the entrance of others being guarded against, rapid cicatrization takes place. As I have referred to the researches of Pasteur, I may mention that in a late communication to the French Academy of Sciences M. Poulet stated that he had collected the breath of a number of patients suffering from whooping-cough during an epidemic of that disease, and that on examining the vapour microscopically he found a large number of minute infusoriæ, which were in all cases identical, though differing from any found in the atmosphere at the same time.

The incalculable amount of human suffering which has been spared by the introduction of chloroform seems likely to be still further increased by another agent, the bichloride of methylene, whose properties have been investigated by Richardson. This fluid is possessed of anæsthetic properties somewhat similar to those of chloroform and other agents of the same class, but has a few minor advantages. It narcotizes more rapidly in an open chamber than either the chloride of methyl, chloroform, or tetrachloride of carbon. Besides, it is found to be more gentle and quite as safe in its administration as chloroform, producing less struggling, less vascular excitement, and interfering less with muscular irritability. Other general anæsthetics used of late are nitrous oxide, whose effect is very transient, and pure nitrogen, which has not yet had much trial. The effect of the colouring matter of the blood on the solar spectrum, and the remarkable modifications of this effect observed in disease, promises to add another to the list of important aids which we derive directly from the physical sciences. By means of an instrument consisting of a combination of the microscope and spectroscope, called the micro-spectroscope, the presence of so small a quantity of blood as the one-thousandth of a grain of the dried fluid can now be detected. In hot water and ice we possess agents which, being applied to certain regions of the spine, and thereby modifying, it is supposed, the functional activity of the nervous centres, gives us considerable control over various diseases. This is a subject replete with physiological and therapeutical interest, hinging as it does upon the beautiful results obtained by Claude Bernard, Waller, and Brown-Sequard, as to the vaso motor functions of the sympathetic, and upon the influence of the spinal and cranial nervous centres upon nutrition, glandular secretion, and the other functions of the body. In a memoir lately presented to the Academy of Sciences, M. Buchut shows that the ophthalmoscope will often enable us to ascertain the existence of remote disease of the nervous system by detecting certain dependent lesions of circulation, secretion, and nutrition in the eye itself.

But time would fail me were I to attempt to refer now to the various advances of knowledge made lately in the profession. And when we glance at the recent explorations into the secrets of the nervous system by electrical agencies through the labours of Duchenne, Lockhart Clarke, and others; and when we consider the late researches into the origin of tubercle by Sanderson, Villimin, and Wilson Fox; and the enquiries into the physiological action of medicinal and poisonous substances; and into the nature of infection and its relation to zymotic diseases; we can see that there is still a large field of enquiry open to us;—and, as some new discovery or invention daily rolls away the cloud that hung about the foreground, we see the landscape gradually opening upon us, and exposing to our view the vast extent of the untravelled plain that lies before us. Each of us may contribute our mite to the fund of discovery and improvement which has for its glorious object the alleviation of human suffering. Each of us may yet perform "some work of noble note," and leave our "footprints on the sands of time."

But let us now glance at our hospital work. It is true that a great part of your medical education must be conducted at the college; but that is merely to fit you for the most important of all your studies—the study of disease. It is impossible that mere reading, lectures, or catechetical teaching could ever make you so acquainted with disease as to render you competent to undertake its treatment. By such means you merely obtain an indistinct outline of its general aspects; imagination and memory are almost the only faculties exercised, while the vastly more important ones—observation and reflection, and the culture of the senses—are all but totally neglected. Believe me I am not speaking my own experience merely, but also that of all the modern masters, as well as the grand old Fathers of Medicine, when I assure you that it is only at the bed-side you can gain that familiar acquaintance with the protean forms of those ills to which flesh is heir, which will render you competent to undertake their treatment, and will supply you with confidence and with the enviable companion of a self-approving conscience. Attend to your hospital, therefore, with scrupulous regularity; and while you listen to the observations of the physicians or surgeons at the bed-side, remember that their remarks are intended merely to direct your attention to the most important features of the case before you, but can never supply that experience which is gained only by a certain mental training, and by the intelligent exercise of your own faculties and senses. Experience has been said by an eminent writer to be merely "a collection of facts" stored up in the mind. Now, it seems to me to be that, and much more. It implies as well, I think, a certain increase of our naturalfacility of association—an acquired susceptibility, as it were, of receiving impressions of a particular kind, and of selecting from them those which should chiefly influence the judgment, and of giving to each its due weight, so that correct premises may be laid down, and that, from them, conclusions may be correctly drawn. But this facility is not to be gained in haste. Its acquisition is a long and painful process, by which the mind must be rendered susceptible, and yet so tempered that the graving-tool employed may leave a clear and permanent impression on it. If you wish, then, to gain experience early (for it can be gained early) lose no opportunity of collecting facts, and, at the same time, by observation and reflection chiefly, endeavour to establish this mental constitution. Experience is not a synonymous term with age, as the public are sometimes wont to think. Its amount is in the proportion compounded of the number and importance of the facts collected, and of the success which has marked your efforts to acquire the mental constitution I refer to; but these are so often proportional to the time through which the operations have proceeded, that the mistake has arisen, and is almost a general one. From books, lectures, and catechetical teachers (irreverently called grinders), you will gain most of the necessary facts, but the mental training, to be successfully engrafted on a good preliminary education, must be conducted at the bed-side.

This hospital, Gentlemen, will afford you ample opportunities for studying disease in all its forms. It is not as large as some others in town, but it is very questionable if that is any disadvantage. The way to gain knowledge and experience in disease is not by seeing a great number of patients every day, for by so doing, the mind, whether of student or practitioner, wearies, attention becomes weakened, and the habit of observation becomes slovenly. It is far more effectually done by watching a few chosen cases carefully and attentively, and by recording in the note-book and in the tables of the memory, all the circumstances and features of each, with their varying aspects from day to day, and their corresponding variations of treatment; and, at the same time, by reflecting upon them—digesting, as it were, and assimilating the store thus laid up. Knowledge, like food, if not digested sickens the economy, producing harm and not good. Surely eighty or ninety beds filled with a succession of all the severer forms of medical and surgical diseases, with nearly an equal number of extern patients attending every day (about 17,000 in the year) labouring under less urgent maladies, must afford ample employment and intellectual food for the most eager and healthy appetite. Then, our staff of medical officers may boldly challenge comparison with that of any other hospital. Four of them have been Presidents of the College of Surgeons; two of them Presidents of the College of Physicians; and, of these, one had the singular honour of being President of both Colleges—a distinction never before conferred on any member of the profession. Most of them are, or have been, Professors in the College of Surgeons; Professors of Practice of Surgery, of Practice of Medicine, of Military Surgery, of Medical Jurisprudence, and of Midwifery. Two are Demonstrators of Anatomy, and one of our consultants is the distinguished Professor of Chemistry in Trinity College; so that they have all the branches of the healing art and the collateral sciences familiar to them as household words. All of them are well practised in clinical teaching; some as long as thirty-six years, during which time they have been accumulating experience and acquiring a facility in communicating their knowledge.

It is in hospitals that you must learn the effects of remedies. In the laboratory and in the class-room you study their physical properties, their chemical relations, and perhaps their principal therapeutic effects; but if you endeavour to investigate their intimate remedial value there, you will be labouring, so to speak, at arm's length, and could never learn to prescribe with advantage to your patients. It is here, also, that you must learn to prescribe, not according to the name of the disease, but for the individual who is suffering from the disease, taking into consideration its probable cause and as many of the attending circumstances as you can. You should always endeavour to ascertain the cause of disease, for it is manifest that if we could ascertain the presence of some condition without which the disease would cease to exist, and if we addressed ourselves to remove this, and afterwards to help the vis medicatrix naturæ, we should be proceeding in the path indicated by reason, and the only one by which we could expect success in dealing with a given combination of circumstances. This is called the *rational* method, as opposed to the *empirical*, which seeks for no cause; but, trusting to probability, proceeds on the results of former experiment or accident.

For the very junior student, I mean the one in his first few months, it is better, I think, that he should not undertake what is called *taking cases*, that is, recording for himself the features and treatment of individual examples of diseases. At that period it is impossible that he could recognise the facts and features of disease with sufficient clearness to enable him to express in words the ideas conveyed by them. From the very commencement, however, he might with advantage apply himself to the *medical education*, so to speak, of his special senses. Let him endeavour to make himself familiar with the general aspect of disease, and with the peculiar appearance which almost every malady stamps, more or less clearly, on its victim, that which is called the physiognomy of disease. Let him also educate the sense of touch by manipulating whenever it is possible, and by all means let him take every opportunity of using the stethoscope, or applying the ear directly to the parts where sounds may be heard. And let me warn all of you against the too common mistake among students of using the senses only when you are told that some abnormal condition is present. You must be familiar with the normal state of parts before you can recognise any departure from that state. Endeavour to understand and appreciate, as far as possible, every thing you hear, or see, or feel. "A mere passive reception," writes my friend and respected colleague, Dr. Geoghegan, "of the teaching of others, however gifted, cannot for a moment supply the place of that personal observation—that habit of thinking and reading for yourselves, which is in no profession more important than in our own. Depend upon it the best part of everyone's knowledge is that *which he has acquired for himself*, and which he can but in a limited degree communicate to others. Labour, therefore, to make knowledge *your own*, by *your own exertions*. Whilst, therefore it shall be our earnest efforts to afford you practical information by brief disquisitions on the cases, we are far indeed from desiring to place your minds in that neutral and inactive state, in which your memory is almost the only faculty exercised. We wish, in our teachings, to lead you by vigorous mental efforts to teach yourselves. We want to instruct you; but not as a late eminent hospital surgeon of our city used quaintly to express it—to spoonfeed you."

In your records and notes cultivate clearness, terseness, and definitiveness of language. Take every opportunity to ascertain the exact meaning of terms, and endeavour to annex precise and steady ideas to your words. Till this object be accomplished you will always have before you one of the great difficulties which retards all metaphysical and moral enquiries. You must be careful also not to allow your mind to receive a bias from preconceived notions as to the nature of the case before you. Take no one's word for anything as long as you can examine for yourself. Use all your senses and faculties to verify or to correct the conclusions of others; and take nothing for granted. This is essential if you wish to secure success. What was it that in a great measure added such lustre to the philosophy of Newton, and helped to raise him to such pre-eminence among the great men of the earth, but the simple fact that he took nothing for granted when endeavouring to establish a conclusion—he accepted nothing without evidence, though it had the authority of antiquity, and the patronage of philosophy; while at the same time he admitted everything that had demonstration on its side, though fashion scowled upon it, and though it threatened to cruelly break up the beauteous speculations of former days. Be careful also not to confound collateral phenomena with the disease itself. By unsoundness in this respect typhoid fever was once supposed, by the French physicians, to be caused by ulceration of the lower part of the ileum—a mistake which led to a sad failure in their treatment of the disease; and inflammation of the membranes of the brain and spinal chord was so generally thought to be the essence of that terrible epidemic, which was so lately amongst us, sometimes called the Black Death, that the disease took a variety of names from the circumstance.

We must ever be watchful to avoid warping or colouring facts. If ever we suspect ourselves to be doing so it behoves us to bend downward the cold eye of reason, and dispassionately examine our frame of mind at the time, and take asunder each step of the process by which we arrived at the conclusion. Our judgment is frequently led astray by some time-honoured prejudice, or some seductive theory of our own formation, till the mind, by constantly dwelling on its own desire to preserve the prejudice or theory, unconsciously creates a chimerical fact to satisfy its craving—"quod volumus *id* facile credimus." To be aware of our proneness to yield to this subtle temptation is the first step to be gained in combating its inroads; and this we must do with a strong hand. Let the knowledge of this frailty of our nature also induce us to listen to the opinion of other men with more forbearance than we are wont to do, and to view them with the clear, calm eye of toleration, and to weigh them well in the balance of reason; ever remembering that we are just as fallible as they, and that if *we* have reason and experience on our side, so perhaps have *they*. Another pit-fall into which we must throw the clear light of reason, in order that we may avoid it, is the fact, too often lost sight of, that ours is not one of the exact sciences; and that in nearly all our clinical investigations our deductions must be drawn from evidence which consists of probabilities. That though such evidence admits of degrees, ranging from the lowest presumption up to the very highest moral certainty, still, it is merely *probable evidence*, and as such *proves* nothing. Demonstrative evidence, which of course is conclusive, comes comparatively seldom to our aid, in elucidating questions in the purely medical wards. Its assistance is more frequently experienced, however, in the surgical wards, and in the mortuary, but even in these departments it is very often withheld. Let us always keep these considerations before us, and, though an accumulation of strong probabilities may amount to a proof, we must be cautious how we set down as *demonstrated* those conclusions which are only drawn from probable evidence. Let us, on the same grounds also, endeavour to avoid that dogmatism and confident assertion which is so often the supplement of ignorance, and which is so much at variance with the very conception of enlightened philosophy. Apropos to this subject I will quote a passage from an introductory address delivered here three years ago by my esteemed friend and colleague Dr. Beatty. After referring to the instability of the materials with which we have to deal, he says :—" This want of exactness in medicine is a chief reason why we sometimes find men of highly educated minds prone to run after and adopt the vilest quackery. They have been accustomed to deal with, and exercise their minds upon, the exact sciences. They are accustomed to look for and to find accuracy as the result of their investigations ; and they expect that the professor of medicine shall predict every change in the course of a disease, and its final termination, with the accuracy with which an astronomer foretells an eclipse of the sun ; and that he shall adopt means to carry them over their difficulties with the same certainty as an engineer lays a lattice bridge to carry a railway-train over a ravine. Now the true physican or surgeon promises nothing positively. He says, I know what I have to deal with ; I have spent my life in the investigation of man, in health and in disease ; I have assisted my powers of observation by studying the works of the masters that have gone before me, or are my contemporaries; I have derived the benefit of their experience, and compared it with my own ; and as far as the accumulated knowledge of years, sifted and purified by passing through the filter of modern experience, can make me competent, I am willing to do my best to relieve you. Anyone who goes beyond that in promising to cure disease is nothing but a charlatan. We do not profess unerring success ; and hence the class of persons to whom I have alluded, unable to comprehend the reasons for such caution, fly in disgust, and throw themselves into the arms and into the power of some of the numerous impostors, whose chief bait, to catch the learned as well as the unlearned, consists in the falsehood and effrontery with which they promise a certain cure. But, although the true disciple of medicine abstains from the dishonest boasting of the unblushing quack, he knows that the resources of his art are almost boundless, and that when used with skill and ability, they are most frequently successful."

One of our most important, but most difficult objects in our profession, as well as through life, is to *seek truth*, and to steer clear of the sunken rocks of fallacy, while tracing its winding and foggy channel. To do this with success, we must put forth all our seamanship, and proceed cautiously. We must take our soundings at every turn, and not be too hasty in concluding that some tall outline, dimly seen through the mist, is our haven, lest we presently strike it, and find ourselves shipwrecked on the cliff of error. We must also keep before us the mutual relations and the comparative value of practice and theory, lest we should fall into the mistake of neglecting or of giving undue importance to either.

While never losing sight of the all-important fact which I wish to impress, that the end of all our studies—the goal to which all our efforts should tend, is to arrest or cure disease, or to repair the damages of accident, and to prolong life, we must acknowledge that theory is often subservient to this end, and that it should not be wholly disregarded even by the most practical man. A theory obtained by induction is especially useful, for, by putting us in possession of a few general facts, it enables us to determine, by reasoning, what will be the result of any supposed combination of them, and thus to comprehend an infinite variety of particulars, which no memory, however vigorous, would have been able to retain."

But it is otherwise with the class of theories called hypothetical. These are numerous, and ever changing, in the advancing sciences. They may be necessary agents to our investigating questions in the mathematical or the physical sciences, as they assist progress, among other ways, by suggesting experiment, and thus leading on to inductive conclusions. And, as many of these physical sciences form parts of the foundations of therapeutics, many of the corresponding hypothetical theories find their way into the latter. We may indulge in them with safety if we regard them merely as helps to the memory, and as interesting speculations, and even hail them as indicating the vitality and progress of science, and as being the foreshadows of coming discoveries ; but in actual practice we must be cautious how we allow these hypotheses to influence our conduct, since from their very nature they are too apt to lead us into error in judging of cases which have not previously come within our own experience, and to distract the attention from the one grand object—viz., to cure our patient. The theorist has an advantage over the purely practical man in difficult and uncommon situations—in dealing with new and untried combinations of circumstances, and is far more likely to enrich our art by new inventions, and to elevate it by substituting rationalism for empiricism. But there his superiority ceases. In matters of detail he is quite at a loss, for as "all the elements of practical skill are to be acquired only by habits of active exertion, and by familiar acquaintance with real occurrences," so it is in the actual scenes of the sick-room alone, and amidst the details of bed-side management, that we can learn to treat disease. "Expert men," says Lord Bacon, "can execute and judge of particulars one by one ; but the general counsels, the plots, and the marshalling of affairs, come best from those that are learned."

In laying before you, Gentlemen, these few observations, no one is more painfully aware of their many imperfections than myself; yet do I incur, without hesitation, the risk of adverse criticism, since, in common with my colleagues, I have your best interests at heart. I have coupled myself with you, for we are all, from the youngest to the oldest, fellow-students, and fellow-labourers in the same vineyard. Some have laboured longer than others, and have borne the burden and heat of the day, but all are far from the goal of perfection. Let each of us work with a concentration of energy—with a steadiness and earnestness of purpose, that we may daily attain a nearer approach to that goal. At a time like the present, when the glories of England's might are still ringing in the ears of the nations, let *us* prove that "peace hath her victories, no less renowned than war." To do this, we must ever recognise the modesty of true science, and, while "the flippancy of a few superficial acquirements is enough to place a philosopher of the day on the pedestal of his fancied elevation, and to vest him with an assumed lordship over the whole domain of natural and revealed knowledge," let *ours* rather be the philosophy of Newton, that prince of philosophers. Calm in his high position among the great men of the earth, and unmoved amid the intoxicating draughts of his immortal discoveries, he was yet ever mindful of the margin which separates the region of evidence from the region of conjecture, while he sat at the book of nature in the humble attitude of its pupil and its interpreter. He it was who said on his death-bed, with characteristic and sublime simplicity, "I do not know what I may appear to the world ; but to myself I seem to have been only like a child playing on the sea-shore, and diverting myself in now and then finding a smoother pebble or a prettier shell than ordinary, whilst the great ocean of truth lay all undiscovered before me." Let us, however, take courage, Gentlemen, and venture boldly, but with caution, beyond the shore, into this undiscovered ocean of truth, armed with the weapons of integrity, and guided by the compass of experience and philosophy, linked with revelation. Let not the drowsy wave of apathy creep through our sluggish veins, but, in the words ascribed to the wily King of Ithaca of old, let us "push off, and sitting well in order, smite the sounding furrows."

Let it never be said of us—

" Our sails flap idly when our busy prow
Should grate the golden isles ;"

but let our pass-word ever be, *onward*, and our motto *Haud ignara mali, miseris succurrere disco.* We must ever be mindful of the true dignity and high elevation of our mission. It is one of toil and weary anxiety, yet it will cultivate to the highest pitch some of the noblest principles of our nature. It will be necessary that a high moral tone be thrown over undaunted courage, indomitable perseverance, a patient temper, a feeling heart, and a never-tiring benevolence. "Picture to yourselves the medical practitioner in the full tide of his professional career—what a stormy, anxious, unrest it is ; what exorbitant exactions are made upon his resources ; what exaggerated expectations are formed of his powers; what unthinking demands are made upon his time, and upon his vital energies. By day and by night, for rich and for poor, with or without recompense, he must obey the summons of suffering humanity. He must be ever ready to encounter accidents, diseases, and death in all their most appalling forms. When friends are paralysed with fear, and when contagion carries panic to the stoutest heart, *he* must be there, calm and unmoved. Life may be ebbing fast through the bleeding artery; the blanched mother may be fluttering out her own life at the moment when she has given birth to another; the victim of cholera may present all the most hideous features of death, whilst yet writhing in vital agony; delirium, tetanus, or hydrophobia, may compress the energies of a whole life into a few brief racking hours, and still *he* must be there to gaze on sufferings which he cannot always relieve, and to feel that science is often impotent, and humbled in the presence of busy death. Yet, amid all this, he has occasional gleams of sunshine; he knows that his welcome footstep and his kind voice bring comfort to many an anxious sufferer; a smile awaits him in the hall of the wealthy, and in the lowly cottage of the poor; and the story of his disinterested, self-denying life and labours is written on many a grateful heart." Comparing our profession with others, few will dispute the pre-eminence of divinity—its interests are eternal, and its source is God; but after that I yield the palm to none. Other professions and callings are honourable and indispensable, forming necessary limbs and features in the colossal statue of life; but what so elevating—so ennobling to man as that which has to deal with the image of his Maker?

> "Glorious is our aim—to ease the labouring heart,
> To war with death, and stop the flying dart,
> To trace the source whence the fierce contest grew,
> And life's short lease on easier terms renew:
> To calm the frenzy of the burning brain,
> To heal the tortures of imploring pain;
> Or, when more powerful ills all efforts brave,
> To ease the victim no device can save,
> And smooth the stormy passage to the grave."

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Original Communications.

FRACTURE OF BOTH BONES OF THE LEG IN TWO PLACES, AND THE LEG RE-FRACTURED AFTER ELEVEN WEEKS AT THE LOWER BREAK—RECOVERY.

By FRANCIS McEVOY, L.K.Q.C.P.I., L.M., M.R.C.S.E.
Medical Officer, Balbriggan Dispensary; Surgeon and Agent
to the Coastguard, Balbriggan, and Nanny Water,
Surgeon Factories, Balbriggan, &c., &c.

Monsieur B., a young French gentleman, 22 years of age, somewhat lymphatic, and remarkably handsome, with all the animation and gaiety of his nation, was paying a visit at G—— Castle, when he was induced to mount a pony which he was to have ridden next day at the meet of that celebrated pack, "The South Fox Hounds," was thrown off, and fractured his leg in two places. How it occurred never could be satisfactorily accounted for.

When I saw him, about two hours afterwards, he was lying on a door upstairs in G—— Castle, as Lord and Lady G——, with their usual kindness and hospitality, would not hear of his removal thence. At the first glance it was easy to see that the leg was fractured, both bones in two places—first, three inches above the ankle, and again, at the junction of the upper and middle third—enormously swollen, and having a livid mark where the tibia was within an ace of protruding through the skin, which it would have done were it not for the presence of mind of a lady who was present when the accident occurred, ran up and put the leg straight, which before was bent at right angles, and, in fact, set it. I merely put it up in a modification of the Liston and Houston splint, as I term them, with a bandage round the instep and ankle, and a large silk handkerchief at the groin, to make counter extension, without either bandaging the leg or the splints to the leg but merely securing them with three straps and buckles.

Applied cold lotion until the inflammation and swelling had partly subsided, which they did in two or three days. I then applied a many-tailed bandage to the leg and splints as before, again making gentle counter extension.

He suffered much the night of the accident, and, indeed, for the three or four succeeding ones, more from restlessness and nervousness than from twitchings, starting, and cramps. The former gradually subsided, and in fifty-six days he was up on crutches.

He left G—— Castle on the 7th of March, and went to Stedalt, where he had been staying previous to the accident. In from ten to fifteen days he had thrown by his crutches, and was able to walk with a stick and drive in a phaeton.

The same hounds again met at G—— Castle. He drove out to see them, taking one of the farm horses, on account of its steadiness. The horse shied, and he pulled pretty strongly in the opposite direction, when he became aware that his leg was again fractured. He and his friend, Mr. Walsh, who was with him at the time, both assert that his foot never touched the bottom of the carriage, so that it must have been broken by muscular contraction.

Fortunately my friend, Dr. John Adrien, was out that day, who had him conveyed home, and immediately set the leg; and, as he had no pads, improvised two very good ones until I came with others. We thought it a pity to disturb the leg to put them on, it was so very well set, and looked and felt so comfortable. Still, at Monsieur B.'s express wish, we did so, as he thought they looked better. A Frenchman never forgets to look his best, under the most trying circumstances.

He progressed favourably from this time forward, without any untoward event to retard his recovery, nor did his general health suffer in the least by the long confinement and annoyance consequent on the second break.

Remarks.—I prefer, and now always use, a modification of that accomplished surgeon, the late Mr. Houston's splints, which, in my mind, have one fault, and that is, that the external splint is too short for the purpose of making sufficient counter extension. I therefore have adopted Liston's long splint with Houston's short one, connecting the two splints at bottom with calico to support the limb, and straps and buckles to confine it. (*Vide* Houston's fracture apparatus.)

My friend, Mr. Porter, in a very able paper which he has written lately on Collis's fracture, has adopted straps and buckles in place of bandages.

In fractures of tibia and fibula, as well as femur, I would recommend this apparatus, especially in country practice, where the surgeon lives at a distance from his patient, who may be of a nervous, irritable temperament, that nothing will keep quiet or prevent from throwing himself about.

I have frequently been sent for at night to re-arrange short splints and double inclined plains, which I had left quite nicely two or three hours previously, until I adopted the (if I may so call them) Liston and Houston splints, minus the mummy-like bandages, more particularly of Liston.

I never use one (at all events, as long as there is the least tendency to inflammation or swelling), as I do not see the utility of bandaging a fractured limb; on the contrary, consider it useless, injurious, and filthy.

Firstly. Because a bandage cannot (in my mind) by possibility tend to support a fractured limb; and, I opine, that in surgery any appliance that is doubtful, and not a positive benefit, becomes useless, may be injurious, and had better be done without.

Secondly. Does it not appear absurdly ridiculous to apply damp, cold cloths to keep a limb cool, and, at the same time, to envelope it in a bandage and do quite the reverse?

Thirdly. If you make allowance for inflammation, swelling of the limb, shrinking of the bandage, and afterwards shrinking of the limb from decrease of inflammation and swelling, of what possible use can it be? At your next visit you will find it tossed, ropy, awry, and uncomfortable, from the cold damp cloths which you were obliged to apply to reduce the excessive inflammation to that healthy standard that nature requires, and you will have to re-arrange it to the great annoyance and discomfort of the patient.

Fourthly. No matter how long the bandage may be applied, or how experienced the surgeon, remove it after a period of twenty-four hours, and you can trace each fold of the bandage on the skin.

Fifthly. It also often retards the circulation, and prevents the consequent reparative inflammation that nature sets up to mend the injury done.

Sixthly. What surgeon has not seen (at some time of life) the most direful consequences resulting from bandaging? I myself have seen the loss of two extremities, an upper and a lower.

Seventhly. Do you not also find that they often produce intolerable itching from crumbs, dust, and more frequently from insects? If there is one about the bed or room, it most assuredly will get inside the bandage, and cause great annoyance. Have you not often been entreated by the patient to allow him to scratch or rub the limb with a coarse towel? Ay, and he rubs it with a will when he gets permission.

Thus I have endeavoured to shew that bandaging a fractured limb is objectionable. Nor do I lay any claim to originality, as the same idea has struck many surgeons to whom I have spoken on the subject. The late Sir Philip Crampton, one day shortly before his death, speaking of bandaging, agreed that it was very little use, if any, in fractures; but said he was too old to become a reformer, and if he did not see any real good, he did not see much harm in it, if properly applied.

If I can induce any hospital surgeon to try it, and give the result of his experience, I shall have attained the object I had view.

Hospital Reports.

KING'S COLLEGE HOSPITAL.

Cases under the care of Dr. Beale, F.R.S.

(From notes by Dr. Tonge.)

OVARITIS.

M. H., æt. twenty-nine, needlewoman; admitted January 4; transferred to K.C. ward on January 21; in hospital seventeen days; much relieved. Married six years. Catamenia every three weeks. Leucorrhœa five months. Had scarlet fever seven months ago. Profuse flooding at end of catamenial period six days ago. Since then pain in lower part of abdomen, especially in region of left ovary, bearing down pains, slight vaginal discharge, painful and difficult micturition, vomiting, headache, constipation, tongue furred. Pulse 92.

Concium squills and ether; calomel and opium; on January 9, sulphate of iron and sulphate of magnesia.

LEUCORRHŒA—TÆNIA.

E. G., æt. twenty-three, nursemaid; admitted February 29; discharged March 19; in hospital nineteen days; recovery. Ulceration of os and ceroi uteri, yellow leucorrhœal discharge, and dysuria eighteen months. Typhoid fever four months ago. Catamenia frequent and profuse four months. Backache. Has had tapeworm twelve months.

Chloric ether and sesquichloride of iron; tepid hip bath; inj. communis.

AMENORRHŒA.

Mary G., æt. twenty-eight, cook; admitted June 10; discharged June 25; in hospital fifteen days; recovery. Menorrhagia twelve months ago. Catamenia absent two months. Anæmic. Bowels confined. Some pain in hypogastric and right iliac regions. Much phosphate in urine.

DEBILITY.

Rebecca D., æt. twenty-one, servant; admitted October 27; discharged November 2; in hospital six days; recovery. Weakness, following an attack of sore throat fourteen days ago.

Quinine and dilute sulphuric acid.

A. G., æt. forty, laundress; admitted October 27; discharged November 12; in hospital sixteen days; relieved. Weakness following an attack of purging and vomiting, with slight fever on day before admission. Diarrhœa stopped next day.

Carbonate of ammonia, chloric ether, and liq. ammon. acetatis (six days). Then quinine and dilute sulphuric acid. Aperients.

Jane G., æt. seventeen, servant; admitted April 29; discharged May 4; in hospital five days; recovery. Previous illness one week, with pain in limbs, nausea, constipation, and headache.

James D., æt. forty, cabman; admitted January 16; discharged February 6; in hospital twenty-one days; much improved. Five years ago gradually lost power in limbs after a catarrh. Well in five months. Six weeks ago got wet. Then shivering and shooting pains and gradual loss of power in limbs. On admission general weakness, staggers when walking, muscles small and flabby, dimness of sight, and buzzing in ears. Pulse 60.

Sesquichloride of iron and dilute muriatic acid (nine days). Then same with quinine.

H. S., æt. forty-seven, labourer; admitted February 4; discharged March 5; in hospital thirty days; relieved. Very frequent micturition six years. Subject to asthma two years. Appetite bad one year. A few small waxy and granular casts in urine, which is otherwise healthy.

Bicarbonate of potass and henbane. Afterwards assafœtida, ammonio-citrate of iron and tincture of valerian. Cold shower baths.

Sarah P., æt. fifty, married; admitted August 13; discharged August 31; in hospital eighteen days; relieved. Loss of power in left leg fourteen years. Pain in left side. Headache. Sleeps badly.

Quinine and dilute sulphuric acid.

W. J., æt. eighteen, mathematical instrument maker; admitted March 1; discharged March 5; in hospital four days; relieved. More cough and weakness since discharge, on February 24. Inspiratory click over right scapular and supra-clavicular regions.

Quinine and dilute sulphuric acid.

D. C., æt. 27, housemaid; admitted April 7; discharged April 23; in hospital sixteen days; much relieved. Probably phthisical.

Aromatic spirits of ammonia, chloric ether, and decoction of bark (eight days). Then dilute muriatic acid and quassia.

DROWNING.

Ellen B., æt. 17, married; admitted November 15; discharged November 15; in hospital 1 day; recovery. Fell into Thames—did not lose consciousness completely.

POISONING BY OPIUM.—DELIRIUM TREMENS.

P. De C., æt. 38, discharged soldier; admitted August 12; discharged August 17; in hospital five days; recovery. Delirium tremens nine years ago. During last week has drunk freely, has taken ♏xl of laudanum every night, and has smoked opium occasionally; took three-quarters of an ounce of laudanum in some gin half-an-hour before admission. Had had an emetic and vomited freely before admission. When brought in usual symptoms of slight poisoning by opium and alcohol. Spectra during night, rational next day.

Stomach pump, emetics, cold effusion, &c.; then aromatic spirits of ammonia and chloric ether.

OPIUM EATING.—DELIRIUM TREMENS.

P. De C., æt. 39, discharged soldier; admitted November 18; discharged November 23; in hospital five days; recovery. Very drunk all last week, and has swallowed and smoked a good deal of opium. On admission excited and tremulous, tongue furred, skin moist, pupils slightly contracted, sees "a lot of little fellows" around him; pulse 90. Next morning lost his voice suddenly, but recovered it in a few days.

Aromatic spirits of ammonia and chloric ether; brandy four ounces, stout three pints. On November 20, tr. opii, ♏xxx; on November 22 quinine, dilute muriatic acid, and brandy.

POISONING BY PARAFFIN OIL.

Mary B., æt. 48; admitted May 8; discharged May 9; in hospital one day; recovery.

IRRITANT POISONING.

H. T., æt. 23, militiaman; admitted May 4; discharged May 5; in hospital one day; recovery. On evening of admission while tipsy took by mistake about ℥ij. of a liquid used for cleaning brass buttons; immediately felt a burning taste in mouth and throat, and then had much retching; had milk and chalk before admission. Next day well with the exception of slight pain in throat.

Stomach washed out with lime water; ipecac. emetic; castor oil.

WESTMORELAND LOCK HOSPITAL.

Suppuration of the Inguinal Glands Simulating the "Bubon D'Emblee," with Uterine Primary Sore.

Under the care of Mr. Morgan,

Professor of Anatomy, R.C.S.I.; Surgeon to the Hospital, and to Mercer's Hospital.

The subject of this case was a patient of unusually robust aspect and apparently in most healthy condition. The following is her history.

M. R. (ward No. 1, bed No. 9) admitted September 22, three and a-half years unvirtuous. Was treated three years ago in hospital for eruption; since then has had no secondary affection whatever. On the 3rd of September, 1868, she felt pain and swelling of the glands in both groins, but especially in the right. These became soon more tender, and one went on to suppuration in ten days, and opened spontaneously.

The glands on both sides now are enlarged and tolerably dense, on the right side, and one situated above Poupart's ligament had gone on to suppuration, another below it presents a granulating surface about the size of a florin.

On speculum examination, a well marked defined ulcer, the size of a split pea, with reddish surface and indented edge was found close to the os uteri; there was very slight vaginal discharge, no other ulceration or abrasion of the mucous tract, but the ulcer presented all the appearances of that in the previous case.

The bubo was opened, and after a few days both dressed with equal parts of ung. iodidi plumbi, and ung. resinæ, ten grains of iodide of potassium in bitter infusion, given every six hours. The uterine ulcer was freely cauterized with nitrate of silver, and again at four successive periods, when it healed by gradual closing in from the edge.

No secondary or other signs of contamination are present, and the patient is now apparently in perfect health and discharged November 2nd, 1868.

These cases, if not examined by the speculum, might have been assumed to be instances of the "bubon d'emblée, the bubo forming as the primary lesion without any local ulceration or sign whatever externally, and from the insensibility of the internal parts, the patients themselves were of course wholly ignorant of the existence of any sore; they illustrate well the remark of Ricord—"Que d'erreurs commettent encore ceux qui préfèrent baser leur science sur des *histoires* racontées par les malades, plutôt que d'aller chercher la vérité un peu plus profondément."

Since the occurrence of these cases, I have examined one with my colleague, Dr. McDowell, of a young married woman, apparently in perfect health and condition, who was admitted under his care, suffering from an enlarged and tender group of glands in the right groin, threatening to run into suppuration, and a few enlarged on the left side. On speculum examination, a well-marked ulcer was found situated close to the os uteri, red in colour, furnished with slight secretion, and representing all the characters seen in the preceding instances.

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MEDICAL BOARD.

With a view to the removal of misapprehension in regard to the signification of the term "Medical Board," which is at present understood in a different sense by military and medical authorities, the following rules, which have received the sanction of Government, are published for general information and guidance:—Indian medical officers are not in future to be nominated members of any boards, except such as are purely professional or departmental. Professional boards to be considered all "medical boards on officers or soldiers." Sanitary boards, when matters influencing, or likely to influence, the health of the troops or community are concerned, and on which a medical opinion *only* is required. Boards for examination of candidates for admission into the subordinate medical department. Departmental boards mean boards on medicines and surgical equipment.

Such boards to be composed of medical officers exclusively, and to consist of a president and two members, under all circumstances.

Boards of survey on hospital bedding, clothing, and utensils, on hospital diets and wines, although considered departmental, may, however, be composed of medical and military officers indifferently.

Boards to examine as to the fitness or otherwise of soldiers for re-engagement are purely "professional." At stations where there are two or more regiments, these boards should be presided over by a medical officer of a regiment other than that to which the soldier belongs. If, however, there be only one regiment at the station, the medical officers of the regiment should of themselves constitute a board, sign the re-engagement certificate, and should, besides, furnish to the commanding officer a written statement detailing their opinion as to the man's health, muscular development, age, &c., and, in case of rejection, a full explanation of their reasons; and this statement they should all sign, and attach to the re-engagement form.

Boards of survey on barrack furniture, soldiers' rations, and canteen supplies, should be composed of military officers exclusively; and, if the opinion of a medical officer be required, one should be detailed to attend the board (regimentally or from the brigade office, who will give his opinion either *vivâ voce* or in writing); this opinion, if in writing, to be attached to the proceedings of the board.

The only exception to these rules to be in the case of cantonment committees, at which the principal medical officers of the British and Indian forces will attend as members.

These rules will not affect the composition of special sanitary committees appointed by Government or the Commander-in-Chief.—*Army and Navy Gazette.*

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Drainage in the Metropolis.—It is important to property owners to know that counsel's opinion has been given this week to the effect that the Board of Works is not empowered to drain streets, and charge the property owners with the costs, but the owners are bound to construct the necessary drains in accordance with the requirements of the board.—*South London Press.*

The Sick Poor of East London.—The Poplar and Stepney Sick Asylum Board, appointed under the recent Act of Parliament, are about to erect a hospital at Bromley, Middlesex, for the accommodation of about 600 of the sick, bedridden, and infirm of the Poplar and Stepney Unions. The whole of the poor-law institutions of the East of London are undergoing complete revision, and the workhouses of the two unions just mentioned will in future be used only for the reception of able-bodied paupers. The cost of the erection is estimated at £58,000. It is satisfactory to find that the recent legislative enactments are being so promptly and efficiently acted upon by the Poor-law Board, and the boards acting under them.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 11, 1868.

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REFORM OF THE MEDICAL COUNCIL.

This question is undoubtedly advancing, and difficult as every change must be, we may fairly congratulate the profession on the prospect before it. We have given so much attention to the schemes of reform that have been proposed, that our readers must be well acquainted with them. What has been inaptly termed the *indirect* method is the simplest plan, and the one that will be first carried, inasmuch as it needs no Act of Parliament, and can only excite opposition on the part of *interested* corporations, and these bodies must themselves consent to be reformers of their own constitution, or they will inevitably perish from want of harmony with the age. We are able to state, further, that several candidates for Parliamentary seats, including some of the leaders of the Liberal party, have accepted that plan as by far the best, while, if carried out, it by no means precludes further modifications.

A manifesto to the members of the British Medical Association and profession, with the signatures of Dr. Sibson, Dr. Waters, and Dr. Watkin Williams, has been sent to us for notice since our last, urging the *direct* representation of the profession in the Council. The gentlemen named think that representatives selected by the immediate suffrages of the registered members of the profession should be added to the extent of one-fourth of the total members.

We have on several occasions criticised this proposal, and pointed out the difficulties of effecting it. It is near akin to that so ably advocated by Dr. Andrew Wood last session, and the still larger measure proposed since then by Mr. Walter Rivington. We are by no means squeamish as to the increase in the number of the Council. For real work it has been found small enough, and the question of expense is, perhaps, not incapable of solution. The corporations might fairly be asked to pay their own members; whether the Crown would consent to do so is extremely doubtful, but the Government members are not numerous. If the profession is to be saddled with the whole cost, Dr. Andrew Wood's magnanimous solution would have to be candidly considered, though it would fall heaviest on members from a distance, who must even now be heavy losers so far as mere money is concerned. The great objection to the plan, and one which in the present aspect of public affairs is insurmountable, is, that an Act of Parliament is required. Public men know well enough that there is no chance of such an Act being shortly obtained, especially as the Council would oppose rather than aid it. True, the Council is not very powerful, but it may be far more easy to obstruct than to promote a change. The Council has tried to get an amendment of the Medical Act, and has egregiously failed again and again. Load such an Act with additional impediments like these, in a time of political excitement such as all are looking forward to, and who can hope for a hearing? We say advisedly no sane person conversant with these things can expect it. The one sufficient reply will be—"You have it in your power to effect a reform; let your corporations extend their franchises, so that you may represent truly your profession, and then if a real representative Council wants more come and say so."

We say that such a reply as this would be just, and we therefore urge once more, in the face of this new circular, that the gentlemen who signed it have not done justice to the counter-plan, which commended itself to many, and would very possibly lead in the end to the solution at which they aim. We state, without fear of contradiction, that they advance no argument that does not equally apply to the more simple plan, and that has not been used to support it. They tell us nothing that has not been repeatedly stated by various medical journalists. The one point of the circular is that it asks for what is confessedly difficult to obtain, while it forgets the substitute which would be very easy if the present Councillors are worthy individually of the credit it gives. We believe they are thus worthy, and therefore we ask them once more to try what they are competent to inaugurate.

Let the Council pass a resolution that the corporations ought to extend their franchises, and these bodies would find it impossible to hold out for any length of time. By doing so they will give an earnest of their good intentions, and lay a claim to the respect of the profession.

It should be clearly understood that the retirement of Dr. Prosser James from the contest for a seat in Parliament in no way affects his proposal, except that it secures the return of a member who approves the scheme. At least half a dozen who thoroughly endorse it are, we believe, safe for a seat. Besides, this plan was not started during the contest. It is older than the Council itself, and we know that many politicians, on the passing of the Act, thought it would necessarily be adopted. Some bodies have to some extent acted in accordance with it. Thus it is partially accomplished. Let the profession but be united and the recalcitrant, selfish corporations will find longer resistance useless, and so consent to enlarge their boundaries.

CERTIFICATE SIGNATURES.

The Royal College of Surgeons of London have organised and brought into operation the plan for simplifying the signature of certificates, which we informed our readers was in contemplation this time last year. The following letter has been forwarded to all recognised medical schools and hospitals :—

> "Royal College of Surgeons of England,
> London, W.C., 19th October, 1868.
>
> "Sir,—I am desired by the President to acquaint you, that the question adverted to in my letter of the 20th of December last—viz., the desirability of simplifying, if possible, the certificates produced by candidates for the diplomas of this college without in any way vitiating their authenticity and reliable character—has been brought under the consideration of the Court of Examiners of this college; and I am directed to inform you that the Court, having considered the several replies to my letter of the 20th of December last, and finding that a large majority of the authorities of the recognised medical schools and hospitals are of opinion that the number of signatures might be reduced, and that the duty of signing certificates might be very properly confided to one, or in some cases to two trustworthy officers appointed for the purpose, resolved in future to receive certificates so signed from those medical schools who have appointed the necessary officer or officers.
>
> "I am therefore to enclose an amended form of schedule which has been approved by the Court, and which, while it is adapted for the individual signatures of the surgical teachers of the medical schools and hospitals, has been framed with a view to carry out the desired simplification of certificates, and thus to obviate the inconvenience hitherto occasioned both to teachers and students by the multiplicity of signatures.
>
> "I am, at the same time, to request that you will furnish me with the names of the officer or officers to whom the duty of signing certificates shall have been delegated by the authorities of your school.
>
> "I am, Sir, your obedient servant,
> "Edward Trimmer, Secretary.
>
> "To the Dean or Secretary of the
> Medical School of City of
> Dublin Hospital, Dublin."

This communication is accompanied by an amended schedule, in which the dates of study of each subject and of the passing of all examinations is set forth, with a signature column for the attestation either of individual professors or of one person appointed for the purpose, in accordance with the suggestion of the college.

When this proposal was first noticed in our columns, we commented on it, and pointed out its obvious tendency to make certificates of attendance even less reliable or truthful than they are at present. Although every one admits and deplores the existing abuses of the certificate system, still we think that if their falsification has become so universal as to make the individual written testimony of teachers as to the diligence of students totally valueless, it is time that licensing bodies, instead of offering facilities for perpetuating the system, should sweep it away altogether. We do not believe that matters have yet arrived at the point when teachers are wholly careless as to whether they attach their signature to a falsehood or the truth.

If, however, one person is to be permitted to testify *in globo* to diligent attendance of which he has no personal knowledge whatever—if teachers are allowed to salve their consciences by transferring the responsibility of untruthful testimony from themselves—it appears to us that the system may more honestly, and with more advantage, be simplified by drawing the pen through all regulations which require "attendance," and demanding nothing but a receipt for the payment of the fee. We should be very sorry that this principle should be officially countenanced by any licensing body.

We believe that lecturing is a most valuable means of instruction, and we think it would be a more dignified course for colleges to take in hand the greatly-needed reform of professorial lecturing than to abandon the system altogether, and degrade it to the level of a mere farce.

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Notes on Current Topics.

Royal College of Physicians of London.

We have already noticed the little measure of reform that has been carried by Dr. C. J. B. Williams. We do not use the term "little" to detract from the credit of Dr. Williams in accomplishing it. That gentleman himself, by proposing larger measures, justifies our thus describing this. We are glad to get in the thin end of the wedge, but only for the sake of driving it further; and we hope all will support Dr. Williams and all others who are willing to do justice. We are surprised at the "much ado" that has been made by what we fear may turn out to be next to nothing. We have heard *Fellows* remark that this measure will change nothing, that the Council will always vote together, and that the majority of Fellows will support the list of the Council. We hope the majority may do no such thing, but we cannot but feel that such a course is possible. We almost fear it is probable.

Royal College of Surgeons of England.

Our readers must remember that at the last election of councillors the right of Fellows to discuss in their own hall was denied by the President and supported by the college solicitor. We do not intend to describe again the scene. Our present purpose is to inform our readers that the question is not likely to be suffered to rest. The discontented Fellows talk of united action, and we have been made confidants of a proposal to make some effort to secure to the whole body of Fellows the privilege which common sense points out they ought to possess. We are glad to hear it, and we hope those who mean to move will have the support of all their brethren. Such a reform would double the value of the Fellowship at once.

Nurses for the Sick Poor.

We were glad to see Dr. Sieveking's letter in the *Times*, but we cannot admire the fawning of the *Lancet* upon the Court physician. Had anyone who had not been a favourite with the clique that rules that weekly repertory ventured to write to the *Times*, he might have been as feebly snubbed as some other worthy men have been for the same act.

Charing Cross Hospital.

Dr. Chowne is said by the periodical that has lately impertinently offered him uncalled-for advice to have resigned his chair in midwifery. "It is true that he followed an old custom" in continuing to hold the chair, says the *Lancet*. Why then complain? Who is to be benefited by hurrying on his retirement?

His testimonial is the efficient answer to all calumnies.

Ovariotomy.

An Italian correspondent writes to us about the twelfth case performed in his country as a successful one at Pisa, and asks us whether all English surgeons are satisfied that the operation is justifiable. Certainly ovariotomy is now recognised in Great Britain. Some months ago we published the statistics of some our of first surgeons. Our correspondent is desirous of knowing Mr. Baker Brown's latest results. On enquiry, we have been informed that out of his last fifty-eight completed cases he has only had seven deaths. This success will surely settle the doubts of any who still question the propriety of this operation.

Death from Chloroform.

At Wrexham a coroner's inquest has shown that death occurred from this agent, properly administered by a qualified man for an operation for fistula.

At Leicester, Mrs. Adams, thirty-three years of age, died from the effects of chloroform given for the operation of extracting the stumps of several teeth. The evidence at the inquest showed that every precaution was used, her own attendant and another medical man being present. The jury found that deceased died from chloroform, "in reference to which more than usual precaution had been taken." These cases show the dangers that exist even in the hands of skilled persons. A forcible example of the folly of those who are not qualified being entrusted with such an agent is seen in the sad case of the Hon. and Rev. Arthur Sugden, who died from taking chloroform by the stomach in mistake. The deceased gentleman kept the drug by him, and was in the habit of inhaling it sometimes to relieve neuralgia, from which he suffered. On one occasion he seems to have swallowed a large dose in mistake for something more innocent. It appeared the late gentleman had also "a *diseased* heart"—a fact that would render his *inhaling* chloroform more than usually hazardous, and be an additional reason why he ought not to have been entrusted with the drug.

The late Mr. Partridge, of Colchester.

This gentleman was well known throughout Essex, where he enjoyed the confidence of many of his professional brethren, who frequently sought his opinion. He served many years as Surgeon to the Colchester Hospital, and was, a few years ago, made Consulting Surgeon. He was a most successful operator, the capacity in which we personally knew most of him. He became a Member of the College of Surgeons in 1813, and an Honorary Fellow in 1843. He died on the 24th ult.

The late Professor Griesinger.

It seems but yesterday that we had to welcome the English translation of this great physician's work on mental diseases, and we have now the melancholy duty of recording his demise. He had achieved for himself a reputation more than European, and in him Germany loses one of her brightest examples of medical genius.

Dr. Wolfe.

Dr. J. R. Wolfe has had a great compliment paid to him. His admirers in Aberdeen, where he has practised as Ophthalmic Surgeon to the Infirmary for the last six years, have presented him with a valuable time-piece and elegant silver salver, "in token of esteem on the occasion of his leaving for Glasgow." We can only wish him an equally prosperous and happy career in his new sphere.

The Mastership of the Rotundo Lying-in Hospital, Dublin.

The Governors of this justly celebrated institution met on Friday last, for the purpose of electing a master in the room of Dr. Denham, whose term of occupancy has just expired. The office is recognised as being the highest obstetric appointment in Ireland. It is tenable for seven years, and its average emoluments may be set down at about £1000 a-year, exclusive of the claim to the public confidence which its occupancy confers. The master is elected from amongst those who have, in years passed, acted as assistant physician in the hospital. Dr. Denham is succeeded in the office by Dr. George Johnston, a Fellow of the King's and Queen's College of Physicians, and joint author, with Dr. Sinclair, of the well-known work on Practical Midwifery.

Already the claims of candidates for succession to the office seven years hence are actively canvassed, and we understand that Dr. Lombe Atthill and Dr. Rutherford Kirkpatrick will probably offer themselves to the governors at the proper time. Dr. Atthill is a Fellow and Censor of the King's and Queen's College of Physicians, and was last year examiner in Midwifery in the Queen's University. Dr. Kirkpatrick is an M.B. of the University of Dublin, and Fellow of the Royal College of Surgeons, and Medical Officer to the North Dublin Union.

Sir Dominic Corrigan:

The learned medical baronet is certainly pressing his qualifications upon the electors of the city of Dublin with very commendable energy, and it is believed that, if not certain of success, he may hope to run a very close race for the envied seat.

He has met his constituents several times since our last, and has taken ground on the strongest Radical political programme.

We believe that Sir Dominic Corrigan has not received from his professional brethren in Dublin the support which he anticipated. In the first place the omission of any mention of his profession from his address, albeit the omission was immediately made good by the special address to his brethren which appears in our advertising columns, still was considered by many in the light of a slight. Moreover, many of those who would most gladly have thrown their whole vigour into the scale in support of Sir Dominic Corrigan, could not, under the critical political circumstances of the coming Parliamentary session, feel it their duty to do so.

The efforts of those of his professional brethren who agree with the learned baronet in his political views have, however, been very hearty and vigorous, and he has obtained the political and monetary support of many influential Liberals in the profession. On Thursday last the subscription list had reached £1,070, and further contributions were coming in.

Gresham Lectures:

By E. Symes Thompson, M.D., F.R.C.P.,

Gresham Professor of Medicine.

The lectures delivered in Gresham College this term were upon *Training the Body and the Mind.* The Professor showed that for the *preservation of health* not only were pure *air* and *water*, good *food*, and sufficient *sleep* needed (subjects to which previous lectures have been devoted), but that due exercise of body and mind is essential likewise. The gradations of health short of actual disease are great. Health being such a state of system as will permit a man to do his appointed work without impediment, a condition of health adequate of success as a clerk or shopman is miserably insufficient for a sailor or a colonist.

The appointed work of a man backed to fight or about to run a race is very severe; and if his body is not to hinder his task or his task injure his body, his standard of health or "condition" must be very high. Although we may never be called upon for such feats of strength, it is very desirable that our condition should be such as to enable us to perform exceptionable efforts without injury.

After alluding to the systems of training adopted by the Greeks, Romans, and moderns, the superiority of athletic exercises as a pastime and recreation over smoking and dawdling—especially for those engaged in sedentary occupations—was insisted on. It was shewn that great mistakes were made by those who regarded rowing and other exercises of the kind as detrimental to health.' In University life the struggles on the Isis and the Cam play their part, as well as those in the Senate House, in developing the man and preparing him for the struggles of life. Physical education need not interfere, but ought to aid in the moral and intellectual well being. All the faculties of mind and body need cultivation. We must aim at the "*mens sana in corpore sano.*" In this practical age people want to see an object in everything, and care only for that kind of knowledge or acquirement which will pay in the battle of life. But it must not be forgotten that technical, professional, or what the Germans call *brodwissenschaften* (bread knowing or bread and butter sciences), are not alone the object of education. Obedience, industry, application, are at least as important as an acquaintance with reading, writing, and arithmetic. The cultivation of method, thoroughness, the habit of sustained thought, to say nothing of the *will*, formation of *character* and of *conscience*,—these all need care, and must not be left to chance influences. We are too ready to look at the "appeal to results," as it is termed, to *examinations*, as the one test of ability.

It is not well that subjects of study should be too limited. Classics and mathematics are invaluable in training to accurate observation and discrimination, but so are the natural sciences. In a scientific age studies should not be solely literary. Thinking, like rowing, can only be learnt by practice, and that subject is best which most stimulates thoughts. Contrast the avidity with which boys throw their whole minds into physical science with their languishing inefficiency at Greek and Latin, and it is clear in which study perception, penetration, grasp, and power are best drawn out. Growth is rapid as well as sound; accuracy, exactness, and acuteness the very qualities most useful in the business of life, are thus developed with far greater certainty than in literary work.

Botany, natural philosophy, and chemistry, may be taken as the best subjeets for this scientific discipline. The lecture concluded with a series of investigations—analytical, synthetical, chemical, and electrical—into the composition of water as illustrative of the value of experiment and observation in mental education.

Colonial Benefit Societies.

OUR Australian brethren appear to be agitating for an increase of their fees for attending members of the Foresters and other benefit societies. The members of the Medico-Ethical Society having resolved not to attend in cases of fracture, operations, &c., without extra charge, a lengthy correspondence appears in the columns of the *Melbourne Argus*, from which it would seem there are upwards of 30,000 adult male members of the several benefit societies in the colonies.

DR. THORNE THORNE has been sent to Luton and Dunstable to investigate their sanitary state.

We know a good deal of the straw-plait districts, and we venture to predict that Dr. Thorne's visit will be of service.

MR. A. WALL, lately pupil at the Royal Medical College at Epsom, has won the Jeaffreson scholarship at St. Bartholomew's Hospital. It is worth £20 per annum, and he can hold it for two years.

THE President of the Poor-law Board has appointed two *barristers* to be additional Poor-law inspectors. After the proved necessity of appointing medical men to such offices how can this be accounted for? Is it the spasmodic act of a power that feels doomed?

It has been suggested that as the names of the barristers correspond so nearly with those of the President and the permanent secretary, the event is only a gross piece of nepotism. If so, we hope the attention of Parliament will be called to the job.

THE Dublin University Medico-Chirurgical Society will hold the opening meeting of the session 1868-9 on Friday evening, the 13th instant, in the dining-hall, Trinity College. The chair will be taken at eight o'clock (college time) by the President, the Regius Professor of Surgery. The opening address will be delivered by the Auditor, W. E. Battersby, B.A., Med. Sch.

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SCOTLAND.

EDINBURGH, WEDNESDAY, NOVEMBER 11TH, 1868.

THE last number of the Scotch edition of the MEDICAL PRESS AND CIRCULAR contained full information as to the various movements that are interesting the profession so much just now. This article need, therefore, only repeat a portion of that information, and complete it by adding later items. The meeting of the University Council was a great success from many points of view, though some few have complained to us of some incidents. Of course the vote on the late Lord Brougham was carried with proper deference, after which the great business of the council was commenced by the election to

THE CHANCELLORSHIP.

PROFESSOR DOUGLAS MACLAGAN made a first-rate speech in proposing the Lord Justice General, and touched most questions with unusual skill. He desired to divest the election of politics. He was ably seconded by Mr. Phin.

Sir J. Y. Simpson proposed Mr. Gladstone in a speech in which he set forth that right honourable gentleman's claims as greater than those of any local celebrity, and thought it desirable to elect one who would honour the University. Mr. Gladstone was seconded by Rev. Dr. Guthrie, in one of his eloquent speeches. On a show of hands, the chairman (Professor Christison) said he dare bet, if anything, the majority was for the Lord Justice. This curious mode of declaring having been smiled at and accepted, a poll was demanded by Sir J. Y. Simpson, and at once granted. The papers must be returned, as we stated last week, by the 20th instant.

THE PARLIAMENTARY ELECTION.

PROFESSOR PLAYFAIR'S committee have circulated a correspondence, which we print in another column, in which Dr. Prosser James, finding that he can secure the advocacy of the principles he sought to enforce, in order not to divide his party, retires from the contest for this and the sister University of St. Andrew's. This step had become necessary on the part of one of the Liberal candidates, for since Dr. Richardson withdrew the Conservatives had spared no effort, and it was common talk in some of the clubs that if three went to the poll Mr. Swinton would succeed. Negotiations were accordingly opened, and were received by the medical candidate in the most considerate spirit. His committee admitted the statement made to be important, acknowledged they had not so many written pledges as their opponents, and confessed extreme reluctance to risk the seat. Some of his medical supporters were, however, anxious to contest the election solely on *medical* grounds, and there was for a time some danger. Eventually they left the whole matter in the hands of their candidate, who, having consulted some eminent members of the Liberal party, consented to waive his claims on condition that his medical programme were accepted, and the rights of his professional brethren received the support of his competitor. Thereupon the formal correspondence published was commenced. It is believed that he was much stronger than was supposed by some, and that on a future occasion his committee will again bring him forward. This time it is evident he was too late in the field, as many of his most likely supporters were previously pledged. Some of his committee express themselves as gratified that his candidature has produced more unequivocally liberal professions than would have otherwise been made by Dr. Lyon Playfair. It is now desirable that medical voters should throw their weight on the Liberal side.

THE RECTORSHIP.

THIS contest has much interest. The students throw their own life and energy into it. Some of the scenes and sayings are called ungentlemanly, but were not older and more staid professors once excitable and ardent students? The telegram announcing that the Poet Laureate declined to be nominated, was much regretted. Sir William Fergusson's name, as a representative of surgery, was popular with a large number. Others protested against it, as they thought Professor Syme sufficiently represented that art in the University. It seems politics will not be excluded from the contest.

LORD PROVOST.

LAST week Sir J. Simpson headed a deputation, in which Drs. Moir, Alex. Wood, Murray, Smith, Miller, Husband, Burns, Grove, Place, and others took part, to ask the Lord Provost to consent to be again nominated, so that he might be in office to see the sanitary measures, in which his lordship takes so much interest, completed. The Lord Provost, in his reply, spoke in most flattering terms of the intercourse he had had with the members of the profession on various occasions.

MUSEUM OF SCIENCE AND ART.

THIS day week the introductory lecture of the second session of the evening lectures to the industrial classes was delivered in this Museum by Professor Allman. He was warmly greeted on rising, and proceeded to say that he was not about to instruct them in the practice of any of those occupations to which, as working men, their lives were devoted; but to enlarge their minds by introducing them into new departments of knowledge. The object of his lecture was to describe the conditions of life of the earth's organized inhabitants—the distribution over the earth's surface of heat, light, and moisture—their influence on the physiological actions of living beings—the laws of geographical distribution of plants and animals, which he illustrated in various ways. He was listened to with great attention, and met with frequent applause by the large audience.

MORAL PHILOSOPHY.

THE newly appointed professor, Dr. Calderwood, delivered his first lecture last Wednesday, in the chemistry class-room. He was accompanied on entering by the new Principal, Sir A. Grant, and many professors. It was a most powerful address, in which the professor considered moral philosophy as a science and a discipline.

THE PRINCIPALSHIP.

THE above paragraph reminds us that on the 2nd instant, at a crowded meeting of the Senatus Academicus, Dr. Christison, senior professor, in the chair, Sir Alexander Grant, Bart., D.C.L., was formally installed Principal of the University of Edinburgh. Sir Alexander was introduced to the Senatus by the Deans of the Faculties of Divinity, Law, Medicine, and Arts. After the oaths of office had been taken, the new Principal occupied the chair, and was installed by the Rev. Dr. Crawford, Dean of the Faculty of Theology. The Senatus then adjourned to hear the introductory address of the new Professor of Engineering, Mr. Fleeming Jenkin, who was recently elected to the newly-instituted Chair of Engineering, established by the patriotic liberality of Sir David Baxter.

ST. ANDREW'S UNITED COLLEGE.

THIS College was opened at two o'clock on Tuesday, the 3rd instant, for the session of 1868-69. The large hall was filled to overflowing with the students and others. Professor Fischer presided, and Professor Campbell delivered the inaugural address, the students welcoming him by singing "The Campbells are coming." In the preface of his address he referred very feelingly to the present state of Principal Forbes' health. The subject of the address was "University Education." The names of the students who had gained the vacant competition bursaries were given at the close of the proceedings.

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RETIREMENT OF DR. M. PROSSER JAMES FROM HIS CANDIDATURE FOR THE REPRESENTATION OF THE UNIVERSITIES OF EDINBURGH AND ST. ANDREW'S.

Copy of Correspondence between Dr. W. S. Playfair, Dr. Prosser James, and Dr. Lyon Playfair, as to the Representation in Parliament of the Universities of Edinburgh and St. Andrew's.

I.—DR. W. S. PLAYFAIR TO DR. PROSSER JAMES.

5 Curzon street, Mayfair, London, W.,
23rd October, 1868.

MY DEAR SIR,—I trust you will excuse me addressing you on the subject of the ensuing election for the representation of the Universities of St. Andrew's and Edinburgh. You have conducted your canvass in so courteous and gentlemanly a manner, that I am quite certain you will not feel annoyed if I point out to you the exact position my brother has gained in the contest.

Both he and you have the interests of the Liberal party at heart; and I feel convinced that neither of you will willingly run the risk of dividing your party, and thus increasing the chances of the opposing candidate. On Dr. Playfair's part, I can venture to say that he would withdraw his candidature, were he convinced that his chance of success was less than yours.

I think, however, I can shew you that his promises of support are so large that no other Liberal candidate has the smallest prospect of being returned.

Within the last few days, Dr. Richardson has definitely withdrawn; and one of his honorary secretaries has joined my brother's committee. There can be no reasonable doubt that a large proportion of his supporters, if not an actual majority, will pass over to my brother, and thus considerably increase the votes in his favour. Taking these facts into consideration, I would beg you to reflect, in the interests of our Profession, which we both have at heart, whether it is worth your while to continue a hopeless contest.

Had you been earlier in the field, I doubt not that you would have secured a much larger following; but my brother was at work months before you started, and thus naturally secured a large number of pledges which might otherwise have been given to you. I would wish to say a word on a point on which there has been much misrepresentation: My brother's opponents have made considerable capital out of the fact that he has no Medical Degree. This is true; but it is equally true that his whole life has been spent in the study of the very questions on which our Profession most requires representation, such as hygiene, the health of towns, and the like; and on which he can claim to speak with some authority. As he has had a complete medical curriculum, and has been for years a teacher of medical men, he naturally feels himself identified with their interests, which he stands pledged to advance to the best of his ability.

Those parts of your address which refer to the representation of the Profession in the Medical Council receive my brother's hearty concurrence. I hope you will take these facts into your kind consideration, and lay them before your committee. If a conference of the two committees, or of delegates from them, could be arranged, I am sure some amicable understanding could be made.

I am, yours sincerely,
W. S. PLAYFAIR,
Hon. Sec. to Dr. Lyon Playfair's Committee.

II.—DR. PROSSER JAMES TO DR. W. S. PLAYFAIR.

18 Dover street, Piccadilly,
30th October, 1868.

MY DEAR SIR,—Having, as you judiciously suggested, laid your letter of the 23rd before my committee, I am now prepared to reply.

In the first place I assume, from your near relationship to Professor Lyon Playfair, and as honorary secretary to his London Committee, that you have his authority, as well as theirs, for all you promise.

You do me simple justice when stating your conviction that I would not willingly incur the risk of dividing the Liberal party, to which I belong. That I would make any honourable sacrifice to avoid such a result is well known to those who lead us. In return, I accept the assurance that your brother would give way to me if he thought his chances of success fewer than mine. This, however, is a comparison into which it were futile to enter by any other than the ordinary and only decisive way.

Should Dr. Richardson's friends, as you anticipate, cast their weight into your brother's scale, that would give him a *quantum valeat* advantage over me, who, being avowedly an advanced Liberal, might easily lose some of even his medical supporters of Conservative views.

Nevertheless, while I would be the last to incur the odious responsibility of dividing the Liberals, the occasion involves interests which I might be justified, perhaps, in regarding as paramount to those of mere party. I allude to the principles and schemes of Medical Reform, on behalf of which I was brought forward as a candidate.

Did your brother put himself in my place respecting these, I should not be one to make an obstacle of his not being a graduate in medicine.

His eminence as a man of science all acknowledge, while his attainments and his experience are near akin to those of our own Faculty—much nearer, to say the least, than those to which a member of the legal profession can pretend.

You speak of those parts of my address which refer to the representation of the Profession in the Medical Council as having your brother's "hearty concurrence." I am happy to hear it. The determination of my course, allow me to say, depends upon the construction I am to put upon this assurance. Unless in giving way I have the perfect guarantee that I am yielding to a candidate who will undertake to do that, for the opportunity of doing which I principally sought a seat in Parliament, I shall expose myself to the merited reproaches of my professional brethren, particularly such as have given me their support and promised me their votes. My address is in your hands, and to it I respectfully refer you. On receiving from your brother satisfactory intimation as to this great matter, I shall be ready to retire from the contest, with sincere wishes for his success as the only Liberal candidate left in the field.

I remain, yours faithfully,
PROSSER JAMES.

III.—DR. LYON PLAYFAIR TO DR. PROSSER JAMES.

5 St. Andrew Square, Edinburgh, 31st October, 1868.

MY DEAR SIR,—I am much obliged by the receipt of a copy of your letter to my brother announcing your intention to retire from the contest. His letter has my full sanction, and especially that part of it which alludes to the courteous and gentlemanly spirit with which you have conducted the contest.

I share with you the desire to see the Medical Practitioners more fully represented in the Medical Council, and think that the plan proposed by you is the most practical one which has been suggested. You already know that I am much interested in the removal of the injustices which have rendered the public medical services of this country so unpopular with the members of the Medical Profession.

I am, yours sincerely,
LYON PLAYFAIR.

Social Science Association.

HEALTH SECTION.

Address

BY

H. W. RUMSEY, ESQ., M.D.,

President of the Section.

(Continued from page 400.)

III. Thus we arrive at EARTH, the matrix and birthplace of elementary forms and germs of living beings, where they lie dormant and apparently dead, until roused into action by water or air or both; action which may be either beneficial or pernicious to man, according to the origin of those seminal principles.

The marvellous properties of earth, especially of the aluminous soils, in arresting, fixing, and assimilating, the nitrogenous and ammoniacal constituents of dead animal matter, point out earth as the proper destination of sewage, wherever it can be so used. For this conclusion we are mainly indebted to the researches and experiments of Professor Way, eighteen years ago. Even the poorer soils, consisting chiefly or wholly of gravel, sand, silica, or shale, may be converted from barren wastes into productive farms. This kind of land seems capable of absorbing almost any amount of sewage. The well-known case of the Craigentinny Meadows, near Edinburgh, a sea-beach in pre-historic times, and worthless in a commercial sense until treated with the sewage of the town, has settled that question; although the rough and very disgusting methods, adopted at Edinburgh, have tended to bring sewage irrigation into disfavour. And now, the Maplin sands on the Essex coast, are performing the same duty for the filthy flood of London; and seem likely, *pace* Baron Leibig, to receive the like benefit.

But it would be wrong to rely on the disinfecting properties of sandy and gravelly soils. They have not proved their capability of decomposing nitrogenous organic matter, or of fixing its elements in vegetable growth. They cannot, therefore, be depended on for the completion of that marvellous cycle of life, that adjustment of the balance of organic nature, which Dumas and Boussingault long ago demonstrated as essential to the existence of plants and animals—that "eternal round in which death is quickened and life appears, but in which matter merely changes its place and form."[1]

I would gladly avoid the details of utilization of sewage, a subject which involves both water and earth, and which has now a voluminous literature of its own. But some further notice of the question seems almost inevitable.

Recent disposals of town sewage by irrigation at Banbury, Warwick, and elsewhere, seem to promise grand success, after the failure of all chemical nostrums; success, both in arresting the reflux of impurity into the river, and in producing rich crops of various kinds.

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[1] Dumas, p. 48.

But I beg to offer a few words of caution with respect to the multitude of schemes, now pretentiously advertised, for treating town sewage with chemicals, for the purpose of precipitating and solidifying its organic constituents for agricultural use, as dry manure. I am not aware that, hitherto, any of the projects have succeeded financially. The undissolved matter of town sewage contains, we are assured, only about one-sixth or one-seventh of its fertilising elements. And all plans of this kind involve this enormous disadvantage, that the more perfect the separation and precipitation of the suspended (or, perhaps, dissolved) matters may be, the less available does the fluid become for any useful purpose, and therefore the greater temptation is there to allow of its escape into watercourses, which ought never to be permitted, until we have obtained satisfactory guarantees for its thorough disinfection.

There is, indeed, one tried process—and others may yet be discovered—which are not equally open to these objections.

Dr. Bird's plan of precipitation, submitted to the York meeting of this Association in 1864, and for three years past in partial operation at Stroud, deserves a more extensive and thorough trial. It consists in the application of what he calls Sulphated Ferruginous Clay, both to the solid and fluid portions of the sewage. It is said, on good authority, to furnish a compost which does pay the manufacturers and does succeed in procuring a marked increase of agricultural produce. But, to sanitarians, the main recommendation is, that it is based on the scientific truth, already noticed, that water charged with organic matter is chemically purified by filtration through aluminous soil. If, by the advancing perfection of this process, (of which a scientific writer[1] has just informed us,) the effluent water should become so nearly pure, as not to be worth the cost of distributing by irrigation on land; yet, if it cannot be proved that this water has been freed from noxious germs so as to be safely used for domestic purposes; the town authorities, or the contractors, or both, may still find themselves in an awkward dilemma.

A less favourable criticism may apply to a more recent scheme, the A B C process, as it is called, which professes to be based on the Chinese principle of applying an aluminous compound to excreta. It has already been tested, with some promise of success, at Leicester; but even the last and most favourable statements[2] shew that more than ten grains of organic matter remain in each gallon of water after the A B C process, while in the last report of Dr. Bird's aluminous treatment, the volatile and combustible matter seems to have been reduced to less than two grains.

Now, should none of these ambitious processes succeed in absolutely clearing sewer water of deleterious principles, even if proved to be financially profitable, should the nymph of the sewer, like other chronic invalids who have been dosed with a variety of drugs, find that treatment by quacks and patentees does not restore her to health and purity, she must still carry her foul stream, rich in its nitrogenous, and not wanting in its phosphoric, elements, to the broad acres of the landowner, there to augment the food supply of the people. The problem will then be solved, at least for those places which are irreversibly pledged to the common-sewer system.

From the evidence already in our possession, and on reviewing many conflicting statements, it may, I think, be fairly inferred, that, in the use of fluid sewage for land irrigation, the following sanitary conditions should be observed.

An extent of land surface should be obtained, which shall be sufficient, under engineering direction and proper precautions, to absorb the whole of the fluid in dry weather; sufficient to decompose and fix its organic constituents; sufficient, again, to prevent atmospheric pollution; sufficient, also, to admit of long intervals between the periodical applications of the fluid to each portion of the surface; and, therefore, sufficient to promote a succession of crops, roots and cereals, so that we may hear of something better, on good soils, than Italian rye-grass.

To secure the fulfilment of these conditions, and on physiological grounds generally, though perhaps not in accordance with eminent engineering authority, I suggest that not less than an acre of clay or loam be secured for every thirty or forty of town population.

If sand, gravel, or silica constitute the bulk of the soil—these admitting of a far larger proportion of sewage on the same area—the effluent water should not be allowed to enter any stream which may be needed for domestic use until it had been disinfected by scientific and approved methods.

Before dismissing the question of removing town-refuse, by means of water, I would say that the system so well planned and ably described by Mr. Menzies, deserves a complete and careful trial. It seems to be the first reasonable and practicable proposal for carrying into effect the famous alliterative dogma of Mr. F. O. Ward—"The Rainfall to the River, the Sewage to the Soil." It accordingly promotes economy in the use of water. It also embodies the principle of upward filtration, first suggested by the wise and good Prince Consort. By substituting Dr. Bird's aluminous compound for the disinfectants suggested by Mr. Menzies, his plan of filtration would probably be much improved. I believe that, in a large proportion of the yet unsewered towns, a skilful combination of the measures proposed by Dr. Bird and Mr. Menzies, might be very advantageously adopted.[1]

At all events, in those towns and villages which are not yet hopelessly involved in the difficulties of the water-carriage arrangement, the local authorities would be fully justified in pausing until repeated scientific experiments (which I agree with Dr. Child, of Oxford, ought to be aided by Government) shall have determined, as far as possible, the comparative merits of the several rival systems.

But, if threatening dangers demand immediate action, these places had better adopt that most ancient principle recently revived, in which earth is brought to the matter to be disinfected in its primitive condition, instead of carrying that matter, in solution and suspension, to the earth.

The fact that certain soils possess the power, to which I have already referred, not only to deodorize, but also to abstract from decomposing animal matter those elements which may be assimilated by the roots of plants, leads to the conclusion that the Jewish Legislator of old proclaimed a most philosophical, as well as a very practical and profitable, expedient. Had the principle of that sanitary regulation been discreetly observed by the inhabitants of Jerusalem, under the monarchy, they might have preserved the valley of Hinnom from pollution, as the lay-stall and common cesspool of the city, and thus perhaps have prevented that strange use of the perpetual fires of Hinnom, in which, as some learned commentators say, abominations of all sorts were burnt and reduced to ashes. This cinereal method of dealing with animal remains is not likely to find favour in England, unless, which God forbid, another cattle-plague should break out.

It is, then, an ascertained fact, that by covering the matters in question with dried clay, marl, or peaty loam, their volatile and nitrogenous constituents are at once fixed, and with their phosphates are slowly assimilated with the earth. The deodorization is perfect, because it is the result of complete chemical change. The compound resulting from this mixture becomes in a few weeks a uniform inodorous earth, again capable of performing the same digestive function; and this process may be repeated several times by the same mass of earth. The success of the experiment appears to depend on the dryness and separateness of the particles of soil, allowing the air, with its oxygen, to penetrate them freely.

The disinfecting quality of ordinary *humus*, is, I need hardly say, quite distinct from the power possessed by sand and gravel of promoting the oxidation of nitrogenous matters in solution. The latter is, indeed, a good instance of mechanical agency. But the former is a more remarkable proof of the provisions made by nature for the chemical arrest of putrefaction, and so for our safety and preservation, if we did but reasonably follow her indications, as the dog and fox do, when they bury their dead prey for future food. The water, therefore, would be the first carrier, the air the second, while the earth would be merely the intermediate resting-place.

The practical lesson to be learnt from the researches of that celebrated Professor, consists mainly, I think, in the importance, (1) of securing, as far as possible, dryness of soil; (2) of preventing contamination of earth in the immediate neighbourhood of dwelling-houses; and (3) of providing, in the particular process under consideration, a supply of really dry earth.

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[1] *Lancet*, September 26, 1868.

[2] *Times*, August 25.

[1] Another very clever invention by a gentleman of this town, Mr. Edwin Chesshire, claims our notice. Its principle is to make, by means of intercepting house-tanks, such separation of the fluid and solid matter to be removed, as would greatly diminish the subsequent difficulties of disposal and utilization. It appears also to be a sure preventive of the sanitary failures in house drainage so carefully investigated by Dr. Carpenter, of Croydon. The same principle, though by a different method, has been advocated by Mr. Bannehr, C.E., of Exeter.

It is with much satisfaction that I can now refer to the full recognition of this method by the Legislature, in the amended Sanitary Act of last session.

I am also glad to call attention to an excellent address, just printed by Dr. Newman, of Stamford, in which he has had the courage and good sense, while urging the immediate abolition of the abominable cesspools in that town, to warn its inhabitants against the fashionable water method, and to recommend them at once to adopt the dry-earth system.

One caution given by the River Commission[1] appears to be of extreme importance, viz., that the general use of Mr. Moule's contrivances should be placed by the local authorities under vigilant inspection; and this of course implies a much more efficient staff of nuisance inspectors than at present, and more frequent domiciliary visits in poor and crowded localities.

IV. In the preceding observations on air, water, and earth—as modified by the all-pervading principle of oxygen, representing the old elemental fire—in their various relations to public health and to some recent measures for its improvement, I am well aware that I have already exceeded the ordinary limits of a departmental address.

Continual reference to well-known facts in physiology and natural science, may have appeared tedious and unnecessary to one portion of my audience, while certain disagreeable details may have been as distasteful to others. Yet while confessing to have dwelt perhaps too long upon principles which seem to me to lie at the root of all sound sanitary legislation, I cannot satisfy my sense of what is due to you on this occasion, without making, in conclusion, some reference to the practical question of administrative machinery.

From a remote period of English history, there have been laws and constituted authorities which took cognizance of matters injurious to the health of communities.

Actionable nuisances were condemned in courts of law, and certain public as well as individual wrongs were vigorously redressed. On such points, the old common law of England was very explicit and not a little severe, recognising the right of every man to "fresh and pure air," and to the removal of whatever was deemed unwholesome or even offensive. The common law has often, to the present day, provided a more certain sanitary remedy, in some such cases, than proceedings under modern Acts.

But there were also ancient statutes concerning health. So long ago as the reign of Richard II. a curious law for the prevention and removal of nuisances in "divers cities, boroughs, and towns of the realm and the suburbs of them," declared the condition of ditches, rivers, and other waters to be so bad, "that the air is greatly corrupt and infect, and many maladies and other intolerable diseases do daily happen." This Act is said to be only declaratory of yet older common law.[2] The mayor and bailiffs were authorised to administer the Act and to enforce penalties on those who transgressed it.

In the times of the Plantagenets, if not earlier, there were Crown Commissioners of Sewers (*Sæ-wærs* in Saxon, sea-weirs or sea-fences), which were then merely wide and deep trenches, with embankments to protect the land against inundations, whether from the sea or from navigable rivers. Statutes followed under the Tudors and Stuarts respecting the drainage of land. All this shows the care bestowed by government upon matters affecting the safety of the people in the middle ages.

Then there were Courts Leet, relics of Saxon local government, modified by feudal tenure and service, at which any common nuisance might be presented. Both these have fallen into disuse, and are now practically obsolete. Local boards of health are their modern representatives. Justices of the peace in counties, and the chief officers of cities and boroughs, were occupied, centuries ago, during periods of pestilence, in what we should now deem unskilful efforts to protect the health of the people; and those officials have succeeded in maintaining and even strengthening their position as modern sanitary authorities.

Together with the reform and the growth of municipalities, a distinct order of local administrative bodies in sanitary matters, is now established.

I need only mention that the Privy Council has been authorized to interpose on behalf of the public health in emergencies of extreme danger.

But it was not until the old Poor Laws were amended, and parishes were grouped into unions, nor yet until these union districts were made the chief areas for a general system of registration, in which the main facts of mortality and reproduction, and (to a considerable extent) the causes of deaths, were recorded for the whole country,—that the relations of pauperism and destitution, with the sickness and mortality of the suffering masses, were fully brought to light. Not until the new administrative bodies, with their medical and registration staffs, were in full action in these districts, was it clearly shewn, by Mr. Chadwick, in his famous "Report on the Sanitary Condition of the Labouring Population," that the causes of disease and premature death, and the social miseries thereon dependent, might be removed or remedied by a systematic application of sanitary measures. For that full exposition of the principles of an economical and efficient sanitary organisation, based on the poor-law and registration divisions, the country is greatly indebted to Mr. Chadwick. It is, in my humble opinion, much to be regretted that the frame-work of local administration then recommended, was not employed for almost all purposes of preventive medicine, as a similar organisation in Ireland has since been utilized.

Whatever might have been the original defects of the areas of registration, when viewed in their relations to physical science, or to vital statistics, or to ancient usages and divisions, they are unquestionably, of all existing districts, the best fitted for sanitary administration; and their boundaries are capable of rectification, a process which, in fact, is always at work. The municipal governments, however, have proved to be too strong a power to admit of a rival organization of that kind. The towns claimed independent action, and after a few years' struggle between the boroughs and the State, the Local Government Act was passed, which threw overboard the principle of governmental or national supervision. No one can doubt that the Act of 1858 has been of great benefit to many towns and populous places, but I fear that it has sometimes helped to strengthen the obstructives, and it has certainly raised up a host of present difficulties and perplexities in sanitary administration.

Again, during the last thirty years, our sanitary enactments of various kinds have multiplied until they form a library, not very easy of reference, and requiring both abridgment and codification.

Notwithstanding the greater degree of precision and effectiveness which marks the Sanitary Act of 1866 and its supplements,—the continuance, in the same districts, of conflicting jurisdictions, regulations and customs, and the existence of many remaining defects and obscurities in the laws themselves, have given a fresh impulse to the sanitary movement, the result of which, I am happy to say, is that a Royal Commission is about to issue for full inquiry into these matters.

Under circumstances so propitious, it might be premature to enter into a number of particulars which I doubt not will be thoroughly and impartially investigated by that commission. Something, however, I have to say. The chiefs of several departments to which various matters affecting the health and safety of the community and of the working classes are now referred, are undoubtedly alive to the importance of some greater simplicity and unity in central action. And I believe there is a hearty desire on the part of Government to consider favourably the now general demand for the establishment of a single Department of Public Health.

We may hope that in any reconstruction of existing machinery—supposing such to be sanctioned by Parliament—the future central department may include and empower all those distinguished men who have for years rendered invaluable services to the public, under the present fragmentary and inharmonious system.

Of authorised local administration I wish to speak with all due respect. And I would preface a few remarks on the district question, by explaining that they are not intended to apply to the districts either of the Metropolis or of the largest cities and towns of the kingdom, such as this, the Metropolis of the Midland Counties.

In these vast centres of population, probably, the more pressing necessities of the case might be met by increased facilities of administrative co-operation between the urban and the suburban and the surrounding rural districts.

It is very satisfactory to perceive that, of late years, local governing bodies throughout the country have become more zealous and more efficient, and have creditably accomplished some really great undertakings. But it is impossible to shut one's eyes to certain serious defects of local organisation—defects which hamper and obstruct the most willing efforts.

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[1] Second Report, p. 14.

[2] Toulmin Smith, P. H. Laws, p. 22, 1848.

The main difficulty which almost everywhere meets the sanitary reformer is the existence of so many different kinds of local authority, in all manner of districts, for the execution of a variety of measures, which, if distinct from each other, are nevertheless cognate and often strictly correlative.

The Sanitary Act of 1866 itself recognises two orders of local authorities, each containing several genera and species—one order dignified by the name of "Sewer Authorities," the other by that of "Nuisance Authorities."

And here I would observe that from this distinction we are by no means to infer that a *sewer* authority may not prove a grievous *nuisance.* As sewers, in the modern acceptation of the term, are deservedly losing favour, and as it may be undesirable to extend the formation of such sewers to districts hitherto without them, one may reasonably regret that it has been thought necessary to stamp their name upon respectable local authorities. So far as sewers may be concerned with what engineers call the "arterial" drainage of land, they would come under the management of authorities of wider jurisdiction.

Now, there are some singularities, I may say oddities, about these sewer and nuisance authorities, which deserve notice.

The Act of 1866, in agreement with former enactments, empowers, as Sewer Authorities, the old city and borough councils, other local boards of health, boards of town trustees and commissioners, parish vestries and vestries of new districts to be cut out of old parishes and called "special drainage districts"—while the Nuisance Authorities are not only the said councils or local boards, but also justices in petty session, and boards of guardians instead of parish vestries.

Great must be the confusion, if not conflict, arising out of efforts to carry out sanitary measures at all systematically, by bodies having jurisdictions differing in kind and extent;—the larger generally including several of the smaller, although the smaller may be empowered to execute more important functions than the larger. The diminutiveness of a sphere of action obviously tends to impair its efficiency.

No general method of co-operation between the various authorities contained in areas of wide extent (as, for instance, divisions of counties) now exists.

It is true that some remedies for this admitted defect have been attempted by very recent amendments of the Sanitary Act. The Act of 1867 enables sewer authorities to purchase or rent land for the purpose of sewage utilization; and, while the creation of "special drainage districts" is encouraged, power is given to promote the combination of those districts and thus to extend areas of drainage—a principle of the utmost importance as regards the physical topography and geology of a district. But all this is permissive—all depends on the view taken, by any local board or vestry, of the propriety of such extension.

Again, by the Act of the last session, the sewer authority is to supersede the nuisance authority, where they are different bodies, in certain matters of disease-prevention. In fact, it is manifest that sewer authorities are getting the upper hand, and are likely to have the best of it. On the Darwinian theory, the weaker, though wider, race of nuisance authorities is in process of extinction, unless, in good time, we may shew cause for their preservation.

To any sewer authority, out of London, may now be committed, with the sanction of the Privy Council, the power of providing for a temporary supply of medical aid for the poor, as in 1866 the same boards were empowered to supply hospital accommodation for the sick,—yet the public provision of medical relief to the poor throughout England has long been committed to Boards of Guardians, which are now held, by the Sanitary Acts, to be only nuisance authorities. In this matter, then, as in others, two kinds of authority, in the same area, are empowered to execute the same description of measures!

A large party of sanitary reformers are calling for compulsory measures. They desire local bodies to be compelled to perform certain acts, without reference to their fitness or qualification for such duties.

Will not the imposition of stringent obligations of this kind, upon incompetent bodies, lead to continual central interference, and to frequent appeals to courts of law?

Let me ask you to consider whether it might not be a wiser course to amend the constitution and composition of local bodies, so as to secure a more willing execution and a superior direction of preventive and remedial measures, and thus really to strengthen the great national principle of local government.

Again, as a general rule, I would suggest that prohibition is a safer principle than compulsion. "Shall not" is generally a better legislative formula than "shall." For example, it would be safer to say that local boards shall not empty their sewers into rivers, than to enact that they shall sewer their towns;—better to enact that they shall not permit the erection of dwellings in already over-crowded localities or on unhealthy sites, than to compel them to evict a badly-lodged population;—better at once absolutely to prohibit (after a stated period) the slaughtering of animals for human food, and the keeping of cows for milk-supply, within the boundaries of towns containing more than (say) ten thousand inhabitants, than to enforce by inspection a variety of minute and vexatious regulations for the mere palliation of evils, which slaughter-houses and cattle-pens and cow-cellars in populous places must more or less perpetuate;—wiser, I repeat, to decide that the local authorities shall not appoint official engineers or surveyors or medical officers of health, without ample guarantees for their superior qualification, freedom of opinion, and devotion of their whole time to their public duties, than to compel local boards to make such appointments without the necessary conditions.

Local authorities—I beg their pardon—sewer authorities, as we are to call them, are now really in a pitiable plight. They are, of course, expected to do all that sanitary laws empower them to do; they are threatened by advanced sanitarians with compulsory enactments in case of torpor or recusancy; they are warned that coroners' inquests will be held upon those who die from preventible causes, which they ought to have abolished; they are officially informed of their liability to ruinous actions for damages, if they poison their own people with a supply of bad water; yet they incur the greatest risk of Chancery Injunctions, on behalf of land-owners and adjacent districts, if they contaminate the water-courses by obeying the law.

Now, under these embarrassing circumstances, might it not be advisable for these local bodies, in smaller districts especially, to seek, and for the Legislature to grant, an improved constitution of the administrative machinery adapted to the necessities of the public health?

Very desirable does it appear that town and country and union authorities should be enabled to unite in the execution of certain comprehensive measures, and especially in the appointment of superior officers. The administrative economy of large areas has been conclusively proved. A still more extensive combination of existing sanitary authorities seems to be required for the constitution of river conservancies.

But, before resorting empirically to any schemes, however promising, it would surely be right to consider what might, in the abstract, be the most desirable extent of area and population for local sanitary jurisdictions—for those, I mean, in which the more common hygienic functions are to be advised and executed; what, again, should be their relations to larger areas, as counties and river conservancies, in which more extensive measures are to be directed,—as well as to smaller areas, namely, parishes, townships, and portions of such, for which only special and limited works are required. Then would reasonably follow the more practical question—how best to reconcile the ideal with the actual, how to rectify, with proper regard to existing interests, the present areas and limits of administration.

The natural features and boundaries of any region, as influencing soil, water, and climate, are very important guides to the formation of districts for local management. And this principle may be advantageously borne in mind, in any future correction of existing boundaries.

The statistical divisions of the kingdom should, I repeat, be the principal factors in the process. They are the true bases of public sanitary action.

A rational reform of local divisions and a wise extension of administrative areas, are quite compatible with respectful consideration for the ancient limits of parishes, towns, and counties. By judicious improvements and reinforcements of County Authority, especially, a very noble and excellent characteristic of English society may be preserved in the advance of civilization.

If I have not dwelt with all the enthusiasm of a reformer on the progress and attainments of the last quarter-century, it is not, I hope, that I undervalue great results; but that I consider certain defects and sources of failure to be matters more deserving our immediate attention.

It is well, moreover, to speak with modesty and caution of what has hitherto been accomplished. And, before concluding, I venture to protest against the inconsiderate use

—I might almost say the audacious misuse—of local rates of mortality in support of some favourite sanitary measure, or in opposition to some dreaded reform, by those who may not yet have proved the fallacies of sanitary statistics; or who do not perceive how small may be the bearing of any particular act or neglect upon the variations of a general death-rate; or, again, who forget that the same figures in different places and in populations differing as to age, class, and occupation, may represent totally different standards of health, vigour, and longevity.

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Foreign Medical Literature.

CASE OF HEMIOPIA.

Communicated by Dr. M. K. Loewegren.

Translated from the *Hygiea* for May, 1868, by

W. D. MOORE, M.D., Dub. et Cantab., L.K.Q.C.P.I, M.R.I.A.,

HONORARY FELLOW OF THE SWEDISH SOCIETY OF PHYSICIANS; OF THE NORWEGIAN MEDICAL SOCIETY; AND OF THE ROYAL MEDICAL SOCIETY OF COPENHAGEN; SECRETARY FOR SWEDEN, NORWAY AND DENMARK, TO THE EPIDEMIOLOGICAL SOCIETY OF LONDON.

(Continued from page 390.)

We have thus before us a case belonging to the group of amauroses which have been named hemiopia, or visus dimidiatus, and which are characterised by a defect definite in form and extent in the eccentric vision, comprising exactly half of the field of vision of each eye.

Although hemiopia cannot be reckoned precisely among the rarest forms of disease, the variety of that disease presented in the foregoing case is sufficiently unusual to call for a few moments' attention. Besides, the entire of this group of diseases affords so many interesting standpoints for the study of the physiology of the optic nerves, and for establishing the possibility of an exact diagnosis of the seat and nature of the foci of the intra-cranial disease, that I may be allowed to analyse somewhat more minutely the phenomena exhibited by the investigation of the case in question.

First, as to the cause of the defect in the field of vision, the negative result of the ophthalmoscopical examination shows that its *seat* is not to be sought within the bulb. The slightly marked changes observed in the right eye are secondary, and point to an atrophic condition of the nasal part of the optic nerve, an atrophy which always occurs sooner or later when the conduction in the nerve is at any point impeded. The similar nature of the affection of the field of vision in both eyes proves that the cause cannot be found within the orbits. It is therefore in the cranium we must seek the latter; and the first thing to be decided is whether it is of a central or peripheral nature; whether the conduction is disturbed at the origin of the nerve, that is within the brain itself, or interrupted somewhere in the course of the tractus optici. The total absence of all signs of any cerebral affection, the undisturbed integrity of the mental functions, as well as of the other cerebral nerves, are unconditionally in favour of the latter alternative. In order to answer the question: In what part of the tractus opticus is the conduction in the nerve interrupted? we must call to remembrance the anatomical arrangement of the nerve-filaments in the chiasma nervorum opticorum.

In the chiasma, as is well known, the nerve filaments met with in the two tractus optici behind the chiasma divide in such a manner that each nerve trunk gives off the inner half of its filaments to the other nerve trunk, so that on emerging from the chiasma each optic nerve is connected by one-half of its nerve filaments (fasciculus lateralis) with the cerebral hemisphere of the same side, but by the other half (fasciculus cruciatus) with the other hemisphere. Now, within the eye these nerve filaments divide in such a manner that the outer part of the retina is connected through the lateral fasciculus with the cerebral hemisphere of the same side, but the inner part of the retina through the fasciculus cruciatus with that of the other. This division of the nerve filaments, which has long since been demonstrated by the dissecting knife, is most distinctly confirmed by the various forms of hemiopia. It is in fact granted that, if the conduction in one of the optic trunks be in any point interrupted, the limitations of the hemiopic field of vision must, in consequence of this division of the fibres in the chiasma, be formed in a manner varying essentially according to the point where the nerve trunk is affected by the causes of the injury. If, for example, the conduction in the optic trunk proceeding from the right cerebral hemisphere be completely interrupted in consequence of pressure from a tumour affecting the nerve trunk behind the chiasma, complete anæsthesia must of course occur in the two right retinal halves, which are supplied with nerves precisely by that trunk, and consequently a corresponding defect in the field of vision must be met with, in this case occupying the left half of the field of vision of each eye. In the same manner we are justified in referring the seat of the morbid cause to the left hemisphere (the optic trunk behind the chiasma) in a case of lateral hemiopia, occupying the two dextral halves of the fields of vision.

This form of hemiopia, the *same-sided*, where the defect occupies symmetrically the two right or the two left halves in both fields of vision, is that which most commonly occurs, and dissection has in numerous instances confirmed, even in the most minute details, the diagnosis made during life, as to the seat of the cause of the disease. Most frequently the cause is in these cases to be found within the brain, and contemporaneously with the hemiopia other consequences of the cerebral lesion are met with, as hemiplegia, facial paralysis, &c., which then occupy the same side of the body as the limitation of the field of vision. On the contrary, the form of hemiopia occurring in the case now under consideration is very rare. The limitation of the field of vision here affects the outer half of the field of vision of each eye, consequently the right half of the right eye, and the left half of the left. The parts of the retina corresponding to these defects of the field of vision consisted, therefore, of the nasal halves of the retina, that is the parts which are supplied with optic filaments from the fasciculi cruciati. Hence, it is evident that the morbid cause which gives rise to the interruption in the conduction from these two retinal parts must have such a position, that *both* fasciculi cruciati can be acted on by the same influence, that is to say, that it must be situated in the middle between the two optic nerves, either in front of or behind the chiasma. Against its being situated behind the other central nerves the complete integrity of the oculo-motor nerve on both sides especially must be regarded as strong evidence against that assumption. It may, therefore, be assumed with probability closely bordering upon certainty, that the focus of disease in question, involving the two fasciculi cruciati has its seat directly in front of the chiasma.

The slow course of the disease, the progressive diminution of the power of vision during the lapse of two or three years, the absence of all signs of previous meningitis (the patient had never been confined to bed by illness), lead to the assumption of the existence of a tumour. Of what nature this tumour may be, it must be extremely difficult, if it be even possible, to decide.

It appears to me, therefore, that there is very good reason to justify us in assuming, that the hemiopia in the case before us, is caused by a not very voluminous tumour, situated on the sella turcica in front of the chiasma, which tumour has by compression removed the power of conduction in the fasciculi cruciati corresponding with the nasal parts of the retina. The circumstance that the "patient sometimes saw worse, sometimes better," as well as the complete blindness which came on last Christmas, by no means disproves the presence of a tumour, as such oscillations of the power of vision may easily be supposed to occur from a state of local irritation, and partial disturbances in the circulation in and around the tumour, which disturbances might subsequently partially pass off, leaving, however, behind them each time a diminution in the power of vision.

The line of demarcation so well defined, especially on the right side, between the defective and the still preserved halves of the field of vision, is in this case particularly striking. In same-sided hemiopia, where the compression of the nerve-trunk takes place behind the chiasma before the fibres have crossed, this boundary is always sharply drawn. It is also clear that the two perfect halves of the retina cannot here be attacked, so long as only the one nerve-trunk is compressed. The prognosis quoad cæcitatem is therefore in this instance very favourable. But the case is quite otherwise with the nasal hemiopias, to which group the history in question belongs. It is hard to understand why a tumour, situated in the middle between the two nerve-trunks, and compressing both, should exercise this compression only on the part of the nerve-trunk lying closest to the tumour, namely, the two fasciculi cruciati. Von Graefe remarks also, that in nasal hemiopias the boundary of the defect of the field of vision is not sharply defined. But that this *may* be so, is proved by the foregoing case. There can, however, be no doubt that the stage in which the patient was at the time of examination, was only a transition stage. It is, in fact, evident that if the tumour continues to be developed, it must extend its compressing and destructive influence more and more, and soon involve also the lateral fasciculi. That this has already taken place to a certain degree, is seen from the considerable depression of the eccentric vision, even in the parts of the field, which are still more or less preserved. The prognosis must therefore on this point be very unfavourable, and probably complete blindness will soon supervene.[1]

On superficial consideration, it may perhaps excite surprise that the patient did not himself observe the hemiopia. This is explained partly by the fact that the power of vision on the whole was considerably lowered, partly by the form of the hemiopia. In nasal hemiopias, in fact, the two fields of vision compensate each other, so that for example an eccentric object situated to the right, which therefore cannot be perceived on the anæsthetic nasal side of the retina of the right eye, is observed instead on the temporal side of the left. It therefore easily happens that the patients do not remark the defect of the field of vision, unless they accidentally close the one eye. In the same-sided hemiopias on the contrary, where such a mutual compensation of the two fields of vision does not take place, the fact cannot be unobserved by the patient.

A circumstance chiefly of anatomical and physiological interest still deserves to be noted, namely, that in hemiopia the boundary of the defective portion of the field of vision always passes through the fixed point, that is the yellow spot on the retina. If the fasciculus cruciatus exclusively supplied the inner half of the retina with nerves, and the fasciculus latealis exclusively the outer, the boundary of the defect of the field of vision in hemiopia should of course necessarily pass through the eccentric Marriotte's, or blind spot situated externally in the visual field, and which in the latter represents the papilla nervi optici. Now as this is not the case, the outer half of the retina, which certainly derives its nerves principally from the lateral fasciculus, must of necessity also to a certain extent receive some from the fasciculus cruciatus, although the knife of the anatomist has not as yet succeeded in demonstrating this fact.

In conclusion, I would remark, that ophthalmological literature contains only very few accurately described cases of this form of hemiopic limitation of the field of vision. Only one such case have I been able to meet with, where a *post-mortem* examination was made; and this is communicated by Dr. Sämisch, of Bonn, in the *Klinische Monatsblätter für Augenheilkunde* for 1865. The case was that of a man, aged twenty-three, who exhibited symptoms of nasal hemiopia for a year, and died suddenly with symptoms of meningitis. Dissection exhibited, in addition to the signs of suppurative meningitis, a tumour of the size of a pigeon's egg, lying in front of the chiasma, surrounded as by a fork by the optic nerves pushed out to the sides. The tumour proved to be a sarcoma, containing a quantity of hæmorrhagic cysts, and proceeding from the sub-arachnoid connective tissue.

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Correspondence.

THE CONTEST FOR THE UNIVERSITIES OF EDINBURGH AND ST. ANDREW'S.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Being deeply interested in this contest, I rejoice that you have given so much space to it, and regret that no medical candidate remains in the field, for the following as well as other reasons:—

First of all the medical profession is deeply discontented. We feel, sir, that until we get some representative in the house who can and will make our affairs his chief occupation, we shall never be able to redress our grievances, or obtain the consideration which is our due. Any one who notices how numerous in both Houses of Parliament are the representatives of the Church and the Law will understand why medical men have long groaned under injustice which either of the other professions would long since have been able to redress.

Secondly,—Medical politics are so complicated and their relations to general politics so numerous, that it would be useless to send to parliament any one who had not given them special attention, while the affairs of the profession would so fully occupy his time that party considerations would be but secondary.

Thirdly,—The voice of a competent authority on hygiene, sewage, and many subjects where legislation is needed, is much wanted in Parliament; and, with all deference to scientific men, only a medical man can be regarded as such authority.

Fourthly,—To represent us fairly we require not an experimentalist, not a mere M.D., however distinguished, but a gentleman, who while practising his profession, and freely mixing with his brethren, and so being conversant with their wants is also sufficiently interested in general politics to have associated himself with them, and to have formed opinions on all the social topics of the day.

Now, sir, tried by all these tests, there was only one candidate who could have completely represented the profession in all its aspects, and this is why many Conservatives would have voted for him. In my opinion, although to some extent connected with our faculty, Professor Playfair has not nearly so much claim on the support of medical men. It was all along equally admitted that Dr. Richardson's claims were rather scientific then anything else, and as to both these candidates, I cannot think the floor of the House of Commons the best place to ventilate scientific problems, and therefore do not care for either of the so-called scientific candidates.

Now Dr. Prosser James possesses all the claims I have named. As a medical politician he has no superior, perhaps no equal. I believe that he possesses the confidence not only of the great body of his professional brethren in practice throughout the kingdom, but of the Surgeons of the Army and Navy, and of the dissatisfied Poor-law medical officers.

Then his proposed reform of the Medical Council is Conservative in the best sense of the word, inasmuch as it preserves all that is good and useful by removing imperfections and adapts existing institutions to the wants of the times. Nevertheless, the changes he proposes would constitute a veritable *reform*.

Again, so far as authority to speak on certain questions is concerned I suppose no one will dispute it.

As a teacher of hygiene in one of our metropolitan hospitals his attention must constantly be occupied with the subjects he would have to advise upon, while the lengthy period he is known to have devoted to the study of jurisprudence should strengthen his authority on points where law and medicine are both involved. There are other reasons in his favour which I cannot touch upon. I shall only allude to those which justify medical men of both parties in supporting him.

The acceptance of his programme on medical reform by men of all parties proves that though a liberal he is not so rabid as has been insinuated. Iconoclasm cannot be charged against the man who only proposes to adapt our institutions to the wants of the day, and the chief merit of whose scheme is the ease with which it may be effected and the little change he insists on.

On the other hand though medical politics were his greatest claim, he never set up his class above all others. I see from the report in your paper that at the meeting of the St. Andrew's Medical Association he said, and thereby I doubt not lost the support of those who can only see their own petty interests, that "medical men should remember that society did not exist for their sake but that they exist for the sake of society." There is, therefore, no fear that his views are too narrow.

Lastly, on ecclesiastical questions,—Here I admit he is at issue with a very large party, but Professor Playfair is, as far as I can make out, as bad. If a Scotch episcopalian is prepared to let the Irish branch of the Church of England go, it is not surprising that an English or Scotch dissenter, whichever he may be, should be equally heretical.

I think that, for the sake of such a medical representative as Dr. Prosser James, the profession would have acted wisely to ignore ecclesiastical questions altogether.—I am, &c.,

A Conservative M.D.

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LAST SUMMER'S CHOLERA AND DIARRHŒA.

The quarterly returns contain amongst other matter the details of the cases of diarrhœa and cholera that occurred last summer. We extract the following:—

"Summer cholera prevailed with considerable severity in London, where 267 deaths were ascribed in thirteen weeks to this cause. The cases were published in the 'Weekly Tables' in the terms employed by the medical attendants; such as cholera, cholera infantum, choleraic diarrhœa, English cholera, and in a few cases Asiatic cholera. A few individual cases were of short duration in adults, and were probably undistinguishable in their symptoms from many cases in the epidemic of Asiatic cholera, as it prevailed in the year 1866; but the character of the cases as they generally occurred, the diarrhœa, the coincidence of an excessively high temperature, and the general course of the epidemic, left no room to doubt that it was the common summer cholera of Europe. The late Spanish Government, however, chose under this pretext to subject vessels from the United Kingdom to quarantine on and after July 22, and it does not appear that the restrictions were taken off before the Spanish Government itself had been removed. 3,145 deaths from diarrhœa occurred this summer in London, while the deaths from diarrhœa in the two preceding summers were 2,186 in the year 1867, and 2,298 in the year 1866, when cholera was epidemic. It is probable, as formerly several types of disease were confounded under the name of fever, so it may be now with diarrhœa, some of which may be the result of cholera matter bearing the same relation to the Asiatic matter as cowpock bears to varioloid lymph.

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[1] The patient was only for a short time the subject of clinical observation in the hospital, and has not since been heard of.

"Fatal as diarrhœa was in London, it was much more fatal in all the other large towns. Thus, 821 deaths from diarrhœa were returned in the borough of Birmingham, with a population of 352,296; at the high London rate the deaths would not exceed 350. In Liverpool the deaths from diarrhœa were 859, Manchester, 869; Salford, 279; Sheffield, 407; Leeds, 566; Bristol, 157; Bradford, 205; Hull, 226; Newcastle-upon-Tyne, 122; Leicester district, 330; Nottingham district, 165.

"The deaths from diarrhœa in Leicester at the high London rate would have been about ninety; so that in that district there must exist conditions exceptionably favourable to the diffusion of diarrhœa.

"Liverpool, Birkenhead, Manchester, Salford, Leeds, and Bristol have now Health Officers, and they, with the Health Officers of London, will, we may hope, have all the assistance they require to enable them to investigate the course, and remove the flagrant causes of a malady which is so fatal to the population."

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NOTICES TO CORRESPONDENTS.

Inquirer.—In December, 1618, the first edition of the *Pharmacopœia* was published; there had been one printed some few months previously, but owing to the many inaccuracies it contained, the major portion of the edition was withdrawn.

Dr. J. S. E.—You will find the information you require in our "Students' Number."

A General Practitioner.—I. Syrop of phosphate of iron and manganese has been found very useful when judiciously administered.—II. Several eminent authorites recommend the inhalation of carbolic acid in the form of spray, varying from half a grain to one and a half grains of carbolic acid to one ounce of water, in the first and second stages of phthisis; but where the case is very acute, and the process of softening is going on rapidly, Dr. Marcet thinks the inhalation of the spray might be attended with danger, from its depressing influence over the action of the heart. The authority we have quoted advises a very cautious administration of this spray, and if giddiness, faintness, trembling, with a permanently weakened pulse, or any increased irritation in the lungs should result from the treatment, it should be at once discontinued.

Entire Wheat Flour.—We have to hand a sample of Chapman and Co.'s Entire Wheat Flour made at their mills, Hatcham. The use of the whole of the grain is now pretty generally acknowledged. Besides its use in the nursery as children's food, the manufacturer states that it makes excellent puddings, custards, &c. It contains the earthy salts and the other substances which exist in the outer coats of the wheat, and which are not found in ordinary fine wheat flour.

The following letter addressed to a contemporary has been forwarded to us, with a request for its publication in our columns:—

Liebig's Extract of Meat Company, Limited,
43 Mark lane, London, November, 1868.

Sir,—Your last number, dated 31st October, refers to assertions of a Dr. Kemmerich that Liebig's Extract of Meat acts, in large doses, as a poison. You are probably not aware that extract of meat is, in fact, nothing but solid beef tea, from which the water has been evaporated, free of fat and gelatine; and that the extract has been used both for medical and household purposes for years past, with such increasing success that the main difficulty of dealers generally has been to find an adequate supply for the rapidly augmenting demand. The medical profession, eminent scientific authorities, and Government commissions have reported very favourably on extract of meat as an article of food, and there has never been a single instance of its use having produced any injurious effect. It is manifest that the insinuation that the extract is poisonous in any way is perfectly absurd.

I am, &c.,
Chas. Rotter, Secretary.

Dublin Quarterly Journal.

To the Editor of the Medical Press and Circular.

Dear Sir,—I observe that in the Medical Press and Circular of the 28th ult., you announced my retirement from the editorship of the "Dublin Quarterly Journal of Medical Science." and take the opportunity to refer in very complimentery terms to the manner in which the journal has been conducted under my management.

It is quite true that the pressure of other engagements has obliged me to resign the editorship, but you have been misinformed as to my successor. Dr. Little, F.K. and Q.C.P, and Physician to the Adelaide Hospital, who for some years has been a frequent contributor of reviews as well as of original communications, takes my place as editor; and the journal will continue to be published by Fannin and printed by Falconer as hitherto, and undergo no other change except such improvements as the great zeal and ability of its new editor may effect.

I am Sir,
Yours very truly,
George H. Kidd.

17 Merrion square, East; Nov. 7, 1868.

Dr. W. Sharp, Rugby, complains that "medical journals are not open to a considerable number of the profession—namely, to all those who have thought it their duty to investigate homœopathy"—and expresses a hope that the Correspondence columns of our journal will be opened to the views of this class of practitioners. We have always taken credit to ourselves for the broadness and tolerance of our views of medical practice, and we should be glad at all times to give correspondents of every opinion the fullest scope in our power. We must, however, interpose the proviso that homœopathy or any other peculiar theory shall be discussed on broad scientific grounds. We cannot accept *exparte* statements without some tangible and substantial principle to confirm them. If Dr. Sharp has real arguments to adduce in favour of homœopathy we shall be glad to publish them; and we afford him the use of our columns with the greater confidence, from the high scientific position which Dr. Sharp enjoys. Dr. Sharp is a Fellow of the Royal Society, of the Geographical Society, and of the Royal Medical and Chirurgical Society; an M.D., and an ex-Senior Surgeon of the Bradford Infirmary.

Dr. Lane.—Your letter on "Poor-law Medical Reform" shall appear in our next.

Dr. Maurice.—See previous reply.

Dr. Haslett.—Your complaint is a serious one. We will make enquiries into the character of the person mentioned, and let you know the result.

Errata.—In the paper of Dr. Sturges, in our issue for Oct. 28, owing to the corrected proof not having reached the office, there are some misprints, in which the most important are "limb" instead of "that," "aneurism" for "anasarca," and "pneumonia" for "phenomena."

A Smoker says that Condy's Fluid is the best thing to remove the odour after smoking. He adds that a few drops of Condy's Remedial Fluid will remove the symptoms sometimes brought on by excessive indulgence in the weed.

M.A., M.D., Edinburgh.—The subject was discussed in our last issue.

New Subscribers.—The following gentlemen will please receive our best thanks. The journal shall be sent to them forthwith.—Dr. McGlovin, Dr. O'Sullivan, Dr. Swanton, Dr Maturin. Dr, Stokes Dr Wilson, Dr. Massy, Dr. Peppard, Dr. Keidy, Dr. Smartt, Dr. Stafford, J. Aston, Esq., Dr. Dobbs, Dr. Myrtle, H. Waldron, Esq., Dr. Ringland, Dr. Peirce, Dr. Moyle, Dr. O'Kelly, Dr. O'Connel, Dr. Patman, Dr. McDermott, Dr. Nason, Dr. Quinlan, Dr. Robinson, Dr. Walshe, Dr. Murray, Dr. McMunn, Dr. F. Pratt.

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APPOINTMENTS.

Adrien, J. W., L.K.Q.C.P.I.—Medical Officer for the Workhouse and Fever Hospital of the Drogheda Union, Co. Louth, vice R. Kelly, M.B., deceased.

Anderson, W., L.R.C.P.L., M.R.C.S.E., L.S.A.—House-Surgeon to the Derbyshire General Infirmary, late House-Surgeon at St. Thomas's Hospital.

Ash, V., M.B., L.R.C.P.L.—Elected Medical Officer to the Royal Cornwall Infirmary, Truro.

Hallowes, A.H.B., M.R.C.S.E.—House Surgeon to the Kent County Ophthalmic Hospital, Maidstone, vice A. H. Morrill, M.R.C.S.E., resigned.

Hardy, N., M.R.C.S.E.—Honorary District Surgeon to the Royal South London Dispensary.

Hart, W., L.R.C.P.Ed., M.R.C.S.E.—Resident Medical Officer to the Kilburn, Maida-vale, and St. John's Wood General Dispensary.

Hensley, H., M.D.—Elected a Physician to the Mineral-Water Hospital, Bath, vice J. Tunstall, M.D., resigned from ill health.

Jeaffreson, C., M.R.C.S.E,—Surgical Registrar to the Westminster Hospital.

Jones, J. E., M.D., M.R.C.S.E., L.S.A., L.M.—Surgeon to the Merioneth County Gaol at Dolgelly, vice Wm. Williams, F.R.C.S., deceased.

Leonard, W.—Resident Medical Officer to St. Mary's Hospital, Manchester, vice F. Orton, M.D., resigned.

Taylor, J., L.R.C.P.L., M.R.C.S.E.—Honorary Surgeon to the Chester General Infirmary, vice Thomas Britain, F.R.C.S.E., resigned.

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Births and Deaths.

BIRTHS.

Leatham.—On the 25th ult., at Brackaville House, Coulisland, the wife of Dr. Leatham, of a son.

Ashe.—On the 5th inst., at Warrenpoint, the wife of Isaac Ashe, Esq., M.B., T.C.D., of a son.

DEATHS.

O'Brien.—On the 18th ult., at Fermoy, Henry O'Brien, M.D., of Kylebeg.

Sheppard.—On the 5th ult., at New York, suddenly, while engaged in professional duty, Dr. J. W. Sheppard, son of Dr. J. H. Sheppard, of Abbeyleix, Queen's County.

Stewart.—On the 24th ult., at Edinburgh, Archibald Stewart, L.R.C.S. Ed., Inspector-General of Hospitals.

Swaine.—On the 1st inst., at St. Leonard's place, York, W. E. Swaine, M.D., F.R.C.S., aged 64.

Wilson.—On the 23rd ult., at Cheltenham, Andrew Wilson, late Inspector-General of Hospitals, Bengal Service, aged 66.

Young.—On the 23rd of September, Edward Newell Young, of the ship "Baringa," eldest son of Dr. Edward Young, of Salisbury, Wilts aged 19.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 18, 1868.

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ON HEAT-STROKE.*

By C. Handfield Jones, M.B., Cantab., F.R.S.

Gentlemen,—I have with some natural reluctance consented to the request made to me by your officers that I should read before the society the first paper of the session on which we are now entering. I might naturally be reluctant, for the notice was short—scarce more than a week—my previous engagements were pressing, and I could not but feel very sure that there were many other members who were capable of fulfilling the task much better than I can hope to do. Yet as the request was urged, and as I would gladly make up, if it may be, for my lack of service to the society of late years, I have undertaken to do what I may, and I only beg your indulgent consideration of an effort on which I would gladly have bestowed more time had it been at my disposal.

The subject on which I propose to address you is surely appropriate to the autumn of a year like 1868, which has been marked by a summer of unusual heat. In an extract made by a friend from the Meteorological Report of Greenwich Observatory it is stated that "the mean temperature of the week (July 18th-25th) was 69°.2, which is 7°.6 above the average of fifty years. The highest day temperature was 92°.6, on July 22nd, a higher value than has been recorded at the Royal Observatory as far back as authentic record extends." The same gentleman found the temperature of his consulting-room, which has a north-eastern aspect, on July 16th, at 9 a.m., 78°, and at 5 p.m., 83°. On the 21st, in the afternoon, the thermometer marked 84° in the same place; on the 22nd, 858; and in his bed-room at midnight, 80° on both days. On July 22nd I found the heat in the valley of the Rhone almost too much for endurance, while I was exposed to the rays of the sun sitting on the outside of a char, and in the shaded salon of the hotel the temperature at 3.30 p.m. was 81°, and that of my axilla was 99°.3, which is verging on abnormal. But excessive as the heat has certainly been in Europe this year, and much as many of us have felt its effects, we must not forget how very much greater has often been endured by our countrymen in India without serious injury. At the siege of Delhi, as Sir R. Martin states, officers were exposed all day to the sun of June, July, and August, and yet preserved their health under a temperature of 130° or more to a wonderful extent. But though such high temperatures may be endured by many, there is no question that excessive heat is often a very messenger of death. In New York the mortality from this cause is very remarkable. In August, 1853, 224 persons died from sunstroke; in 1863 there were 135 deaths from the same cause; in 1866 there were 230; and in the present year, up to July 18th, there were no less than the prodigious number of 833. An extract from a New York paper for (I believe) 1866, states that a week of extremely hot weather, the thermometer in the shade marking 110°.5, and in the sun 125°, proved more fatal to human life than any pestilence that ever visited that city. There were 940 deaths during five days, a daily average increase of 128 over ordinary times. This terrible mortality, exceeding that of our worst cholera season, is directly traceable to the intense solar heat that prevailed during the time mentioned. The victims were principally children, nevertheless there were 60 fatal cases of sunstroke in one day. It is an appalling reflection that 60 healthy men and women were suddenly struck dead on the pavement in this city between the rising and setting of one day's sun. The above statements suggest the probability that the effects of heat do not depend solely on the degree of temperature, but also on other modifying circumstances which may vary in different places. To this subject we may again allude; at present I will ask you to follow me in a short *aperçu* of the phenomena of heat-stroke, understanding by this term not only the effects of exposure to the direct rays of the sun, but those also which are met with in persons under shelter. We will first take the more severe cases, and afterwards those of less gravity. Dr. Maclean approves the classification adopted by Dr. Morehead, who divides insolation into three varieties, the cardiac, the cerebro-spinal, and the mixed. "In the cardiac variety, although it is probable that the sufferer is himself conscious of some premonitory symptoms, there is seldom time for their full development so as to attract the attention of the bystanders before the patient falls, gasps, and in some

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[1] Read before the Harveian Society, 16th October, 1868.

severe cases expires before there is time to do much, or anything, for his recovery, death taking place by syncope." This form is most frequently seen in men who are exerting themselves in the heat of the sun while in full dress and with their accoutrements. Sir R. Martin speaks of powerful native officers and troopers falling from their horses during a forced march of forty miles under a most fierce sun, vomiting, convulsed, cold, and covered with profuse clammy sweat, in fact, in a state of more or less complete syncope. In the cerebro-spinal cases, premonitory symptoms generally give notice of the coming danger. These are heat and extreme dryness of the skin, giddiness, congestion of the eyes, extreme debility, nausea, and frequent desire to micturate. The heat is said to be remarkably ardent and stinging, and raises the thermometer sometimes as high as 107°. Sometimes delirium is one of the earliest symptoms, the patients starting up evidently much alarmed, staggering along, and struggling violently when laid hold of, or uttering wild shouts of laughter, or becoming incoherent in their talk, threatening, and quite maniacal. French soldiers in these circumstances have often committed suicide. After a longer or shorter continuance of the above symptoms the patient becomes insensible; the heat and dryness of the skin augment; the respiration becomes hurried, noisy, laboured; the pupils contract and are quite insensible to light; the eyes become more congested; the heart's action tumultuous; the pulse, sooner or later, feeble and irregular; and death takes place by coma, with or without convulsions. When convulsions exist they may occur at an early or late period.

In the mixed form the symptoms of both varieties are blended, and death occurs partly by coma, partly by asthenia. A great majority of the favourable cases, it is stated by Sir R. Martin, occurring during a march, belong to this mixed condition.

The heat of the blood is no doubt in all cases increased, though this point does not seem to have been extensively examined as yet. Dr. Baümler has recently recorded a very interesting case of heat-stroke, occurring in London during June, 1866, in which the temperature in the axilla was 109°.2 soon after the seizure. Ice was applied freely all over the surface, and the patient placed in a tepid bath at 80° for a short time. The temperature gradually declined, and about two hours before death was only 102°.4. In some cases treated by Dr. Levick, at Philadelphia, the temperature was also very high, in two amounting to 109°. It is worth remarking that in Dr. Baümler's case there were frequent loose evacuations from the bowels, consisting of a light yellow fluid with flakes like coagulated albumen.

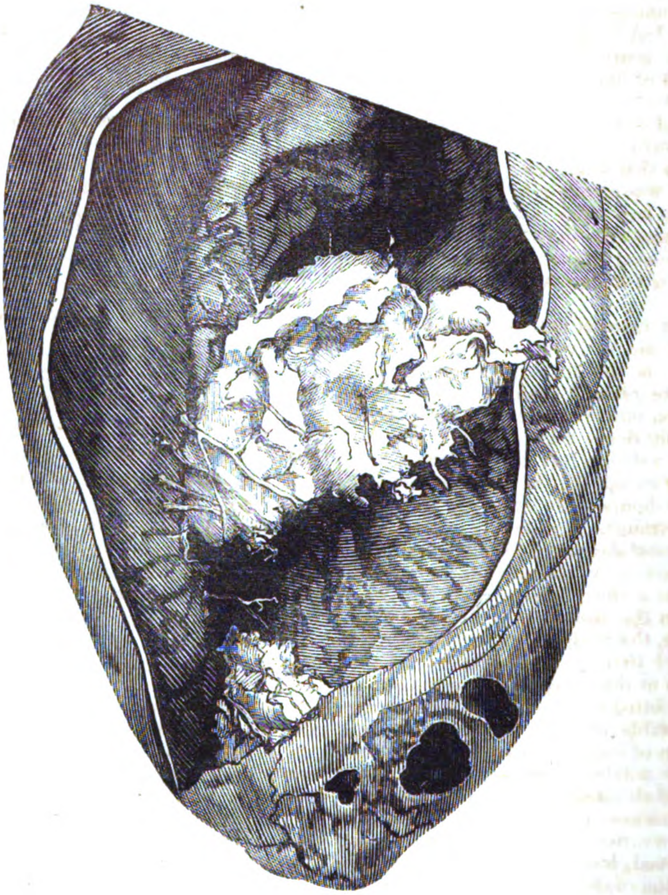
The results of *post-mortem* examination so far as we are acquainted with them seem to be tolerably constant. The blood is invariably fluid, that is to say, has lost its power of coagulating; and as this depends on the fibrine, we must regard this constituent as in some way deficient or gravely altered. The lungs are prone to be extremely congested, sometimes quite black and presenting the appearance of pulmonary apoplexy; occasionally the congestion has advanced to actual extravasation, the bronchial tubes being filled with frothy serous blood. The brain and its membranes are sometimes also extremely congested, but less constantly and less intensely than the lungs. Sir R. Martin considers that the more or less rapid course of each case modifies the *post-mortem* results. Where death takes place rapidly in the way of syncope, there are found but slight traces of disease within the cerebral cavity, but intense pulmonary engorgement is present, ending sometimes in pulmonary apoplexy; while in cases of slower progress we find the vessels of the dura mater gorged almost to bursting, and more or less congestion of the brain itself, with copious and extensive serous effusion on its surface and within its ventricles. I subjoin the record of a fatal case which occurred at St. George's Hospital during the present year. A man, æt. 60, was seized some time in the afternoon of July 16th with a fit which cannot be accurately described. He fell down, became unconscious, and was admitted in a moribund condition, with a small, very rapid pulse. He died soon after. *Post-mortem* 19 hours after death. Body much decomposed. Brain intensely congested and of a pinkish hue throughout. The puncta vasculosa were greatly increased in number, and around the larger ones there was a distinct halo of discolouration, due to the soaking of the blood through the walls of the vessels. The ventricles contained a quantity of deeply-tinged bloody fluid. The substance was of firm consistence, and the central parts were not broken down. The lungs were very much congested, especially the lower parts, where they had the appearance of pulmonary apoplexy, except that the congestion was not in circumscribed patches, but uniformly diffused. The heart was uncontracted and empty, its structure was fatty and rotten, and the valves blood-stained. The blood was universally fluid. The liver was natural. The spleen soft and full of blood. The kidneys were congested and the tubes full (*Lancet*, 1868, July 25).

Congestion of the lungs is one of the most striking and frequent phenomena revealed by dissection, but it is not constant. Out of forty-seven cases tabulated by Mr. Mercus Hill, there are eight in which it is stated that the thoracic viscera were healthy, except extensive adhesions in several. In another there was only partial hepatization of the left lung, and in some others the congestion does not seem to have been at all excessive. In one case the right lung was healthy, but the left was excessively gorged with blood. In several instances there was either bloody fluid in the pleural cavity or ecchymosis, or diffused extravasation beneath the pulmonary pleura. The right cavities of the heart were not invariably distended. Most probably in all where the lungs appeared tolerably healthy there was nothing unusual in their condition. In some it is said that the heart was empty and natural. The evidence that the brain may be congested as well as the lungs seems to me decisive; there is the same description of gorged vessels and of blood-stained effusion in not a few instances.

Before quitting this part of my subject I will record another case which, by its contrast with the preceding, may serve to put us on our guard against the error to which we are too liable, of laying undue stress on palpable alterations compared with those which are not so evident to our senses. A. D., boy, æt. 8, was admitted into St. Mary's Hospital on July 30th of the present year. His mother states that on the 29th he had been out all day in the sun without a hat, and without having any food. In the evening, when he came home, he was convulsed and fell down insensible. These convulsions occurred during the night, and when brought in he was quite insensible, with deep stertorous breathing, pulse at 62. The next day (31st), at 11.30 a.m., he lay quite unconscious; pulse 78, jerky and thready; pupils rather dilated, contracting on application of light; breathing stertorous; skin of head hot; respirations 25 per minute. During the night he had several convulsions, and about this time (when the notes were taken) he had another fit lasting two minutes; the mouth was drawn to the right side, the right eye turned inwards, the pupils widely dilated, the hand and leg drawn upwards. Temp. in axilla, 100°.

Post-mortem, one day after death. Body well nourished. Some froth and mucus escaping from the nose. A little fluid in both pleuræ. Adhesions, partly of recent formation, existed on both sides. Lungs were bright red, and in some parts appeared congested, but were everywhere crepitant, except a few lobules which were unexpanded. In the lower lobes of both were many bright red patches, and some quite pale. They were often arranged so that a red patch of one-eighth or one-fourth of an inch diameter was surrounded by a pale anæmic zone; these patches did not correspond with the lobules. There were a few spots of extravasation which appeared to be capillary. Bronchi filled with purulent mucus, their lining mem-

SYPHILITIC DEPOSIT OF THE HEART.



BY MR. MORGAN, F.R.C.S.I.,

SURGEON TO THE WESTMORELAND LOCK HOSPITAL, ETC.

brane highly vascular. Microscopic examination of lungs showed no inflammatory cells or other products except in the bronchi. Heart contracted; both sides contained blood; the right side was not remarkably full. The blood was particularly apt to stain, its coagulation was very imperfect. There were soft black, but no white clots; some bubbles were seen in the right ventricle. On microscopic examination many small white masses were seen, just large enough to be visible to the naked eye; these appeared to be clots containing a great number of colourless corpuscles. Liver and kidneys perfectly healthy. Spleen small and hard, its Malpighian corpuscles were very evident. Brain anæmic and dry, its sinuses very empty, not many puncta vasculosa. The symptoms during life in this boy, and the mode of his death, were closely similar to those observed in the case at St. George's, but the *post-mortem* phenomena were very different. The lungs in the former were but slightly congested, the brain absolutely pale, and the heart well contracted, without any notable accumulation of blood on either side. In the elderly man all this was reversed; the only point of resemblance is the uncoagulated state of the blood, and its tendency to allow the colouring matter to escape from the red cells. It seems plain that some less visible alteration must have existed which was common to the two cases.

It may be mentioned here that meningitis is occasionally the result of exposure to the sun, even when the head is covered. I have seen one such case myself, and another occurred a year or two ago at St. Bartholomew's (I think).

I proceed to cite some cases of minor severity, which, nevertheless, appear to me of very great value, and capable of indicating to us the true pathology of the malady perhaps even more clearly than those where the events are more numerous, more complex, and on a larger scale. A well-known physician related to me once his personal experience of sun-stroke. It did not affect him notably in any other way except that he slept almost continuously for forty-eight hours. He suffered, in fact, a moderate coma. Dr. Strange, in a highly interesting paper in the *British Medical Journal*, 1868, August 29th, relates the following case:—A stonemason, a strong, muscular man, working at a short distance from the hospital one hot day early in the season, was brought in in a state of partial collapse, the result of sudden sun-stroke while at work. He stated that he had suffered from the heat for the previous two or three days. Having recovered from his collapse, he exhibited the next day the following symptoms, viz.—considerable dulness of apprehension, loss of memory, hesitation of speech, with defective sensation and motion over the whole of the body. The skin was cool, and had been so all along; the pulse slow and small; there were sleeplessness and anorexia. With cold shower-bath, aperients, nourishing diet, and afterwards quinine, he slowly improved, but was unable to leave the hospital on account of the defective sensory and motor power of the limbs. He was Faradised, and after three months was discharged pretty well. In a second case the patient, a slim youth of 18, after exposure to a broiling sun, suffered collapse. In the evening he had vomiting, smart fever, rigors, with preceding pain in head and hot skin. The next day the vomiting continued, the thirst was excessive, he had pain down the spine and in all the muscles, and at night delirium, which continued to recur, and was exceedingly violent on the fourth night. A tendency to syncope was occasionally present. With ice to the head and internally, tepid sponging of the surface, and beef tea with brandy every three hours, the patient became rapidly convalescent. In a third case a man, æt. 48, energetic and muscular, after much exposure to the heat, suffered with weariness, pain in back of head or down spine, inability to sleep after two a.m., and great and causeless anxiety. He was speedily cured by bromide of potassium. Dr. Buller (*British Medical Journal*, Aug. 22nd, 1868) relates the case of a lady, æt. about 30, strong and unused to illness, who, while walking in the street on a very hot day, was suddenly seized with pain in the head, giddiness, faintness, and a sensation as if she should die. She looked so ill when seen as she was returning home, that she was with difficulty recognised. For nearly fourteen days she remained very ill, suffering with sleeplessness, disturbed nights, anxious fearful days, with occasional aggravated attacks of pain in the top of the head, which was hot, confused vision, vertigo, sickness, loss of power in her limbs, palpitation of the heart and irregular quick pulse, with a sensation of coldness of the body, and often a distressing anxiety as if she were going to die. Quiet, cold to the head, aperients, and bromide of potassium were serviceable; and subsequently much seems to have been effected by a combination of small doses of calomel, tartar emetic, and muriate of morphia given repeatedly. In a case at present under my care in St. Mary's Hospital, the prominent symptom of the first seizure which the patient had in England (he had had one previously in Japan) was loss of sight, which lasted a few minutes. In a third attack he became unconscious, as he did in his first.

(To be continued.)

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CASES OF SYPHILITIC DEPOSIT IN THE HEART.

(*See Engraving.*)

With Observations thereon

By JOHN MORGAN, F.R.C.S.I.,
Professor of Practical Anatomy in the Royal College of Surgeons in Ireland and Surgeon to Mercer's Hospital.

THE insidious and not infrequent formation of "gummata" on late syphilitic deposits in the various internal organs has always been a point of interest in the history of the later stages of the disease, their formation having been observed in the osseous system and viscera, both thoracic and abdominal; and many anomalous symptoms have been explained by *post-mortem* detection.

Their occurrence as in the subjoined case on the heart is remarkable. In this instance death was gradual and slowly produced, contrary to most of those hitherto recorded, where death occurred suddenly, and without warning of any pre-existing cardiac lesion. In this instance, also, there can be no question as to the saturation of the system with the syphilitic poison, and its external evidences at the time of death.

S. B. (Ward No. 1, Bed 6) was admitted June 8, 1868, suffering from leucorrhœal discharge and general debility. Has been upwards of twenty years unvirtuous, and eighteen years ago was treated in hospital for genital sores. She was then hardly seventeen years of age, and had ever since led an unvirtuous life, with its concomitant evils of dissipation, exposure to cold, &c.; having been five or six times affected by sores, the dates of which it is not easy to obtain with any reliability, and two or three times by gonorrhœa, about ten years ago she had a "rash," not to such an extent as, she remarked, to disfigure her, and which was cured out of hospital. She had never observed any other results of the primary sores, nor till lately suffered in any way from pains, sore throat, or other well-marked constitutional affections. She never took mercury in any form. On admission she presented the appearance of one considerably advanced in age, looking fully twelve or more years older than she really was. The limbs were very thin; the neck and face slightly puffed and of a dingy hue; the lips blueish. She suffered much from coldness and lassitude. The breathing was 22 per minute. The pulse was remarkably feeble, but regular, varying from 56 to 66 according to position. The area of cardiac dulness was considerably diminished; the impulse also was less perceptible both to the eye and touch. There was no abnormal sound, but diminished intensity of the first. There was no evidence of disease of the lungs; the other viscera seemed healthy, and the liver was not enlarged. She was now suffering from pains in the shoulder and knee joints, thickening of the periosteum of the left tibia, and the formation of three gummy tumors on the thigh and one on the shoulder, the latter having nearly proceeded to ulceration. She was ordered generous diet, stimulating mixture, with cinchona, wine, &c., freely.

June 11, 1868.—She complained a good deal of palpitation and precordial uneasiness, and of increasing debility; could not rest. There was no orthopnœa, but the breathing was at times greatly hurried. There was some dilatation and slight pulsation of the right external jugular vein, and a faint bruit over the heart and great vessels. The subsequent history of the case is that of gradually increasing debility. The pulse became feeble, till for several days preceding death it was hardly perceptible, feeling as a mere wave or undulation under the finger. The semi-congested appearance of the face increased notably, but not to an inordinate degree. The heart sounds became more indistinct. There was much irritability of stomach at times, and notwithstanding an abundant use of stimuli and nutrition, finally the patient "died out," without suffering from any special or overwhelming symptom, on July 24, 1868, six and a half weeks after admission. Two of the gummata had nearly ulcerated, and the pains in the joints had diminished.

A *post-mortem examination* was made 18 hours after death. The body was emaciated, and rigor mortis well marked. There was slight puffiness about the neck and face. The pericardium was healthy, and contained a few drachms of fluid. The right side of the heart was distended, and the organ itself was small, weighing but five ounces, indicating chronic failure of nutrition, as occurs in phthisis, cancer, and other wasting diseases. On opening the right ventricle a large clot nearly filling the cavity was to be seen (as shown in the illustration) entangled in and forming around the carnæ columnæ, whitish, very firm, dense, and fleshy-looking. When torn away from the lining membrane, to which it was adherent but not covered by, it came in shreds, or lamina, and in section was solid. Its formation must have been altogether *ante-mortem*, and by its increase and density it encroached on the cavity to a very great extent. The infundibular portion of the ventricle was quite free from coagulum and empty. The right auricle was distended with a soft, gelatinous, and coloured *post-mortem* clot, extending into the superior vena cava. The left ventricle was of small size and apparently healthy, but towards the apex on the anterior aspect presented one smaller, and two larger elevations or nodules, both being raised about half a line over the level of the ventricular wall, as shewn in the illustration, accurately drawn by Mr. Grey. To the touch they felt firm, and on section were found to penetrate one-fourth into the substance of the ventricular wall. The colour was not the yellow tubercular hue depicted by Ricord in his case (plate 29), but was more of a very pale flesh or cream colour. On making a section the edge of these deposits was tolerably defined, but at the deeper part, where imbedded in the fleshy substance, not so plainly discernible. On the posterior aspect of the left ventricle another smaller deposit, but more distinctly marked, was also seen embedded in like manner. The cavity contained a small, dense, whitish blood concretion, entangled amongst the carnæ columnæ. The wall of this ventricle was half-an-inch thick, while that of the right was thinner and denser than usual, as shewn in the section. There was no valvular lesion whatever. The lungs were healthy and contained no deposits. There were a few old adhesions. The liver was rather small and pale, not indurated, and presented on the under part and towards the thin edge three deposits, hardish, slightly yellow, raised over the surface, and about the superficies of a sixpence. The other viscera were healthy. The head was not opened.

The occurrence of syphilitic deposit or gummy tumor in the heart itself, though recognised by Virchow, Ricord, Haldane, and others, is rarely demonstrated. The formation of these tumors in the tongue as the prelude to tubercular ulcers, and in the muscles themselves, is undoubted, having been seen in many of the large voluntary muscles, such as pectoralis major, sterno-mastoid, vastus, glutæus maximus, trapezius, etc., exactly analogous to the well-known gumma of the cellular tissue,—one of the latest, but by no means the least troublesome manifestations of constitutional infection, commencing as a hard nodule in the cellular tissue, gradually leading to ulceration, and consisting microscopically, according to Robin, of "rounded nuclei belonging to fibro-plastic cells, or 'cytoblastions,' of a finely granular, semi-transparent, or amorphous substance, and finally of isolated fibres of cellular tissue, a small number of elastic fibres, and a few capillary blood vessels." Bouisson remarks, speaking of syphilitic tumors in the muscles:—"It is difficult to determine whether the earliest change takes place in the muscular fibrils or in the intervening cellular tissue, although analogy would lead us to believe that it is the fibro-cellular element connecting the fleshy fibres or serving as their sheath that is first involved." On microscopic examination of the tumors in this case, the muscular fibres could be seen around the section of their natural appearance; in the interior they were few, and surrounded by a homogeneous, dense, structureless material, in which I did not detect any granules. To the feel these tumors were firm, and felt to the knife dense and easily sliced.

The case related and illustrated by Ricord ("Iconographie," plate 29) presents a history, as in this instance, of a long-standing constitutional infection, and its manifestation by the formation of gummata or external deposits. The patient received his first sore in 1824, another in 1826; between 1829 and 1834 he had several sores. In 1834 he got a sore, followed by swelling of the inguinal glands, succeeded by mucous patches. He remained apparently cured till 1845, when "tubercules" formed, followed by ulceration, both on the shoulder and penis. While under treatment, and apparently going on favourably, he suddenly died. On *post-mortem* examination the heart was found hypertrophied, the right ventricle containing soft coagula, and its endocardial lining thickened; not so in the left. The walls of both ventricles contained deposits of a yellowish matter, dense, "criant," to the knife, and in some places of a "squirrhoïde" consistence and in others like tubercular matter in process of softening; "in a word, of syphilitic tubercules, a tertiary evidence often found in the subcutaneous and submucous cellular tissue." "Around these morbid products there was no disturbance, 'refoulement,' of the muscular fibres, for the degeneration was in the substance of the muscular fibre itself."

From inspection of M. Ricord's plate, the heart contrary to the condition in this case, was very considerably hypertrophous, and the deposit more abundant and tubercular in appearance.

Mr. Haldane has given a case of syphilitic deposit in the heart, but without the co-existence of other indications of the disease, and where death ensued suddenly. Here also the heart was largely hypertrophous (*Edinburgh Medical Journal*).

Dr. Walshe remarks, page 355:—"Some years ago I opened an individual cut off by tertiary syphilis, whose heart presented appearances suggesting the possibility of productions similar to subcutaneous gummata being found therein," but no mention is made as to the condition of the heart's substance, whether hypertrophous or not.

With regard to this case, it is curious, and illustrative of the modifying effects of the system, that signs of constitutional syphilis showed themselves but once in upwards of twenty years, and that not till a few months before decease did well-marked signs of general infection develope themselves.

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ON RAPID DILATATION WITH THE SCREW DILATOR, WITH CASES.

By Charles Owen Aspray, M.D.,

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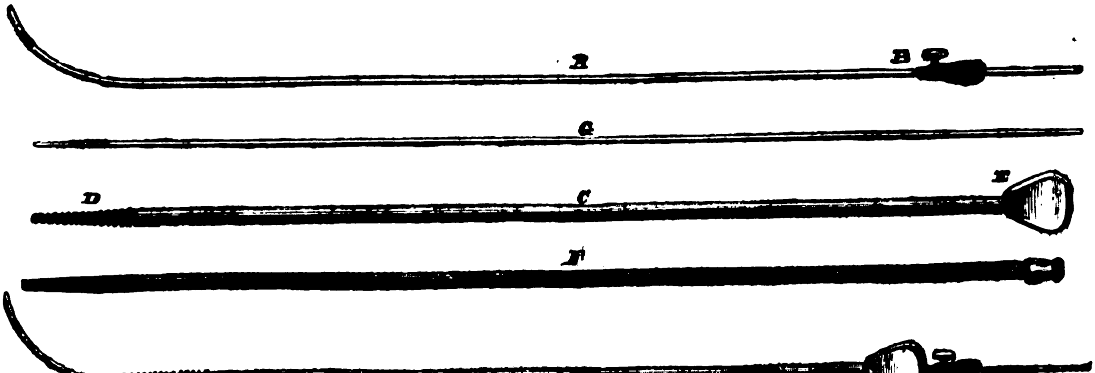
Before commencing the use of any instruments for the cure of stricture there are many points, such as the state of the general health and the condition of the urine, that should be considered. If the uric acid or oxalic acid diathesis be present it should be removed by the appropriate remedies. I have observed that in old men strictures which formerly were very tight have relaxed considerably, and in these cases I have generally found the mucous membrane peculiarly flaccid, and puckered into folds. These, by acting as valves, produce the symptoms of stricture. Under these conditions the use of small instruments is contra-indicated, and the free injection of oil will be of great advantage in facilitating the passage of an instrument. When the stricture is suspected to be tight, the patient should be requested to make water in the presence of the surgeon, who would then be guided by the size of the stream as to the sized instrument he ought to attempt. If the stream jets straight out from the penis an instrument of the same size may be passed, but if on the other hand the stream only trickles without force we should begin with an instrument of not more than half its size. When the urine passes only by drops the soft filiform bougies (not catguts) should be used, if the stricture is at the bulbous portion. Before commencing the treatment of a deep stricture we should always attempt to pass a full-sized instrument; when, if there is an obstruction at the orifice, it should be removed by the dilator before proceeding further. Without this preliminary precaution the case may easily be mistaken for one of deep stricture with deviation, as the same want of improvement will follow the passage of instruments in both cases. An orificial stricture may allow a No. 7 or 8 bougie to be passed and yet produce retention. I have always treated a stricture at the orifice first, even if there was evidence of another obstruction further along the canal. Unless removed, the orificial stricture interferes with manipulation, and it obscures the symptoms of progress in the deep stricture. I have frequently seen patients treated for stricture at the bulb, when dilatation of the canal has been carried up to No. 7 without materially increasing the size of the stream. On trying then to pass a No. 8, a stricture has been found at the orifice, the existence of which was previously unrecognised. Dilatation with the large-sized screw dilator will work wonders, as opposed to the usual method with ordinary instruments. The meatus should be made larger than the natural size, as there is sure to be some contraction after the operation.

Strictures in the penal portion of the urethra partake more or less of the resilient character of those at the orifice, often producing retention, especially after the passage of instruments, which is very rarely the case with strictures at the bulb. As I shall hereafter show, retention is very rare after dilatation with the screw dilator, whereas it is a common occurrence after the passage of a small instrument. Thus it will be safer to dilate rapidly up to No. 6, than to pass a No. 1 metallic instrument, and withdraw it directly. The reports of two cases of stricture will be found further on, in which ordinary dilatation failed totally, but recovery was rapid with the use of the screw dilator.

The instrument below was first introduced to the notice of the profession in the *Lancet*, August 11th, 1866. It has the following advantages. It will dilate from No. 1 to No. 6, 9, or 12 quicker than any instrument yet produced. Little pain is caused, and there is seldom any abrasion of the mucous membrane. As soon as No. 1 is passed, dilatation can be commenced without withdrawing the instrument, which is often replaced with great difficulty. A soft catheter may be passed over the guide and allowed to remain, the guide being removed.

The instrument is composed of a No. 1 catheter (A), having a small handle (B), which can be removed when a screw is loosened. When this handle is withdrawn, the dilator (C), having the conical screw (D) at the end, can be passed over the catheter, and worked by the handle (E). The dilator may be the size of No. 6, 9, or 12, and has a thin metallic cover reaching from the handle (E) to the screw (D), working smoothly over the tube beneath. This is for the purpose of steadying the penis while the screw works in the stricture; it also prevents any abrasion of the anterior portion of the urethra. The soft catheter (F) may be passed over the guide into the bladder after the dilator is withdrawn, and allowed to remain. The metallic rod (G) screws into the guide (A), so as to lengthen it while the dilator and soft catheter are passed over.

The method of using the instrument is as follows:—The catheter No. 1 is first passed into the bladder (which of course should be made certain by the urine passing through it); the handle being removed and the metallic rod screwed in, the screw of the dilator is freely oiled and passed down the urethra until the obstruction is felt, when the penis should be grasped firmly with the left hand, and pulled down over the dilator while it is screwed through the stricture. The operator must be careful during this part of the proceeding, not to push the guide catheter with the hand; and next to unscrew the dilator when withdrawing it. If this be attended to, the operation is done without pain, but if the instrument be pulled without any rotary motion it will require some force to disengage it, and be painful to the patient. The dilator being withdrawn, the soft catheter is pushed into the bladder over the guide, which is then taken out, and the gum catheter allowed to remain. I have found a soft catheter one or two sizes smaller than the dilator to be of equal benefit with one of the same size; it is less trouble to pass, and produces no pain or abrasion. The



instrument will afford a very rapid means of cure in cases of urinary fistula, and in such cases the soft catheter should be used. In the majority of cases it will not be necessary to leave in the gum catheter, and an instrument should not be used for some days after the operation, when probably a catheter the size of the dilator used will pass with ease. The way of telling when the screw has passed the stricture is very simple. As long as any part of the screw remains in the stricture it will be felt to be held by turning the handle, but when it has passed quite through and the stricture presses on the metallic cylinder only, then it is clear that the screw and handle will be freely moveable and the cylinder be held firmly.

In tight irritable strictures, when a No. 1 is introduced for the first time and is obliged to be withdrawn, from the irritation produced or from the inability of the patient to stop in bed, retention frequently follows, and the same difficulty as at first, is experienced on each attempt to introduce an instrument of the same size. Where the No. 6 dilator is used under these conditions the gum catheter should be kept in one night, and in the morning the stream will be the size of No. 5 or 6. On the other hand if a catheter can be retained, in two days we may get in a No. 3, but the patient has all the pain and inconvenience of lying in bed with the catheter in the bladder for that time. From the above it must be apparent that great advantages attend the use of the dilator.

We should always be sure that the guide catheter is in the bladder, otherwise it is impossible to use the dilator properly, especially when the stricture is situated in the bulbous portion of the urethra. When the dilators, Nos. 6, 9, and 12, are used in succession a week at least should be allowed to intervene between the operations, no instrument being passed in the meantime. In case No. V., given at the end, gradual dilatation up to No. 12 catheter had been employed eight months previously; the cure took fifty-two days to effect, out of which he was in hospital fifty-one days. With the use of the dilator, a No. 10 bougie was passed in eighteen days, but urine was passed in a good stream five days after the treatment was commenced; the patient did not keep his bed a single day, and he now keeps perfectly well with the occasional passage of a bougie.

In most cases I use the No. 6 dilator only, and it must be remembered that half the full dilatation is accomplished with that instrument, and by far the most difficult half. It may also be observed from the following reports that all the symptoms which are of any inconvenience to the patient disappear directly after its use; the next day the bladder is quite emptied, and that quickly and with ease; there is no dribbling after making water, the urine if it has been thick previously becomes clear, and the patient does not get up at night to micturate. From this local relief, and the consequent freedom from anxiety of mind the general health rapidly improves, and the patient, with the occasional use of the bougie, will remain free from symptoms of stricture for the rest of his life.

Case I.—February 24th.—C. W. H., æt. thirty-one; married. Very tight double stricture at the bulb of two years and a-half standing. He was sent to me by a patient on whom I had operated with the dilator. Stream very small and without force; micturates frequently during the day, and is obliged to get up for the same purpose at night; feels pain during coitus. He has had a gonorrhœa once and gleet for six months after; he is very anæmic; urine normal. On attempting to pass an instrument he became faint.

February 26th.—Passed an instrument through the first obstruction, but was stopped by a second.

March 5th.—Again passed a No. 1 into first stricture. Tr. ferri sesquichlor., ♏xx. ter die sum.

March 10th.—Passed No. 2 into first stricture.

March 24th.—Passed No. 2 into first stricture. Cannot attend oftener.

March 31st.—Passed No. 1 guide into bladder, but he became faint. Tr. opii, ♏xx. h.s.s.

April 7th.—Passed No. 1 guide, and used a No. 6 dilator. The dilator passed easily through the stricture and there was only a trace of blood. Left in a No. 4½ gum catheter.

14th.—Used a No. 9 dilator and left in a soft catheter. He kept in the catheter all night after the last operation. Micturates only four times in the twenty-four hours, and does not get up at night.

21st.—Passed No. 9 steel sound; stream of natural size and he has no trouble in any way.

28th.—Passed No. 10 steel sound; thinks his stream is larger than it was before he had stricture. His health is better than it has been for years, and he has no pain during coitus.

May 5th.—Passed No. 11 steel sound.

19th.—Passed No. 12 steel sound. Cured.

Case II.—R. J., æt. 60; stricture at orifice, which he has had many years. He passes a No. 5 gum catheter very frequently, but still the stream is very minute, and he constantly suffers from retention.

June 1st.—Passed No. 5 steel sound.

6th.—A No. 3 guide was passed and a No. 12 dilator screwed through the stricture. The instrument was very tightly held.

20th.—Passed No. 11 olivary bougie. Is to use a No. 10 himself. Stream full size. Cured.

Case III.—R. W., æt. twenty-six; pale and care-worn. Had a gonorrhœa eight years ago, and was discharged from the navy a year after. He was at Haslar Hospital when he first noticed that he could not hold his water, which ran from him all day. He has worn a urinal now for a long time, but can pass a very minute stream for a second or two, if he strains very hard. The bladder is always found distended, reaching above the pubes. He has never had any instrument used. The stricture is situated three inches from the orifice.

June 11th.—The point of a small catgut was passed into the stricture.

13th.—No better.

16th.—Has a bougie passed down to the stricture daily.

26th.—The smallest catgut was passed through the stricture. A catgut was passed on the 2nd and 4th of July, but finding that a larger instrument could not be passed it was determined to use the screw dilator.

July 9th.—The No. 6 dilator was used, about half the screw going through the stricture.

10th.—He has had no dribbling in the night, and has done without the urinal for the first time; stream larger.

11th.—No. 6 dilator passed into stricture.

12th.—Stream much larger, does not dribble at all.

14th.—No. 3 steel sound passed.

16th.—No. 3 steel sound passed through, and No. 4 into stricture. Holds urine four hours.

18th.—No. 6 dilator was passed through the stricture.

19th.—No. 7 steel sound passed.

30th.—No. 8 steel sound passed.

He now has No. 10 steel sound passed once a month; he is free from symptoms of stricture and his general health is good. Cured.

Case IV.—E. F., æt. 24. Had gonorrhœa six years ago, and gleet for six months after. Has had frequent attacks of retention, for which he went to the Charing cross and Middlesex Hospitals, but no instrument was passed.

July 25th.—Found a stricture three inches from orifice, but could not pass an instrument.

August 6th.—Passed a small catgut through first stricture, but was stopped by another at the bulb. I passed a No. 6 dilator over the catgut, and dilated the first stricture.

8th.—Stream the size of No. 3.

13th.—Passed No. 3 into the bladder.

16th.—Passed guide into bladder, and used No. 6 dilator to the second stricture.

After this he was obliged to leave town, but I heard from his medical attendant that he had no trouble from the stricture.

Case V.—W. P., æt. 20. Tight resilient stricture three inches from orifice. He had an instrument passed in June last, passes urine only by drops, and is often obliged to go to stool from the straining when he passes water. Micturates very frequently in the day, and is obliged to get up for that purpose three or four times at night. I passed a No. 1 on many occasions, but a larger instrument would not pass.

Nov. 14th.—Passed No. 1 guide with difficulty into the bladder, and used a No. 6 dilator. A No. 4½ gum catheter was allowed to remain. Ordered—Tr. opii ♏xx. h.s.s. Sent home.

15th.—Has passed water three times in the night, and towards morning the urine flowed by the side of the bougie. Stream the size of No. 5.

18th.—Went to work the day after the operation. Passed No. 5.

21st.—Passed No. 7 catheter.

24th.—Used No. 9 dilator. Ordered—Tr. opii ♏xx. h.s.s.

25th.—Kept in a No. 8 soft catheter, which came away into the bed about four in the morning.

26th.—Passed No. 10 steel sound; stream large. Has No. 11 passed occasionally. Cured.

Case VI.—W. H., æt. 23. Very resilient stricture three inches from orifice. Between Jan. 7th and Jan. 19th he had frequent attacks of retention, for which I passed small catheters; a No. 4 would never pass, and sometimes not a No. 3.

Jan. 19th.—Passed the No. 6 dilator, and left in a No. 4½ gum catheter for three hours.

20th.—Stream much larger; no retention.

22nd.—Stream larger; no retention. Passed No. 6 bougie.

23rd.—Passed No 7 olivary bougie into stricture.

27th.—Passed No. 9 dilator; left in No. 5 gum catheter for three hours.

28th.—Stream the size of No. 9.

30th.—Passed No. 9 olivary bougie.

Feb. 3rd.—Passed No. 9½. Instrument passed occasionally. Cured.

Case VII.—G. S., æt. 48. Stricture at bulb. Micturates every three-quarters of an hour, and has incontinence of urine sometimes.

Dec. 5th.—Passed No. 3 steel sound.

22nd.—Little improvement after last instrument; passed No. 9 dilator. Tr. opii ♏xx. h.s.s.

Jan. 2.—He is much better; has not had incontinence.

After this the dilatation was carried on in the usual way without further difficulty, and he now has a No. 10 passed occasionally. Cured.

Case VIII.—T. H., æt. 40. Stricture in the bulbous portion. Has had stricture six years. Stream the size of No. 2 catheter. Gets up three or four times every night, and micturates six or seven times in the day. The stream is forked and twisted.

Jan. 22nd.—Passed No. 2 bougie into the stricture.

26th.—He had severe rigors after this instrument.

30th.—Passed the No. 1 guide; used the No. 6 dilator, and allowed a No. 4½ gum catheter to remain in. No bleeding or pain.

31st.—He kept in the catheter all night; passes a stream the size of a No. 6 catheter.

Feb. 16th.—Has had no instrument passed since the dilator was used; has been in bed with gout. Passed No. 6 steel sound easily.

27th.—Passed No. 7 easily.

After this gradual dilatation was employed, and he has had no trouble from his stricture since, having an instrument passed once in three weeks. Cured.

Case IX.—J. S., æt. 31, married. Very tight resilient stricture in penal portion of urethra. Instruments were passed from the beginning of April to the end of May, from No. 1 to No. 5, but the improvement was not great.

June 17th.—No. 13 screw used.

20th.—Much better; passed No. 11 bougie, and afterwards occasionally. Cured.

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EXPERIENCES OF A REGIMENTAL SURGEON IN INDIA.

By C. A. GORDON, M.D., C.B.,

Deputy Inspector-General of Hospitals.

(Continued from page 388.)

The nature of the injuries usually met with in Indian warfare will best be illustrated by some examples of those that came under observation during the mutiny of the Sepoys in 1857-8. The simplicity of the treatment for the most part employed on that occasion will no doubt strike the reader; yet it is apparent that with the cleanliness and free exposure to the air that are practised, and are inseparable from active service in that country, the condition of the subjects of such injuries is in many respects far preferable while in the field to what they are after being admitted into some hospitals, as those buildings existed in connection with permanent barracks at the time to which I refer.

For the sake of convenience I would arrange wounds that came under notice on that occasion according to their nature and the tissues implicated, offering such remarks as may seem to be demanded, namely:—

A. *Superficial.*—The following cases will, it is believed, be sufficient to illustrate the character, progress, and treatment of the slightest description of gunshot wounds met with in field service, that is, those that only implicate the cuticle.

King, 37th Foot, was, on 29th of July, 1857, wounded by a bullet, which having passed through the left arm superficially left as it were a bridge of skin over the channel formed by its progress. The vitality of the portion of skin that had been left seems to have been destroyed, as it speedily sloughed, the sphaculated portion separating on 9th of August, after which granulation progressed favourably, and the wound healed in fifty-three days. The applications varied. Cold water dressing was in the first instance applied; afterwards poultices, solution of acetate of lead and opium, simple dressing, with for a time adhesive plaster to stimulate the surface, and again cold water.

Bosworth, 37th Foot, was on the same occasion wounded in the left thigh. A bullet entered its outer aspect below the hip-joint, and running superficially downwards and outwards, a distance of four inches and a half, escaped. Very profuse discharge took place from the track thus made; but under the application of poultices in the first instance, and then of cold water, the wound completely healed in thirty-one days from the date of its receipt.

Murray, 10th Foot, while advancing on the fort of Dowrarah, was struck by a bullet which ran along the top of the left shoulder, tearing a channel through the cuticle posterior to the acromion process. There was no *shock.* Cold water dressing was applied, and on the fourth day afterwards a line of demarcation had begun to form between the thin layer of sloughed tissues below the track of the missile and the healthy parts. Six days afterwards it had completely separated, leaving a somewhat extensive but clean granulating surface. The edges were then as much as possible drawn together by adhesive straps; simple dressing was applied, and under these measures healing steadily proceeded.

Remarks.—With reference to these cases I would observe that the two men first named were not admitted until the second day afterwards; that they were treated in hospital at Dinapore, the building being not only extremely ill-adapted for its purpose, but at the time crowded with wounded, the remnant of the unfortunate force that was surprised at Arrah. Added to these circumstances was that of the rainy season being at its height, and the atmosphere consequently damp, hot, and depressing. The building was, moreover, from its construction, unsuited for thorough ventilation, and cleanliness was extremely difficult to maintain with only a native establishment. It is therefore evident that their subjects were placed in the most unfavourable circumstances that they could be.

B. Muscular.—Curry, 37th Foot, was at Arrah wounded by a bullet, which having entered below the middle of the left clavicle and passed outwards and downwards, escaped through the deltoid muscle. The bone was uninjured; there occurred no hæmorrhage, and the wound appeared to implicate no tissue of importance. Under the application of cold water dressing, it completely healed in thirty-one days, and at the end of that time the power of the arm remained unimpaired.

Tawney, 37th Foot, at the same time received a bullet in the right leg, through which it passed from behind, forward between the tibia and fibula, but without injuring either of these bones, or destroying a vessel. A tubular slough in due time formed and separated. Cold water dressing was alone applied, and in thirty-five days after the injury he returned to his duty, the opening of exit having been the first to close.

C. Encysted Bullets.—Sherlock, 10th Foot, was wounded by the mutineers at Benares. The bullet entered about the centre of the left hip, about two inches below the crest of the ilium, and was believed to have become firmly impacted in the bone. For some time he was treated in the detachment hospital by Assistant-surgeon Tulloch,* and only reached head-quarters upwards of four months after having received the injury. At a consultation which was then held it was considered advisable to make no attempt at recovering the missile. A sinus then existed, but it gradually healed up, and in six weeks more the external opening had entirely closed. He was sent to England as an invalid.

D. Bones of Lower Extremity—Patella.—McCormick, 37th Foot, sustained a gunshot wound across the left patella. On admission it did not appear that that bone was anything more than grazed by the bullet; the wound, however, became rapidly painful, its edges swollen, and much constitutional disturbance set in. A week afterwards it became evident that the patella had been comminuted. A large portion of it was found to be loose and was accordingly removed. The limb had at first been left loose, water dressing being applied to the wound; subsequently it was secured by a splint, leeches were applied to the knee, ipecacuan and James's powder given internally, with cream of tartar drinks. The pain and constitutional disturbance continued, and when seen by me nineteen days after the receipt of the injury he was suffering severely. I resolved to amputate the limb, but a severe accession of pyrexia occurring, the operation had to be postponed till the following day; meantime the patient had an apoplectic seizure and died. Examination of the limb discovered a large quantity of offensive pus and gas welling from the knee-joint, which was then seen to have been extensively injured.

The remarks appended to this case state that death probably arose from Pyæmia, and that had primary amputation been performed, the man's life would in all probability have been saved. It may be illustrative in these respects.

Of Femur.—Carey, 10th Foot, nine days before admission had been shot by a musket bullet through the left femur. The bone was extensively shattered; the parts in and around the wound suppurating, disorganised, and offensive. Amputation was as a last resort performed, but too late. The operation took place on the tenth day after the receipt of the injury, but on the succeeding, the patient sank and died exhausted. This man had been carried from place to place after the receipt of his wound, the want of appliances putting it out of the power of the medical officer to do almost anything to relieve him. It is not often that such circumstances occur in India, but sometimes unfortunately they do.

Remarks.—Had primary amputation been performed in this case according to the principle laid down by Guthrie, it is more than probable that the life of this soldier might have been saved.

E. Bones of Upper Extremity—Forearm.—Bolan, 5th Foot, was wounded by a bullet which entered the forearm a little above the wrist, fracturing the radius. He received no hospital treatment for seven days afterwards, and when admitted had considerable swelling of the hand and inflammation around the seat of injury. Leeches, followed by fomentations, were applied; the untoward symptoms were at once subdued. The limb was then placed in a splint, cold water dressing applied, nourishing diet allowed, and at the expiration of twelve days from his admission he was able to proceed to join his own regiment.

Knott, 37th Foot, admitted with a gunshot wound, destroying the left radius and ulna, rendering amputation necessary. Maggots appeared in the stump, but were destroyed by turpentine, after which, under the use of cold water, and latterly of simple cerate, granulation and cicatrization took place favourably.

Walsh, 10th Foot, had on the same occasion received a gunshot wound in the forearm. The bullet had entered from behind, four inches below the elbow-joint, fractured the radius, and escaped by a large opening in front. No fragment of bone had come away; the wound looked clean, having from the date of its receipt been treated by cold water. The hospital into which he was brought had at the time been crowded with wounded men, and the building itself ill ventilated. A tendency to hospital gangrene made its appearance in both wounds about three weeks afterwards, and when to all appearance they were progressing favourably. His conditions were improved as far as was practicable; opium applied locally, calomel and opium given internally. The threatened disease was averted, and he recovered with but loss of power in the hand and wrist.

Humerus.—Lieut. St. John, 10th Foot, during a night attack between the 11th and 12th of May, 1858, was wounded by a musket bullet, which entered at the front of the left arm about its middle, passed directly through the humerus, fracturing and splintering it severely. The posterior opening was very large and torn; there was a second aperture, as if it had been produced by a spicula of fractured bone; and as the missile escaped, it struck the side, abrading the skin. The power and sensation of ring and little finger were gone; the others retained a little of both. The pulse beat naturally at the wrist. The arm was put up in splints; cold water applied. Suppuration attended by some fever followed. On the 19th, the discharge was very copious; there was a good deal of œdema of the forearm, but the wound looked healthy.

The progress of this case was satisfactory; both the wounds healed, cold water having been the only application used, with the exception of poultices during a few days to encourage the commencement of suppuration. Union took place, but the hand remained powerless; the general health was good; he was sent on sick leave to England in July, and a year afterwards, on the return of the regiment, joined it at Plymouth, but with the hand permanently disabled.

(To be continued.)

THE current number of the *Quarterly Journal of Psychological Medicine* contains an elaborate paper by Dr. Austin Flint, jun., in which it is more than insinuated that Sir Charles Bell was guilty of plagiarism in connection with his asserted discovery of the functions of the roots of the spinal nerves. As might be expected, when Flint strikes *steal*, the result is sparkling.—*New York Medical Gazette.*

DR. SELTZER, of Columbus, Ohio, reports in the *Cincinnati Lancet and Observer*, a case in which he removed, from the bladder of a married woman, a hair-pin encrusted with calculadeposit. The patient, strange to say, could not remember when or how the pin got there; but from the duration of the symptoms it was supposed to have been in the bladder for twelve or fourteen years.

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* Now Surgeon, 1st 11th Foot.

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THE INFLUENCE OF MEDICAL POLITICS ON THE ELECTIONS.

WE have devoted much space to a consideration of this subject in its various aspects, but as the crisis is now upon us, we may well recapitulate the points. The Irish Medical Association has done great service in questioning candidates; for many pledges have been thus elicited, and it is to be hoped that individual practitioners will yet exercise this privilege.

The last number of our special Scotch issue contained full particulars as to the University elections, and also an article on the influence of the Profession, contributed by a politician who has given much attention to the subject, and part of which we desire to bring more prominently before all our readers.

Mr. Moncrieff, the Liberal candidate for Glasgow and Aberdeen Universities, must henceforth be numbered amongst the friends of the Profession. He has made unequivocal statements that, in the absence of a medical candidate, entitle him to confidence.

Professor Lyon Playfair, having frankly accepted his competitor's programme, will, we should hope, reap the full benefit of that gentleman's retirement. Much as we should have preferred an actual physician, we cannot deny that all the Professor's sympathies must naturally be with the Faculty, with which he has all his life been intimately associated.

Dr. Prosser James had a much larger support than is commonly known. Medical men of all politics supported him, and from an analysis of the results of the canvass we can assert that being too late in the field was the greatest disadvantage with which he had to contend. His candidature, as has been well said, transferred medical politics from the list of *professional* to that of *public* questions, and has therefore laid his brethren under an obligation not likely to be repaid. Moreover, it has induced parliamentary veterans to consider the questions involved, and several have given their adhesion to his views.

The writer to whom we have already alluded, sets forth the merits of this plan in forcible terms. He shows that it could easily be accomplished, is inexpressive as well as effective, requires no Act of Parliament to bring it about, and yet would give the Profession a real representative head. These are no slight advantages of the plan, and the critic concludes that all must "admit the claims of its originator to the gratitude of his profession;" adding with significant authority, "Dr. Prosser James has proposed the most statesmanlike scheme that has emanated from the medical profession." The writer of that passage, however, shrewdly suspected what would be the result, and proceeded to show how difficult it is for medical candidates to succeed. As we had better "see ourselves as others see us," we pursue this phase of the question. It is argued that *medical* must always be secondary to *general* politics, a proposition admitted by all the medical candidates who ever had any chance. This has been the danger, however, to the cause, to which are added "the well-known apathy of medical men, their indifference to politics, their absorption in their own pursuits, and the possibility that many will neglect to vote at all." We cannot deny that there is some truth in this picture, and that therefore it becomes medical electors to think carefully over their duty in reference to the election.

This brings us to ask whether we ought to sink party for the sake of medical politics?—a question that has been ably debated by some correspondents of the *Edinburgh Courant*, the *Globe*, and other Conservative organs. Our Scotch edition contained a full analysis of this debate, so far as it concerned the Edinburgh election, so that we need only here repeat the nett result, that many Conservatives avowed their intention of voting for Dr. P. James, spite of his being a Liberal, in the hope of securing a representative of the Profession who is "perhaps more conversant with medical politics than any one living." Others took the opposite view, while non-medical graduates utterly ignored medical politics.

This shows us clearly that if we are to have any representation of our Profession in the House we must be united and earnest. The manner in which all other classes hang together is seen every day. The disunion of doctors is becoming a byeword. This is exemplified in the account of Sir D. Corrigan's contest published in the *Times* last week. The Dublin correspondent of that paper thus wrote :—

> The attempt to enlist the medical profession as a body in the ranks of Sir D. Corrigan's supporters has been attended with only partial success. It is stated that a careful calculation of all the subscriptions to the election fund which have been publicly acknowledged shows a total of only £1,135 12s., or less than half what was reported to have been raised. Many of the contributions which continue to come in are from persons not connected with the profession. A sharp controversy is going on with respect to the claims of Sir Dominic to represent his medical brethren. On the other hand, there is an organisation, called "The Irish Medical Association," which has since its formation strongly advocated and passed resolutions in favour of professional representation, and it is urged with considerable reason that a rare opportunity is now offered of realising the object which they professed to have in view by returning an able and distinguished member who sympathises with the medical practitioners, and can most effectively advocate their cause. The Council of the Society, however, declined to convene a general meeting to promote Sir Dominic's return, on the ground that the rules would not warrant them in doing so. A form of resolution was cleverly drawn up to avoid the objection, and it is said the zealous friends of the baronet almost carried it by a surprise. After some members who thought the matter had been disposed of had gone away, the motion was brought on in a new shape and was rejected on a division by a majority of only one vote. On the other hand, a large section of the profession decline to sink their objections to the Liberal candidate on political grounds, and justify their refusal on the ground that Sir Dominic put forward first a political programme declaring his approval of a policy to which they are strongly opposed, and that had he desired to represent the profession, and not a party, he would have avoided any reference to topics upon which there is so great a difference of opinion, especially the Church question. There is something like a schism in the medical community, and it is feared that the result will be permanent disunion. It is now divided into two sections, who take opposite lines, and complain of each other. A meeting convened by Sir Dominic's professional friends was held last evening in the Friends' Institute, Molesworth street, Dr. Lyons in the chair. Dr. M'Donnell moved a resolution declaring that it was highly desirable on public as well as professional grounds that a medical man should be returned. He complained of the apathy shown on the subject by some of the leading members of the profession, and, in reference to the objection that it was distinct representation of the whole profession which was required, he characterised the scheme of making a separate constituency of the doctors as quite Utopian. Dr. Hynes, who seconded the motion, said he was a Vice-President of the Medical Association, but that he found it required to be reformed, and he would withdraw his name from it. Drs. Hyndman, Ashe, of Warrenpoint, O'Meara, Fitzgerald, J. A. Byrne, Morrogh, and Sewart, spoke in support of other resolutions. Sir D. Corrigan advocated his own special claims, reminding them of his personal experience in the profession from the position of a dispensary doctor to that of medical commissioner. He observed that it was impossible to get into Parliament without belonging to a party, and he would not sacrifice his political convictions. At this meeting there were fifty-one doctors assembled. Another meeting was held simultaneously in another place to protest against it. A counter-declaration repudiating its proceedings was signed by six ex-presidents and vice-presidents of the College of Surgeons, as many of the College of Physicians, fifty-three hospital surgeons and physicians, twenty-eight members of the council, and as many examiners, all electors of the city. Never was the old proverb about doctors more aptly illustrated.

Supplement to the
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Social Science Association.

HEALTH SECTION.

Address

BY

H. W. RUMSEY, ESQ., M.D.,

President of the Section.

REVISED EDITION OF THE FIRST PORTION, PUBLISHED IN THE MEDICAL PRESS AND CIRCULAR OF OCT. 21, 1868.

OF all persons, perhaps, members of the medical profession are the most liable to sudden and unexpected demands upon their supposed fitness for rendering help in emergencies whether affecting the individual or the body corporate.

Thus, even in the brief history of this prosperous Association, it has happened more than once that the chair of the Health Department, in spite of its great attractions, has been left by the force of circumstances without an eligible occupant-elect until the executive committee, in their extremity, have been driven to send for a doctor.

Yet, in this Society, where each department has so many complicated relations with other departments, it has been wisely judged, and for the first five years it was happily arranged, that some statesman, or legislator, or philanthropist, should inaugurate and guide our proceedings, bringing to the task all that public influence, that knowledge of social interests in general, which are necessary for the success of the sanitary movement, himself in return receiving from the department all that special and scientific information which may be derived from the papers read, and the discussions herein held, and which may thus be influentially applied to public and parliamentary action.

Thus, if we look back at the great advantages which resulted from the sectional presidency, first of Lord Stanley, and then of Lord Shaftesbury, succeeded, as they were in turn by Mr. Cowper, Mr. Edwin Chadwick, and Lord Talbot de Malahide—we may reasonably regret that we have on this occasion failed to secure some one of those public men who are known to be thoroughly conversant with matters of health, and who might have brought us more closely *en rapport* with the leaders of public opinion. In our sixth year, we reaped the benefit of the practical philosophy of Mr. Fairbairn. The intimate relations which exist between sanitary improvements and the skilful enterprise of civil engineers render it very desirable (if I may be excused for making the suggestion), that this department should sometimes be headed by one of their profession. During the last quinquennium, however, we have had an uninterrupted succession of medical presidents, men of great achievements, acknowledged authorities in preventive and legal medicine and in the physical sciences.

No wonder that, on such a retrospect, I should have undertaken, very reluctantly, the responsibility which has been committed to me—no wonder that I feel incompetent to sustain the *rôle* of my predecessors in office, and unfit for the honour which has been, I fear unwisely, pressed upon me.

The science of health-preservation is an indispensable portion of the science of human society. Public health, that branch of hygiene which concerns communities, involves the enactment of laws, by which the safety of the whole is protected against the errors and neglects of a part. Our department, therefore, has inseparable relations with that for the amendment of the law. Both departments are now concerned in the prospective task of reducing to order and consistency a chaos of conflicting sanitary statutes. Both have called for the appointment of public prosecutors, without whom the most necessary enactments may prove inoperative.

Then, private or personal hygiene might almost come under the charge of our educational section—so entirely does a hearty obedience to precepts of health—as regards personal habits and conduct—depend on early instruction, good training, and intelligent conviction. Such obedience cannot, in a free country, be enforced by mere police regulations; unless, indeed, under some future Sanitary Act, any very unsavoury man might be defined a "nuisance," and so be brought under the operation of the Nuisances Removal Acts.

Domestic hygiene, again, seems to be something between public and private hygiene. Whilst the sacredness of the family hearth must be kept inviolate, the law may sometimes rightly and reasonably interfere, not only for the protection of neighbouring families, but also for the safety of dependent and helpless inmates. Here we see, in many ways, the connection between this department and that of social economy, especially in questions of labour and industry. How beneficial, for instance, have provisions for the prevention of disease and accidents proved in the regulation of employments! There can be no true social economy where there is no respect for the rights and the welfare of others, no real education adapted to and accepted by all classes, nor any allegiance to those physical laws which are ordained by God himself for the maintenance of a long, a healthy, a useful, and a happy life.

These objects, as I understand them, constitute the elements of Social Science.

Now, in the Health Department, at all events, on this occasion, it seems desirable to confine our efforts principally to matters of *public* health—to their scientific foundations, and to some of their practical aspects and present bearings.

On reviewing the progress of public measures during the past year, I have ventured to select, as the subject of this address, a group of allied questions of pressing importance, involving, perhaps more seriously than others, the recognition of some first principles of natural science.

No one here need be reminded that the physical surroundings of man mainly determine his degree of health, vigour, and longevity. Now, the philosophers of old recognised four elements of nature, sources of all things and all changes of things, whether beneficent or malignant.

These elements of the ancients—fire, air, water, and earth—may therefore serve me as heads under which to group a few thoughts and suggestions on the relations of man to the facts of his natural and social life.

Fire, I take to include and express heat, of which it is a visible emblem and result. As the burning, purifying, and renovating principle of nature, I shall have to notice it in its action upon the other three—air, water, and earth.

These, when wisely employed, are our best friends, the prime means and necessaries of our existence. Nature, reverently handled, is really our great mother; and not, as a learned physiologist has of late facetiously called her, "a step-mother," to whom he attributed paroxysms of malevolent intention.

These, our grand surroundings—air, water, and earth—are however liable to such original disorder, they may each and all assume such forms of danger and destruction, and they may be so abominably perverted by human ignorance and error as to produce, convey, and circulate among us the deadliest poisons. But man is endowed with capacities for observing the facts, noting the conditions, discovering the aberrations and mistakes, determining the right uses, inventing and applying the necessary remedial measures—so that these primæval elements may be preserved and renewed as our perpetual sources of health and longevity.

I take for granted that action of this kind, on behalf of the public health and safety, is that of the community, by means of its legislative and executive authorities; and I shall endeavour to show, by one or two striking examples, under each head, how incorrectly and imperfectly the first principles of science have been acknowledged and applied in some recent enactments of sanitary intention.

I. AIR.—How strange it seems that society, for which man was formed, should be the original cause of his violating that primary natural law which demands purity and abundance of air for his healthy existence!

No sooner, however, is a community formed, and its space of habitation limited by neighbouring populations, than the air which supports it inevitably becomes more or less vitiated. In scattered populations, this continual vitiation of the atmosphere may be remedied partly by atmospheric motion, and partly by the rapid diffusion of gases. Even the insupportable nastiness of the air of an Esquimaux cabin finds its compensation, if not its cure, in the wide expanse of barren land, open sea, and fields of ice, over which the exhalations of the dirty barbarians are driven and dispersed.

But, in warmer climates, as men congregate, when towns become the centres of active commerce, and the seats of art and manufacture—as the crowd thickens, as every square yard is occupied at increasing cost, and as the average space per head continually diminishes—so does the purifying principle of the air, Oxygen, lose more and more of its power, so does it become less efficient in renewing the blood, "which is the life of man," so is it rendered less capable of burning the carbon and other effete and noxious products of animal life.

Here, then, unless sanitary science be boldly and skilfully applied to social existence, the masses deteriorate physically and morally. By degrees they lose the acuteness of those senses, smell especially, with which their Creator has endowed them for purposes of self-preservation. The human form divine degenerates. The less favoured classes sink in the scale of race, dwindle, alter in shape, colour, and features—they grovel, sicken, and die prematurely. By a fatal descent, the lord of creation reaches after, and wallows in, the lowest gratifications, acquires the grossest habits, and manifests the profoundest indifference to, if not deepest hatred of, law—divine and human—social order, purity of life and manners.

Even the wealthier classes, upper and middle, cannot escape the physical injury consequent upon contact with preventible disease and mortality. Such a state of things leaves, too often, a sad impress, moral and social, upon the leading members of a community. The chasm between the classes tends to widen. In the skilful employment of capital, the workman has been too generally regarded as a mere instrument—which, *as a machine*, can be procured and used at the market price; yet on this instrument, *as a man*, is thrown the sole responsibility of maintaining himself in a state of efficiency, and of bearing the consequences, whatever they may be, of this human crush.

Hence has grown up an antagonism of interests, a mutual distrust, which—unless it be removed, by just and liberal measures on the one part, of which there is now some hope, and by a fuller knowledge of the causes and remedies of their condition on the other—will shake the very foundations of society, and show its apparent prosperity to be but the thinnest crust of glittering matter over an abyss of revolution and ruin.[1]

May I be permitted now to refer to the physical-science aspect of this question in great towns. And if I venture to allude to facts and phenomena, which are well known to you all, it will be understood that I do so merely to complete and strengthen my argument.

What, then, is the physical nature of the impurities of town air? I know of no one who has contributed fuller information on this head than Dr. Angus Smith. Yet he, like others, has left much undetermined. *Excess of carbonic acid* is the most discernible injury inflicted by communities of men upon open air, an injury revenged with fatal force upon the aggressors. In nature, as we are told, there are rarely found more than thirty-five parts of this gas in 100,000 of air. But in the air of great towns are found from forty to seventy-four parts, according to the degree of population density, and of fog or atmospheric moisture. In confined air, among lofty structures, the proportion appears to be greater; in rooms said to be well-ventilated, *i.e.*, supplied freely with town-air, the average quantity is said to be about eighty in 100,000; in ill-ventilated rooms and workshops, there have been found from 100 to 700 parts—twenty times nature's allowance!

Now, as carbonic acid prevails, the circulation of the breathers is generally observed to slacken, the frequency of respiration to increase, and the nervous power to fail. Much of the phthisis and scrofula of town-populations is doubtless due to an atmosphere overcharged with carbonic acid. Increased temperature, due to season or climate, renders an excess of this gas still more injurious. [Thus, even 1 per cent. may be endured at a temperature under 50° F., which would be absolutely intolerable at 70° or 80°.]

But, if the presence of this destructive gas be more easily ascertained and its quantity determined, and if it also tell us something of other gases of decomposition, it by no means reveals the most serious cause of atmospheric vitiation. There is much sulphurous acid in the air of smoky towns; much sulphuretted hydrogen near open sewers; and, worst of all, there are emanations peculiar to decomposing organic matter, especially animal *débris*.

Thus, the air taken from high table-land in the country, is said to contain only about one grain of organic matter in 200,000 cubic inches of air, and this mostly of vegetable origin; but air from a cesspool has one grain in only sixty cubic inches—or 3,333 times as much as in nature.

The degrees of organic impurity in town air vary infinitely between these extremes, in proportion as the known causes of such emanations are allowed to putrefy, without prompt removal or disinfection, *e.g.*, by means of charcoal in sewer-traps. Dr. Angus Smith has observed—"We have in different air, breathed by people in the same county, a substance, the amount of which in one case is twenty-two times greater than in the other, and in air breathed by people in the same town a difference which is as nine to twenty-two." He adds, "that in the district in which the highest numbers were obtained, there were, in 1855, 4·5 deaths in the hundred."

It is this organic matter in the air which is the most pernicious result of human crowding. It is this which, in the air as well as in the water, conveys specific germs of disease, inconceivably minute forms, capable of infinite multiplication in the living human body. In this, then, lies the fatal secret of density of population.

These emanations arise, as we know, in great measure, from foul water, and from saturated and undrained soil; but in large proportion, also, they are exhaled from living beings—from the lungs of the diseased, from scattered saliva, and from the skins of the unwashed. It was generally supposed that the nitrogenous matter which has been detected in the condensed vapour expired even by healthy people, came from the lungs. But a French physiologist, M. Lemaire, has lately shown that in healthy adults it proceeds from the uncleansed mouth, throat, and gums, and the air about them. And he has recorded the very disagreeable fact, that skin-dirt (composed of perspiration, oily matter, and dust), when allowed to accumulate, is found on examination to contain myriads of microscopic beings, vegetable and animal (Bacteria and Vibriones), similar to those which he had before discovered in the air collected from the barracks of the Fort de l'Est.

The French savant selected, of course, for his experiments, the uncleansed—"*qui avaient*," says he with the politeness characteristic of his nation, "*négligé pendant huit et quinze jours les soins de la toilette.*" In our population, town and country, there are millions who neglect such attentions for as many months or years as this philosopher reckoned days!

You may erect baths and wash-houses, but no Act of Parliament can compel their general use. Much, however, may be done by training the young in cleanly habits.

These cutaneous emanations are dissipated in, and therefore infect, the air. The closer the aggregation of unwashed human masses, the more horrible must be the resulting atmospheric impurity. When, in addition to the floating organic particles which arise from mucous discharges, we note the pulmonary exhalations of phthisical and scrofulous persons charged with elements of disease, believed by many to be contagious—we may obtain some clue to a source of atmospheric vitiation in dense populations, of which there is not the faintest popular notion.

Those most delicate physiological tests of bad air and of defective oxidation—the blood, bones and skin of a living child—prove to demonstration, when mere chemical analysis fails to throw light on the case, that town air, even in its best conditions, contains subtle poison, from which the airy upland and the breezy shore are free, and that it also wants some elements of nutrition and purification which the latter supply.

In Dr. Morgan's eloquent words, "A murky mass hangs like a shroud over the city—a dismal list of noxious gases is so intimately diffused throughout the air, that neither can the earth's heat radiate into space, nor can the warm beams of the summer's sun thoroughly dissipate the suspended canopy."[1]

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[1] The social and political dangers of neglecting the sanitary condition of the poorer classes have been forcibly shewn by Mr. Rendle.

Although much has been learned from the study of death-rates, I have for some time past scrupled to quote them in support of sanitary *dicta*. With all respect for the Registrar-General and for my learned and distinguished friend Dr. Farr, I find these statistics full of fallacies, especially in crowded towns, where the figures give by far too favourable an estimate of that mortality which is strictly due to town life. I need hardly say that the death-roll does not reveal the actual loss of health among town masses, nor does it record the multitudes disabled by a host of diseases and casualties, which may not at once destroy life, though they ravage the territory of labour and duty, and levy a most heavy tribute upon produce and property. For this we need an official Registration of Sickness attended at the public cost.

"The Rev. Professor Haughton has shown that, on very simple mathematical principles, the density of a population would be a factor determining the ascent of the curve of increase of an epidemic." This would apply to the case of the distribution of poison by a water company. "I believe," adds Dr. Morris, in his very remarkable essay on Germinal Matter (p. 10), "that bad sanitary state of any kind would be equivalent to greater proximity."

All other sanitary appliances and reforms being equally adopted, or equally neglected, it is certain that close proximity of dwellings, over an extensive area, is *per se* a cause of unhealthiness and deterioration of race. For it is not fair to compare a well-regulated town population, having perhaps only eight square yards for each person to live upon, with an ill-conditioned dirty population in the open country.

For all this vitiation of air, caused by town life, there appear to be three natural remedies of different values in different cases: motion of air; diffusion of gases by natural law; the presence or introduction of active oxygen.

1. Now, the mere motion of air, if it be natural motion, *i.e.*, wind, is occasional and *variable;* while the generation of morbific causes is *constant*. The remedy cannot be relied on, for the air is often stagnant in circumstances of the greatest danger. The motion of the air in towns is impeded by the proximity and height of buildings, probably as much as by insufficient openings in rooms. Nor do we know that, without the admixture of pure air, foul air can purify itself by simple motion. If the motion be artificial, it may be excessive or ill-timed, but of this again.

2. The diffusion of gases is necessarily limited by space, and mainly by superficial space; for of their effusion in a vertical direction, *i.e.*, into the upper regions of the atmosphere, we know little, and that little does not favour the hypothesis of an effectual change. Gaseous diffusion is also impeded by the very circumstances which impede aërial motion. And these circumstances are most potential in towns.

3. But the presence of active oxygen in sufficient quantity —and sufficiency here means abundance—were that possible in dense populations, would be the real remedy.

Oxygen I take to be the burning and purifying principle of nature, represented by the elemental fire of the ancients. For flame is but the luminosity of combustion. Professor Tyndall has shown by his curious candle-burning experiments in the Vale of Chamounix and on the summit of Mont Blanc, that the quickness and intensity of combustion, such as takes place in vigorous oxidation, is in general incompatible with that brightness of flame which depends on the presence of carbon or other inflammable matter. The purer the air, the less visible is the fire, yet the more effectual the burning.

The proportion, chemically determined, of oxygen in air may not be much altered in towns, though it is sometimes found to be less: but recent discoveries tend to prove that its energy depends on the conversion of a portion of itself into another form, which, when obtained artificially, we call Ozone.

When Cavallo observed that the air which he had electrified had a purifying effect on decomposing organic matter, he laid the foundation of a discovery the future beneficial results of which are incalculable.

The researches of Schönbein—now, alas! no more—and subsequent scientific experiments upon this agent, have thrown great light upon its nature. By an electric current, the volume of oxygen through which it passed was found to be diminished to the extent of 8 per cent. Then Odling and Soret have proved that this condensation is due to the substitution of sixteen atoms of ozone for twenty-four of oxygen. We also now learn that, while ordinary oxidizable substances absorb only the odd eight atoms, restoring the ozonic oxygen to its original condition (though not to its original volume), a substance—oil of turpentine—has been found to absorb the whole of the ozone, which thus destroys itself in attacking its enemy. Finally, we know that ozone speedily removes dead and decaying matter "by resolving organisms into primitive and innocuous forms." (Day.) Men of science have thus arrived, I venture to think, at the entrance of a wide field of practical work with this sanitary giant.

Since the most delicate tests fail to detect anything like ozone in the air of our crowded towns, we infer that in these places our great benefactor is used up; and that, without his presence and aid, oxygen itself fails to purify.

Richardson some time ago observed that, when oxygen had repeatedly passed over dead and decomposing animal matter, it lost its power of oxidation.

We may also infer that, in these conditions, deadly germs, carrying specific diseases or their essences, may float in myriads about us, ever multiplying and safe from destruction, save when, happily for us, that unseen mysterious Ozone rushes down in the track of the lightning-flash, or rides by on the tempest, or gambols in the light spray of the sea breeze.

There may be yet other substances besides oil of turpentine (an antozonide, according to Schönbein's ingenious theory) which may as effectually annihilate ozone, and may thus be ever at work to cut short our natural supply of active oxygen.

In the growing compression of human masses and animal life (I speak metaphorically), may there not be evoked a demon of uncleanness and corruption strong enough to quench the spirit of burning and of purification?

Practically, then, the most essential measure of sanitary legislation and administration would be to provide better air than towns supply to the people. And this object may be accomplished by three methods:—(1) speedily removing all the *débris* of animal life, and everything which by decomposition can corrupt the air; (2) promoting the free circulation of air into every quarter, through every court and alley, into every house, every room, in the inhabited area,—in a word, Ventilation; (3) enabling every person to breathe a sufficient quantity of pure and good air, *i.e.*, air having the properties of ozone.

Our sanitary laws, if properly carried into effect, which they are not at present, may secure the first object.

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Nearly the whole of the following portion of Dr. Rumsey's Address was accidentally omitted in printing the last number of the MEDICAL PRESS AND CIRCULAR. These paragraphs are to be substituted for one paragraph at the bottom of column 2, page 417.

The disinfecting quality of ordinary *humus*, is, I need hardly say, quite distinct from the power possessed by sand and gravel of promoting the oxidation of nitrogenous matters in solution. The latter is, indeed, a good instance of mechanical agency. But the former is a more remarkable proof of the provision made by nature for the chemical arrest of putrefaction, and so for our safety and preservation, if we did but reasonably follow her indications, as the dog and fox do when they bury their dead prey for future food. The slowness of the *eremacausis* in this case as compared with the rapidity of the change in watery solutions (sewer-water for instance) depends probably on the more speedy and perfect contact of the decomposing matter with its disinfectant in the latter case. But the certainty of the change is as great in the mixture of the solids, and the permanent benefit seems to be greater. The earth-method has another advantage, viz., that the compound may be safely dry-stored and transported without inconvenience to any part of the country.

We, therefore, revert to our common mother—Earth—in adopting the Rev. Mr. Moule's invention; and notwithstanding certain practical difficulties attending on its domestic use, difficulties which may be insurmountable in crowded populations, sanitary reformers are surely right in advising the extension of this method as widely as possible. Its successful use in India, in military encampments, in the Buckinghamshire villages of Baron Rothschild, and in schools and various public institutions, has already established its practicability and value. That the general adoption of the earth system in scattered populations would tend directly to economize and protect their water supplies, is no mean argument in its favour.

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[1] Morgan on Deterioration of Race, p. 29.

Whether, while preventing contamination of (surface and running) waters and vitiation of air—the use of this dry compound in agriculture might possibly in any way injure the soil—for instance, by introducing undestroyed germs of disease, which, in the varying level of subsoil water, described by Pettenkofer, might develop into active and dangerous energy, is a point deserving some consideration. I am not, however, disposed to attribute exclusively to earth the propagation of germs of cholera or other zymotic diseases. On Pettenkofer's own theory, if I am to understand him rightly, water must, in the first place, have been the means of conveying any such specific *contagium*, through the soil to the level of the subsoil water when at an unusual height; and then, on its subsidence, when the soil in drying becomes permeable by air, the morbific germ could be conveyed to man only by means of evaporation. The water, therefore, would be the first carrier, the air the second, while the earth would be merely the intermediate resting-place.

Summary of Science.

PRESENCE OF PHENIC ACID IN URINE.

M. Bulingsky says that phenic acid occurs in urine, though he did not think that that substance pre-existed, but that it is formed at the expense of some other substance not yet determined. It was not present in the blood. Dogs' urine does not contain it. The author found sensible quantities of acetic and formic acid in the products of the distillation of fresh cows' urine, evaporated, and mixed with hydrochloric acid. He added also, that he found a little formic acid in the products of the distillation of all sorts of urine.—*Cosmos.*

"THYMIC ACID," (THYMOL) A SUBSTITUTE FOR CARBOLIC ACID.

M. Bonilhon has proposed that we should use the above substance as an antiseptic. Thymic acid is an homologue, according to Gerhardt, of phenic acid. It boils at 230° C. Its odour is feeble, and what there is of it is agreeable, recalling that of thyme. It is very insoluble in water, very soluble in alcohol, and dissolves in ether and oils. It does not possess any rotating power. The thymic acid combines easily with alkaline solutions and forms soluble salts. Upon this property is based the process of extracting it from essence of thyme, which we will now describe. In the essence of thyme this body is associated with a hydro-carbon, called thymene, isomeric with turpentine. Thymic acid possesses the important property of combining with skin and animal tissues, and of rendering them imputrescible. When concentrated it possesses an acrid and caustic taste, but in solution it is very weak, and nothing is perceived but a slight taste of thyme and a sensation of coolness, similar to that produced by mint. To procure this solution, essence of thyme is treated by an aqueous solution of potash or soda; the thymic acid dissolves, and forms a soluble thymate; the aqueous solution is separated, and on decomposition by an acid the thymic acid rises to the top; or the essence of thyme may be submitted to a prolonged cold, by which means it crystallises. The acid extracted by the potash does not solidify. There are, therefore, two modifications of this acid.—*Journal de Pharmacie et de Chimie.*

PRODUCTION OF ESSENCE OF MUSTARD.

M. Lebaigue (*Journal de Pharmacie*) has proposed to make portable mustard-plasters in the following manner:—He covers one piece of paper with a concentrated solution of myronate of potash, and a second with a concentrated solution of myrosine. When the two papers are moistened and put together, the essence of mustard is developed. The solution of myronate of potash is obtained by throwing into boiling water the farina of black mustard. The filtered solution contains the myronate of potash, as the boiling water has destroyed the action of the myrosine. The myrosine is obtained by action upon white mustard by water at 40° C. The filtered solution will contain nothing but the myrosine, as white mustard does not contain myronate of potash.

ON THE ESTIMATION OF POTASSIUM.

Messrs. J. Chalmers and Robert Tatlock have been investigating this subject, one of some considerable importance, "when we reflect," say the authors, "that Glasgow and its neighbourhood are the destination of the greater part of the muriate of potash imported into this country from the interesting deposit of Stassfurth." They say that these analyses come out improperly high. It is necessary to work with a pure salt of platinum. The authors have critically examined the different processes for making the chloride of platinum, and give preference to a process the details of which are too long to insert. They form their platinum solution by precipitating washings by excess of soda, and reducing with methylated alcohol. In estimating the potassium too high results are always got if the solution is too concentrated. This is even produced when pure potassium salts are used. The use of the factor ·194 for the conversion of potassium chloro-platinate into potash (or indeed the use of any other factors than those based upon Stas' equivalents) is erroneous, such not being deduced from reliable experiments.

The true equivalent of potassium chloro-platinate :—

Potassium . .	39·1370	2 equivalents	78·2740
Chlorine . .	35·4570	6 equivalents	212·7420
Platinum . .	197·1937	1 equivalent	197·1937

Equivalent of $2KCl.\ Pt\,Cl_4$ (new notation) 488·2097

Pharmacy.

NEW FORM FOR THE PREPARATION OF BALSAM OF COPAIBÆ.

M. Oan de Walle has published a formula by which he proposes to convert the balsam into an emulsion without altering its therapeutic properties, or increasing its volume to any extent. It is as follows :—

Balsam . . .	50 grammes.
White sugar . . .	25 grammes.
Honey (liquid) . . .	25 grammes.
Water	5 grammes.
Peppermint oil . . .	0·50 cent.
Aniline red (or carmine) . .	9 s.

The balsam, honey, and sugar are put into a basin, and submitted to a gentle heat, with frequent stirring. In about six minutes it is taken off the fire, coloured by aniline, and on cooling, is perfumed with the essential oil. (Although the aniline colour is more brilliant, I think carmine is preferable, as the aniline colours may frequently contain arsenic.—E. S.) The odour of the balsam is disguised, the taste is hardly recognisable, and its consistence is that of a jelly. The water is the important part. At the commencement of the operation the substances form two distinct layers, but after a little time these become mixed, they become more homogeneous, and the balsam suddenly becomes emulsionified.—*Journal de Pharmacie et de Chimie.*

The Universities of Edinburgh and St. Andrew's.—If the conduct of the Liberals who are to be in the House is to be augured from that of the Liberals who aspire to be there, party loyalty will be one of the distinguishing virtues of the force Mr. Gladstone will be called on to lead. The Liberal candidates have, during the past few weeks, given proof of the most disinterested preference of their cause to themselves. To the many examples of such devotion that have already been furnished, must be added that of Dr. Prosser James, who, rather than divide the party interest, has most gracefully retired from the candidature for the Universities of Edinburgh and St. Andrew's, where Dr. Lyon Playfair is the other Liberal candidate. The correspondence on this subject, which we publish to-day, is one that does honour to both the gentlemen concerned.—*Star.*

Maternal Impressions.—At a meeting of the Society of Physicians at Berlin, reported in the *Deutsche Klinik* for Sept. 5th, Herr Dupré related several instances of maternal impressions. In one, a woman in the fifth week of pregnancy saw a sheep wounded and with its bowels protruding. She was greatly shocked, and did not recover her composure for several days. She was delivered at term, of a child in other respects well developed, but lacking abdominal parietes. Another one saw, in the first weeks of her third pregnancy, a boy with a hare-lip, and not only was the child she then carried born with a frightful hare-lip, but also three children subsequently.

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The above may be happily to some extent neutralised by the action of the Profession in Marylebone, where Dr. Humphry Sandwith has received great support from his professional brethren.

Last week a meeting, the attendants at which were all members of the medical profession, was held in favour of Dr. Humphry Sandwith's canvass.

Dr. Sandwith expressed his views relative to the present position of the medical profession. He was strongly in favour of an amendment of the Medical Act in such a form as would protect the public from unlicensed practitioners. He would favour the further amendment of the Act in such a form as to provide for the representation of the profession in the Council. As to the public services, he thought the position occupied by medical men in the army and navy required consideration. In respect to the Poor Law Medical Service, he was of opinion that the decisions of the committee of the Legislature should be carried into effect, and that the appointment of in-door and out-door medical officers should be for life, and he would support their claims to superannuation. In respect to sanitary measures, he was of opinion that the various Government departments of public health should be consolidated, and that there should be a revision of the sanitary laws.

It was moved by D. Head, Esq., seconded by Weeden Cooke, Esq., and unanimously carried, "That this meeting is of opinion that Dr. H. Sandwith's candidature is deserving of the warm and unanimous support of the medical electors of the borough, and believes that the measures which he desires to advocate will tend to the advancement of the health of the community, the improvement of the condition of the sick poor, and the diminution of paupers, and consequent decrease of the rates."

Many medical men who could not attend sent letters of sympathy.

We set these questions once more before our readers, urging all to act promptly. All along we have urged the claims of medical candidates, and if the Profession will not unite to carry them we confess we have no hope for union in anything else. Whatever the result the MEDICAL PRESS AND CIRCULAR will have done its part—thoroughly and consistently.

GLASGOW AND ABERDEEN UNIVERSITIES.

THE contest for this seat proceeds with great vigour on both sides. It is a matter of surprise to many that the Lord Advocate should have secured so many medical supporters as have promised to vote for him; for whatever may be said as to his acts in a single instance, it is impossible to deny that he comes forward as the representative of Toryism, while the medical profession, as a whole, is unquestionably Liberal. Too much capital has been made out of the enfranchisement of the Universities, but this subject has been fully exposed anent the contest for the Chancellorship of Edinburgh. Something has also been done through boasting the possibility of squeezing money out of the Tories. These considerations, however, go for nothing in the minds of Liberal electors, who know that the leader of their party in Scotland would be ready to help them so far as he could, and that no one could more worthily represent the new constituency than Mr. Moncrieff. There are, however, questions of medical politics that cannot be shirked; and though these have made less noise than in the contest for Edinburgh and St. Andrew's, chiefly because in the latter constituency a medical candidate came forward avowedly as a medical politician, we happen to know that they are influencing many voters. Mr. Gordon has received, as we know, promises of aid from medical men because he has promised to consider some of their grievances—mostly those relating to salary. It is but just that Mr. Moncrieff's views should be made equally public.

We are enabled to state, on unquestionable authority, that Mr. Moncrieff is prepared to support a thoroughly liberal scheme of medical reform. He has full sympathy with all classes of the profession, and is anxious to serve the *medical* graduates, whose good opinion he is most anxious to have.

We have already stated that several candidates for seats in Parliament cordially approve the scheme enunciated by Dr. Prosser James, and the name of Mr. Moncrieff may safely, we believe, be added to them.

The following extract from a letter addressed by Mr. Moncrieff to a medical graduate will be read with deep satisfaction:—

"I have long thought that in this as in other cases self-government is the only satisfactory condition on which the internal regulation of professional bodies can be administered, and I should be prepared to carry this principle out in the constitution of the Medical Council. An oligarchy in such matters is always an evil."

We trust that after this unmistakable declaration, the medical graduates of Glasgow and Aberdeen will rally round Mr. Moncrieff, and so secure the return of a politician who has long been a leader in the House of Commons, is certain to be a member of the next Cabinet, and is thus unequivocally pledged to the programme of medical reform on which the profession has set its heart.

THE ENFRANCHISEMENT OF THE SCOTTISH UNIVERSITIES AND THE *LANCET.*

WE have been favoured with a copy of correspondence between the secretary of Mr. Swinton's committee and Dr. Richardson, as to the statements made by the *Lancet*, concerning the help afforded to a good cause by the candidate who has been fortunate, or perhaps unfortunate enough, to have the *Lancet's* advocacy. We regret its arrival too late to give it in full, but it proves satisfactorily enough that the journal in question has been circulating false statements, and giving publicity to private letters—how obtained it is not for us to say. Dr. Richardson writes—"I have not, as president, conveyed officially the thanks of the Association," &c.

He also says "Permission has never been asked for the publication of any communication of mine." Further on he adds that "the note was a courteous acknowledgement of a private letter."

We are sorry to see University elections degraded by the tactics of a professional journal to the level of the meanest boroughs.

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Notes on Current Topics.

Hospital versus Workhouse.

WE constantly have the poor applying to be admitted as in-patients at our hospitals when there is nothing but want ailing them, yet we find a poor fellow refusing to go into "the house," although suffering from such serious disease that he expires within a few hours of his application for out-door relief. We give a letter from the Rev. J. F. Francklin, Vicar of Whaplode, to the Board of Guardians of Holbeach, Lincolnshire, they having passed a vote of censure on him for his free expression of opinion at an inquest.

"To the Board of Guardians, Holbeach.—Gentlemen,—I by no means wish you to erase your unjust vote of censure on me from your minutes, but in common justice I claim the right of stating the case as it regards myself. There are two sides to every question. Pauper Biggadike—at the recommendation of my churchwarden, who knew his abject state of want, spoke to me about him, and suggested that I should obtain from the Board the sum of half-a-crown per week to meet his necessities, and he sent the pauper to me. I wrote a note to Coxon, the relieving officer, and gave it to Biggadike for delivery in my own house, where he nearly expired from the effects of a diseased heart. I believe he delivered the note to Coxon. That official (as appeared from the statement of the pauper) offered him only medical relief, and at the same time told him if he wanted any other relief he must come to the Board. I told the poor man he need not go himself, but that I would see Coxon at the Board at its next meeting and arrange for his having the desired sum of relief. Sick calls prevented my attending, and the matter was left to Coxon, who at the inquest stated that the Board would not entertain the case, as the pauper had not had the medical relief, and all I had to say was nothing, because I was not a medical officer, and the pauper must come to the house for relief, and that was all they would do for him. The pauper was thus, in my opinion, neglected in his utmost need; *he died within a few hours of his hearing from Coxon that he was to have no relief*—only an order for the house. I said at the inquest, in my opinion he had been shamefully treated by the Board, and they were virtually responsible for his death; and those who had voted for only 'the house,' had showed themselves barbarous and unfeeling men by such cruel conduct to a death-stricken man, whose end they accelerated by their callousness to the wants of the deceased. I retract not one word that I have said in this matter, and I believe the man might have been still alive. The charge of attempting to prejudice the jury is false. Thanking you for your vote of censure, I am, &c., J. F. Francklin, Vicar of Whaplode."

What is the moral of this? Let the infirmaries for our sick poor be made so comfortable that our hospitals and paupers will not go to their "last long home," because they prefer it to "the house." How is this to be done? Let our workhouse infirmaries be thrown open for public inspection, and for the study of medicine, and we shall not again hear of cases like that of poor Biggadike.

The New Pharmacy Act.

The apothecaries of Great Britain are looking forward with interest to the time when the Pharmacy Act of last session shall come into active operation. Within two months the discharge of the functions of a chemist and druggist, which are dealt with in the Act, or the use of the titles specified in it, will be unlawful. Mr. Flowers, the magistrate, has latterly called forcible attention to this point, and, in speaking of a case in which poison had been sold in quantity for suicidal uses, said that if the seller were charged before him under the new statute, he would have no option but to inflict a penalty of £5 for a first offence, and £10 for a second. Chemists and druggists who delay their registration until after the 1st of January will be obliged to pay the same fee of £5 as if they were coming up for examination.

The anticipation of this new Act has raised an important question in Scotland, where apothecaries are almost unknown, and where most surgeons compound their own medicines. When the Bill was sent down from the Upper House to the Commons, a provision existed exempting "all qualified medical practitioners" from its requirements and penalties. In the House of Commons the word "apothecary" was substituted, and thus doubts arise whether medical practitioners who hold no licence from the Apothecaries' Hall, can, under the Act, compound medicines.

Dublin Obstetrical Society.

The first meeting will be held in the College of Physicians, on 21st November, at eight o'clock. The Council have invited a number of visitors, and no visitor will be admissible without a card. The ballot for the election of officers will open at eight o'clock.

The Council recommend the following list of candidates for election:—

President—J. Ringland. *Vice-Presidents* (two to be elected)—J. A. Byrne, Wm. Jameson, G. Johnston, H. Kennedy. *Treasurer*—H. Halahan. *Secretary*—G. H. Kidd. *Committee* (five to be elected)—L. Atthill, T. E Beatty, F. Churchill, J. Cronyn, J. Denham, J. Isdell, J. R. Kirkpatrick, A. H. M'Clintock, S. M. M'Swiney, J. H. Sawyer.

Homœopathy at Aberdeen.

The various comments that have lately been made in reference to this subject, seem to a large extent one-sided. The reason that the matter has so long been kept from being public talk is scarcely apparent. The communications we have received this week are scarcely adapted for publication; but no doubt the question will not be suffered to rest after the adjourned meeting of the Governors of the Infirmary.

The Late Dr. Hillier.

University College has lost one of its most promising servants in Dr. Thos. Hillier. He attained very high honours during his course at the University of London. He was one of the first, and certainly one of the most hard-working Officers of Health. His manual on Skin Diseases was well-known, and the writer was studying his last clinical work on Diseases of Children, with a view to a lengthy review, when his melancholy death was announced. Dr. Hillier had, we hear, even taken his passage to the Cape, in the hope of arresting disease of the lungs, when the sudden death of his brother from an accident prevented him, and he rapidly sank and died on the 7th inst., at the early age of thirty-seven.

Excision of Joints.

The first meeting of the Royal Medico-Chirurgical Society of London was devoted to this important subject. Mr. Henry Lee read a paper giving the results of cases of excision of the hip, knee, elbow, and wrist joints. Professor Humphrey, of Cambridge, gave the results of his experience since a former paper on the same subject. His number of operations now reaches thirty-nine. Excision is now generally recognised by British surgeons as a proper operation in selected cases.

Physician or Surgeon.

In all large towns the distinction of these branches is well understood, and it is right they should be regarded. The governors of the Cumberland Infirmary have lately had the duty of appointing a physician to their charity. There were three candidates—one of them, a member of the Royal College of Physicians of London, and therefore of necessity a pure physician. This gentleman had also been a lecturer in the Newcastle school, and an Examiner at the University of Durham. With such a candidate before them we are astonished to learn that they elected the *surgeon* to the city police force, who is also reported to be a surgeon to several clubs, and therefore we suppose a general practitioner. In London no institution appoints surgeons or general practitioners physicians. We do not say the offices are absolutely incompatible, but we do think it a bad precedent, and we should regret to see the wholesome custom changed, as it could not fail to injure the charities and promote unpleasant feelings amongst men who ought to be on the best of terms.

Dr. or Mr.

A RATHER ludicrous incident took place in reference to an election in England. Some one declined to allow that a candidate who was LL.D. had the right to call himself doctor, and asked to look at his diploma.

In Scotland *Mr.* Swinton, LL.D., repudiates the doctorship, and is hard upon his opponent, Professor Playfair, who is also LL.D., for using it. Will some one in authority say whether a doctor of laws is to be addressed as Dr. or Mr.? His right seems to us as clear as that of a D.D., but perhaps the Universities who dub men doctor will give judgment.

Royal South Hants Infirmary.

THIS Institution has, according to the *Southampton Times*, received presents of photographs and other pictorial adornments for the walls of the wards. Other generous donors have thought of the younger patients and sent scrap-books of coloured prints on calico, &c. This is another movement in the direction we have already pointed out.

The Army Blue-book.

THE new Blue-book has reached us this week. It is as heavy and as full of statistics as usual, and will afford us many opportunities of referring to the numerous subjects so ably treated in it.

Certain figures with which it abounds must first be disposed of. The following analysis has, to a large extent, already appeared in the daily press :

> Twenty thousand four hundred and ten recruits were inspected in 1866 ; 6,811, or 334 per 1,000 were rejected at the primary inspection, and 950 at the secondary inspection, making a total of 7,761, or 380 per 1,000 rejected in the aggregate, and leaving 12,649 to pass into the army. Compared with the results in 1865, the proportion rejected shows a reduction of 46 per 1,000. Of 8,315 recruits passed at the primary inspections by army medical officers, 208 were subsequently rejected, while of 5,384 passed by civil medical practitioners, 742 were rejected, these numbers being respectively in the proportion of 25 and 140 per 1,000 of the recruits found fit in the first instance, against 38 and 149 per 1,000 in 1865. The results, therefore, for 1866 show a lower ratio of rejections in both groups than in the preceding year. The rejections at primary inspections by army medical officers, compared with those by civil practitioners, were in the proportion of 373 to 260 ; but when the recruits had passed through the secondary inspection the difference in the results amounted only to 26 per 1,000. Compared with the results of the previous year, there was a marked decrease in the proportion of English recruits rejected, a slight decrease among Irish recruits, and a slight increase in the proportion of Scottish recruits rejected. Out of every 1,000 recruits, 697 came from England and Wales, 78 from Scotland, 219 from Ireland, and six from the colonies and foreign parts ; these figures show a considerable increase in the proportion of English, but a decrease in Scotch and Irish recruits, compared with the preceding year. The highest ratio of rejections was among the recruits for the Foot Guards, and the lowest among those for the Household Cavalry. Compared with the results for 1865, there has been a reduction of about 8 per 1,000 in the defects of the lower extremities, and in loss or decay of many teeth, 2½ per 1,000. The following are the most frequent causes of unfitness :—Diseases of the eyes and eyelids, 882, or 43 per 1,000 ; varicose veins, 721, or 35 per 1,000 ; small or malformed chest or curvature of spine, 723, or 35 per 1,000 ; defects of lower extremities, 604, or 30 per 1,000 ; varicocele, 542, or 27 per 1,000 ; muscular tenuity, 525, or 26 per 1,000 ; disease of heart, 513, or 25 per 1,000 ; unsound health, 414, or 20 per 1,000. Less frequent causes of rejection were syphilis, loss or decay of teeth, hernia, ulcers, wounds, and cicatrices. The highest proportions of rejections were in the class of mechanics—419 per 1,000 ; and in the class of manufacturing artisans, 400 per 1,000 ; the lowest, exclusive of boys, was among the professional class, and among labourers, &c. Of every 1,000 recruits examined by army medical officers, 286 were unable to read or write, 87 were able to read only, and 707 were able to read and write. The ages of the recruits of 1866 show that enlistments under 18 years of age and at 25 years of age and upwards were less numerous than in 1865 ; but there was a considerable increase in the proportion between the ages of 18 and 20 years.

Lord Rector Moncrieff.

LAST Saturday afternoon the election to the Lord Rectorship of the University of Edinburgh terminated in favour of Mr. Moncrieff, and we doubt not the learned Dean of the Faculty of Advocates will worthily fulfil the duties of the office. He succeeds Mr. Carlyle, whose term of office has expired. The proceedings excited much interest among the students. Active canvassing had been going on for some time by the supporters of Mr. Moncrieff, Mr. Ruskin, and Mr. Lowe, and numerous meetings had been held. The polling was between the hours of eleven and one ; the polling-booths were in the class-rooms of the University, and under the superintendence of Professors. During the day, at the entrance to the University and in the quadrangle, peas and small bags of flour were freely thrown about by excited partizans. Mr. Lowe's name was withdrawn after 80 votes had been polled for him, his supporters making the following statement :—"Mr. Lowe having been withdrawn after the first quarter of an hour by a majority of his committee, the votes recorded as the result of the poll must not be taken as showing the number of his supporters." Shortly after one o'clock the result was declared as follows :—For Mr. Moncrieff, 607 ; for Mr. Ruskin, 425—majority for Mr. Moncrieff, 182. The announcement was received with loud cheers by Mr. Moncrieff's friends, who afterwards met in their committee-rooms, when congratulatory addresses were delivered. Mr. Ormond, chairman, said that, in spite of the most strenuous opposition, they had put Mr. Moncrieff at the head of the poll, and he was sure that in doing so they had done a real practical benefit to the University. He believed that Mr. Moncrieff would not only be an honour to the University, but a practically useful Rector.

We trust this election is but the forerunner of a greater success at Glasgow and Aberdeen.

THE candidates for the Physicianship of the Royal South Hants Infirmary, rendered vacant by the retirement of Drs. Joseph and William Bullar, are Dr. Scott, who is now Physician to the Infirmary, and T. Trend, Esq. Dr. Joseph Bullar has held the appointment for many years.

IT has been notified that the Female Hospital in course of erection at Montpellier hill, Dublin, will be ready for occupation in March, 1869.

IT is in contemplation to build recreation-rooms in the Royal Barracks, Dublin, on the same plan as those erected in Richmond Barracks.

THE Glasgow University Building Fund has reached nearly £103,000. It is thought that Lord Stanley and Mr. Lowe will have a close run for the Chancellorship of the University of Glasgow.

Dr. Balthazar Foster has been elected Physician, and Mr. Goodall Surgeon, to the General Hospital, Birmingham.

Winter in the North has begun in earnest. A week ago the water in Lake Windermere was frozen. There were 11 degrees of frost there on Sunday week. Northern lights and lunar rainbows were beautifully distinct in the neighbourhood.

The accounts from Russia and the Baltic also indicate that winter has already set in with a probability of severity.

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Hospital Reports.

LONDON HOSPITAL.

CASE OF VARICOCELE DEPENDENT ON SELF-ABUSE.

Under the care of Mr. Rivington.

W. T., æt. 17, joiner, was under the care of Mr. Curling at the London Hospital, and transferred to Mr. Rivington.

The patient, whose aspect was characteristic, had practised self-abuse for five years, and for the last two years seminal discharge had followed the act. This habit he was accustomed to practise twice a day, but now, on an average, not more than once a month. The discharge was sometimes thin, at others more consistent. Latterly his general health became affected; he grew weak and nervous; his appetite failed so much that at times he could not eat anything. His sight suffered, and he became subject to pains of an aching and gnawing character in the left side. The veins of the scrotum on the left side were full, and nothing but operation appeared likely to be of service.

Mr. Rivington passed a couple of hare-lip pins, with an interval of half an inch, through the scrotum, behind the veins and between them and the vas deferens. Pieces of card were used to protect the skin, and the twisted suture was applied. Subsequently the veins were divided subcutaneously between the pins, with a tenotomy knife. This is the mode of operation adopted by Mr. Curling.

After the operation there was some swelling of the testicle and increase of pain. Both soon subsided. A firm deposit occupied the seat of the operation, and the pins were removed on the fifth day. When last seen, about a month afterwards, the left testicle was a little larger than the other, and the plastic matter remained *in situ* round the veins.

CASES OF HERNIA.

Mr. Rivington has had several interesting cases of hernia at the London Hospital, which we hope to publish in another impression.

He informs us that he has had lately two cases of femoral hernia, the swellings being small, which he has reduced by the taxis, after four days' strangulation. These small protrusions in the femoral region are generally considered difficult of reduction. One case occurred at the London Hospital, and the other in private practice. In the former, the House-Surgeon had judiciously abstained from attempting reduction for more than a few minutes, but it was reduced very speedily. The reduction of the latter did not occupy more than eight minutes, and Mr. Rivington believes that cases are sometimes cut which are amenable to the taxis.

RICHMOND SURGICAL HOSPITAL.

Case under the care of Mr. William Stokes.

(Reported by Mr. William R. Browne.)

MULTILOCULAR OVARIANTUMOUR; OVARIOTOMY; UNSUCCESSFUL RESULT.

Maria L., a married woman, æt. fifty-seven, was admitted into the Richmond Hospital on the 14th of last September, having been recommended to Mr. Stokes by his colleague Dr. Lyons. The patient never had had any children. She first observed enlargement of the abdomen in the spring of 1864, but never sought for any medical or surgical advice until she came under Dr. Lyons' care last February. The tumour had then reached an enormous size, the girth at the umbilicus being fifty-three inches. The catamenia had always been regular and she had enjoyed excellent health in every way until the tumour began to grow. About two months previous to her admission to the Richmond Hospital she suffered from considerable pain in the upper portion of the tumour, and at this situation a peritoneal friction sound was distinctly audible, even to the patient herself. The attack, however, soon completely subsided. At the time of her admission into the Richmond Hospital, she was greatly emaciated and suffering much from abdominal distension. In other respects, the patient was in good health. At this time Dr. Beatty and Dr. Byron kindly saw the case, in consultation with Dr. Lyons and Mr. Stokes, and the opinion arrived at was, that notwithstanding the emaciated condition of the patient, the case was one for which the operation of ovariotomy was indicated.

On September 15th the patient, having been previously brought under the influence of chloroform by Dr. J. A. Ross, was brought into the operating theatre of the Richmond Hospital. Mr. Stokes commenced by making a longitudinal incision four inches in length midway between the umbilicus and pubes, and a careful dissection down to the peritoneum was then made. That structure was then raised off the sac of the cyst by small hooks, and carefully divided in the direction of the original incision. On opening the peritoneum, some clear straw-coloured fluid escaped, and then the shining, white sac of the cyst was brought distinctly into view. Mr. Stokes then thrust a large trochur with caoutchouc tubing attached into the interior of the cyst, and the fluid contents were allowed to flow through the tubing into a large bucket underneath the operating table. Several quarts of a clear tenacious honey-like fluid were evacuated from the first cyst. This being emptied Mr. Stokes, without removing the trochur, thrust it into the second cyst, and the fluid contents of this were found to differ completely from those of the first, being of a dark brown chocolate colour, opaque, very much thicker and more tenacious. Twenty-seven quarts of fluid were evacuated from these two cysts. The tumour having now sufficiently collapsed, Mr. Stokes passed his hand gently between the sac and the peritoneum to determine whether any adhesions existed. These were found principally at the upper portion of the tumour, and were broken down without much difficulty. The sac was then slowly and carefully drawn out through the incision, and the pedicle was found to be narrow and of considerable length. The folding hinge clamp was then applied, the handles removed, and the pedicle divided with a scalpel. The edges of the wound were then carefully brought together above and below the clamp by several points of silver suture, great care being taken to include the peritoneum. Strips of adhesive plaister were placed across the wound, dry lint dressing applied, and the patient immediately removed to the adjacent ward and placed in a bed previously warmed by hot jars, etc. The patient soon after this rallied, took some warm brandy and expressed herself as greatly relieved and gratified at the operation having been concluded. At this time (11.40 a.m.) her pulse was 112, and soon after she fell into a quiet sleep.

1. p.m. Still asleep, pulse 104. Shortly after this she awoke and had a little burnt brandy which she appeared to like. Mr. Stokes again saw her at 4.15 p.m. with Mr. Fleming. Everything was apparently progressing favourably, no head symptoms, pain in abdomen, sweating or vomiting. The surface of the body maintained an equable warm temperature. Pulse 120. At 9.45 p.m. she was again seen by Mr. Stokes. Took some iced brandy and a small quantity of chicken broth.

Second day. 1 A.M. Complained of great restlessness, with pain over the pubes, accompanied by slight retching, which was checked, and the pain alleviated by the administration of a very small quantity of burnt brandy. Pulse 112. Some difficulty in breathing, which was relieved by raising her shoulders.

3 A.M. Pulse 130. Had slept a little. Does not complain of any pain or uneasiness. At 11.30, a change for the worse occurred, a cold clammy perspiration appeared, the pulse rose and became very weak. She had also frequent retching and great prostration. Nutritive enemata were now administered frequently, and had the effect of making her rally somewhat, but this improvement did not last. She gradually sank, and at 5.20 P.M. she died.

The *post-mortem* examination revealed the usual evidences of extensive peritonitis. The intestines were much distended with flatus. Some fluid was also found in the cavity of the abdomen, resembling that contained in the cyst, and lymph was found effused over the surface of the liver. A fibrous tumour, about the size of a small orange, was found attached to the fundus of the uterus.

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Literature.

SEA-SICKNESS.*

We can well remember some years ago, when "cribbed, cabined, and confined" in the Peninsular and Oriental steamer bound for Cadiz, the horrors of the sickness caused by the troubled waters of the Bay of Biscay. In a moment of intense suffering we mentally resolved never again, if not compelled by the direst necessity, to cross the ocean, except that small portion of it which forms the Straits of Dover; and notwithstanding that an unconquerable yearning has often prompted us to seek the great Western Republic, and witness there a portion of the human race free from the incessant struggle for existence which so mars the pleasure of a life spent in Europe, the recollection of the horrors of sea-sickness, as experienced in our own persons and that of our friends, has sufficed to turn the scales in favour of remaining on this side of the Atlantic.

Well may the myriads who are daily and hourly enduring such terrible agony as that inflicted by the remorseless wave of the ocean cry out for some method by which this mass of human suffering may be abated. After all, perhaps, suffering is above all the most grievous complaint we have to endure. Death it has been often said is no great evil, whilst nervous agony is what we should above all things endeavour to assuage. The discoverer of a remedy for sea-sickness, just as the discoverer of the properties of chloroform as an anæsthetic, or of the ether spray apparatus, would certainly be a great benefactor of humanity. To have effected this great and splendid task is an achievement claimed by the author of the work we are now about to notice. Not that this is the sole advance in therapeutics to which he aspires, the treatment and prevention of sea-sickness being only one of the numerous applications of the system of neuro-therapeutics, of which he is the well-known and most ingenious author.

There is one point in the discussion of the author's remedy for sea-sickness which is so completely an *à priori* one, that we think it necessary before we go into the arguments *pro* and *contrâ* the main doctrines, to notice it at once. Dr. Chapman having invented his bags for containing ice and applying it to the spine, has taken out a patent for these bags. By doing so he has offended a large number of persons in the medical profession, who are in the habit of saying that no medical man should *ever* possess or take out a patent. We said that this objection requires to be met fairly and *in limine*, else we might have our faith in the author's testimony as to scientific facts shaken by the belief that his ethics were faulty. First of all then there is much truth in what Dr. Chapman says, when he remarks that "a right appreciation of the claims of medical science and a due regard for the public welfare, have conjointly necessitated professional repudiation of men who deal in *secretly compounded*, or quack medicines." . . . But the same cannot be said of the grant of an exclusive privilege for a term of years, of making and vending a surgical instrument, or any mechanical instrument for a medical purpose. This privilege implies *no secrecy*, and all the privilege the patent confers is that of an exclusive right for a term of years of making the patented article; and I am constrained to affirm, that, in so far as the policy, the expediency, the morality, the dignity, in short, the principles generally approved by the profession, condemn the patenting of mechanical inventions in connection with medicine, precisely so far do they condemn the holding of copyrights in medical and surgical works, and the titles of medical journals." Dr. Chapman evidently considers the copyright of a book, or the patent-right to an invention, to be among the most certain grounds for claiming property which can be brought forward, superior probably to the power of acquiring property by bequest, or by means of the transference of landed estates from one person to another. And we are not indisposed to deny his argument, the more so that we have frequently heard it said that Dr. Richardson, who has lately given such a boon to suffering humanity by his invention of the ether-spray apparatus, instead of reaping a splendid reward for his services, has (except by means of a small subscription raised among the members of his own profession,) been rather damaged in pocket by benefitting his fellows. Now, if we read Dr. Chapman's letter to the *British Medical Journal*, published in the MEDICAL PRESS AND CIRCULAR, Oct. 16, 1867, we find that he there says—"I have been informed that soon after Dr. Richardson invented his ether-spray instrument, Her Majesty's physician, Dr. Jenner, said if *he were Dr. Richardson he would patent the instrument*." And further on we read, "Before I patented the spine-bags I consulted the President of the College of Physicians, Sir Thomas Watson, and the head of the Privy Council, Mr. Simon, and both these gentlemen expressed the opinion that I was justified in doing so." Such quotations in our humble opinion show that Dr. Chapman is in all probability right, and the majority of the profession wrong, in objecting to his patenting an instrument *which is by no means mysterious or secret.*

Having got rid of this obstacle, which prevents many from judging of the testimony given by Dr. Chapman and others as to facts in nature, we now come to examine the testimony. Whether Dr. Chapman's speculations as to neuropathy be true or no, there is no doubt that they contain many of the features of a correctly formed theory. He gives us in an admirably clear introduction, a synopsis of his views as to neuro-physiology, setting out from the assumption that the sympathetic is the excito-motor nerve governing the vascular system, and that the functional activity of the glands is excited or maintained by a stimulus from the cerebro-spinal axis. The former of these assumptions is now pretty generally admitted since the clear demonstration given of the fact by Bernard and Séquard. The latter proposition is an extension of the views of Bernard, Ludwig, and Pflüger. Bernard proved that the parotid and submaxillary glands receive their nervous supply on the one hand from the brain and spinal cord, and on the other, from the sympathetic; and demonstrated by experiments on animals that when the former are in action the maximum of blood is supplied to the glands and the maximum of saliva secreted, whilst when the latter are in action it modifies the volume of the arteries and regulates the supply of blood. Dr. Chapman states that he has discovered that by applying heat along the spine he stimulates the glands of the skin and mucous membrane, and by applying cold he restrains or depresses them, thus increasing or arresting their secretions. According to our author then, the mucous and cutaneous glands act under the control of a special set of nerves derived from the brain and spinal cord, and distinct from the sympathetic. Glandular action, in short, and glandular inaction, are due, the first to a preponderance of cerebro-spinal influence, the second to a preponderance of sympathetic nerve force. He maintains that all glands possess positive motor-nerve fibres from the cerebro-spinal axis, even in the cases when anatomy has not discovered such to exist. From these postulates Dr. Chapman requires our assent to the importance of endeavouring in all cases of excessive discharges from glands, such as diarrhœa, leucorrhœa, bronchorrhœa, &c., of endeavouring to paralyse this cerebro-spinal influence, and thus inhibiting the supply of blood to the glands which causes the discharge.

So much, in brief, for the theory; and now for the verification of the law, our author points to the evidence adduced by a number of medical men, among whom we perceive with plea-

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* "Sea-Sickness, and How to Prevent It." An explanation of its Nature and successful Treatment through the Agency of the Nervous System by means of the Spinal Ice-bag. By John Chapman, M.D., M.R.C.P., Physician to the Farringdon Dispensary. London: Trubner & Co., Paternoster row. 1868. Pp. 112.

sure many most distinguished Dublin practitioners, as to the rapidity with which cases of diarrhœa, dysentery, delirium tremens, constipation, vomiting, dysmenorrhœa, amenorrhœa, menorrhagia and leucorrhœa, cholera and diabetes, have been cured. Paralysis and epilepsy have, according to much excellent medical evidence, been frequently cured by the application of this theory. If vomiting on land be under the dominion of this mode of treatment, we shall of course not be surprised to find that sea-sickness is amenable to it; but in page fifty-seven, our author gives us the physiology of sea-sickness as follows:—He holds that "the proximate cause of sea-sickness consists in an undue amount of blood in the nervous centres along the back, and especially in those segments of the spinal cord related to the stomach and the muscles concerned in vomiting. This condition is induced by the movement of the vessel in (he thinks) three ways; first, through the brain; second, through the ligaments of the spinal cord; third, through the abdominal and pelvic viscera. If by one or several causes the amount of blood circulating in the spinal cord be increased considerably beyond the normal amount, all the nerves emanating from it partake of the increased activity of the cord itself, and convey from the centre to the periphery of the nervous system an abnormally large number of exciting impulses. Those parts of the body which are subject to the will, the purely voluntary muscles, resist these impulses most easily, and only in extreme cases, therefore, are their ordinary functions deranged; but the involuntary or purely organic functions being unsustained by cerebral influence under the direction of a dominating will, have their usually regular and tranquil life easily disturbed and thrown into confusion by the unwonted number of exciting impulses transmitted to them from the preternaturally excited spinal cord."

In page 61 he gives further details, which seem to us very rational. "The movements and shocks, and the irritation caused by the continually changing portion of the hollow viscera, produce an abundance of abnormal impressions upon the nerves distributed to the various organs: these impressions are conveyed through the medium of the complex visceral nerves and sympathetic ganglia to the spinal cord, thus inducing an excessive reflex activity, and hence the transmission of a preternatural amount of motor force to the stomach and bowels, and, indeed, to all the viscera, as well as to the thoracic and abdominal muscles." Such is the very plausible theory propounded by our author; and now for the verification of the induction. As we ourselves (we are ashamed to say) have neglected the opportunity, which numerous voyages to the Continent have afforded to ourselves (very bad sailors as we are), of verifying this important theory on our own person and that of our unhappy friends, we must listen to what other medical men have to say.

Case 24 is given by Dr. Lee, of Philadelphia, and seems, *of itself*, quite a sufficient verification of the theory. A lady, in her return voyage from Havanna to the United States, encountered very severe weather. "Violent and distressing retching set in, with scarcely a moment's intermission. She rapidly became prostrate, the blood leaving the head and extremities, which were very pallid and cold, and what was still more alarming, severe spasmodic contractions of the muscles of the extremities, with intense pain in the lower part of the abdomen, set in." The husband becoming alarmed, now determined to apply the ice-bag without further delay. "Obtaining assistance, he carried his wife, more dead than alive, and conscious of but one desire, as far as her anæmic brain was capable of consciousness—namely, that of being thrown overboard—down to the state-room, and had the ice-bag filled in all its compartments. *The effects of its application was little short of miraculous. In three minutes the retching ceased, and the spasm was calmed. In a quarter of an hour she had fallen into a quiet sleep;* and in half an hour her hands and feet were of natural warmth, and her face had regained its wonted colour. In two hours she awoke, greatly refreshed, and ate two slices of toast, with a cup of tea, and from that time did not miss a single meal."

Some persons entertain an opinion that the use of cold to the spine may in some cases prove dangerous; but this seems entirely to be disproved by a letter in the *Lancet* of Dec. 3, 1864, from Mr. Bradley, surgeon of the Cunard Service. He says:—"In severe cases of sea-sickness, when other remedies have failed, I have very generally found the spinal ice-bag do great good. I have applied it to young children, delicate women, and old people. *In no cases does it do harm*, but in the great majority of instances it soothes the nervous irritability, which so commonly accompanies sea-sickness, induces sleep, and so enables the stomach to receive light food, and consequently relieves exhaustion." Many other letters are printed in this work to the same effect; and there can be no doubt that sea-sickness seems, *in very many cases*, to be prevented by this admirable and simple method. The moral we would derive from perusing this admirably written work is, that we ourselves feel emboldened to absolve ourselves from a rash vow never to cross the Atlantic. Armed with one of our author's ice-bags, we are determined to dare "*rabiem noti;*" and we invite *all* our readers to peruse this work carefully and without prejudice, and our *medical ones* to make a careful trial of a process which so rationally promises to abolish one of man's greatest sufferings—sea-sickness.

There is one point on which we would, if permitted, like to dilate a little; and that is as to the absolute necessity in medical matters of exercising a little of that charity which is, after all, the foundation of all religion. Unfortunately, as yet, in the noble profession of medicine, but little of this feeling can be said to exist. That fraternity which we dream of, is but a dream. A little of it, indeed, is found in the metropolis of European civilization, Paris—even the word *confrère* denotes that the spirit at least of fraternity exists, even if the struggle for a living often cause ungenerous conduct between the brethren. We have no such expression. In this country, alas! fraternity is unknown. A narrow aristocratic and domestic feeling of exclusiveness everywhere prevails, even in the profession of medicine, which, above all others, should be that most filled with the spirit of the Teacher who said, "love one another." Our most eminent men are perpetually wrangling, and saying ungenerous things of one another, whether in London or in the provinces. Were it not for this, there could be but little difficulty in testing the value of the method of therapeutics proposed by our author. Each medical society, were the fraternal feeling but fostered, would eagerly resolve itself into committee for the investigation of *any such rational and innocuous proposal* as that made by Dr. Chapman for lessening the sorrows of life. It is time, indeed, that a great social revolution of some kind should take place, when we see such want of real feeling and common fairness as that which has prohibited even the discussion of our author's patent-right views in what is never tired of vaunting its pretension to be the organ of the whole profession. Let us beware of the errors of trades' unions. They have many advantages; but the divine art of healing must not imitate their selfish practices.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, NOV. 2nd, 1868.

Dr. B. W. RICHARDSON, F.R.S., in the Chair.

MR. ALFRED COOPER exhibited a Calculus, extracted from the bladder of a boy aged twelve by the lateral operation of lithotomy. The boy had been in the West London Hospital for seventeen days without showing any symptoms.

Mr. COOPER also exhibited three Polypi of the Rectum, one of which he had removed by ligature from a child, one from a lady, and one from a gentleman. All the cases had been mistaken for hæmorrhoids.

Mr. HENRY SMITH showed a Stone, weighing five-and-a-half ounces, which he had removed from a woman's bladder. She had suffered eight or ten years from the disease. He extracted the calculus piecemeal by an incision made through the vagina and the neck of the bladder. The patient had since died.

Mr. SMITH also exhibited a Stone from the female bladder, in which case he had performed the usual operation of lithotrity. At the second operation there was some difficulty in introducing the lithotrite, when the cause of the obstruction was discovered to be a large fragment, as big as a small walnut, which had become impacted in the urethra. This was removed by slightly incising the meatus, and the patient did well.

An animated discussion then followed on the question of dilating the urethra, Mr. Walter Coulson and Mr. Bryant being of opinion that rapid dilatation was seldom, if ever, followed by incontinence, whereas slow or gradual dilatation was attended by that distressing sequel.

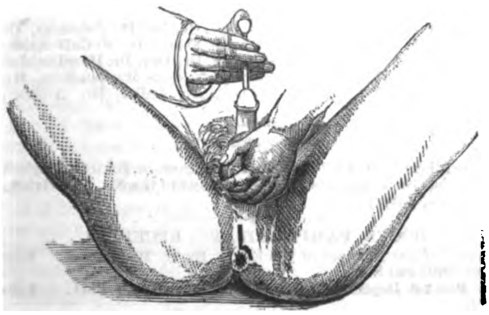
Mr. Henry Lee then read a paper on

THE MEDIO-LATERAL OPERATION OF LITHOTOMY.

The author described the way in which he now performs lithotomy, and which he has named the Medio-lateral Operation. He gave the particulars of three cases in which this operation had been performed. The first of these had occurred upwards of twelve months ago. The medio-lateral operation, he said, was performed in the following manner:—The patient is placed in the ordinary position for lithotomy, and a grooved staff having been introduced, an incision is then made in the median line of the perineum from before backward. This incision should extend through the posterior half of the perineum, terminating two or three lines in front of the anus. From this point this incision is continued for a quarter of a circle round the front and left side of the rectum. The finger of the left hand may then be put into the wound, and the rectum pressed back, whilst an additional touch or two with the knife separates it still further from the parts in front. The forefinger of the left hand is now passed into the rectum, and the knife, with its back towards the bowel, is passed at the posterior part of the central incision, and in the median line, into the membranous portion of the urethra. With the finger as a guide this is done with great ease and certainty. A bistoury or knife, with a probe as its extremity, is then passed into the same opening, and made to slide along the staff into the bladder. The blade of the knife is then directed towards the patient's left side, and somewhat backward, and as it is withdrawn the heel of the knife passes in the direction of the original incision through the skin. The point of the knife remains very nearly in the median line. A free external incision is thus produced, involving no important parts, with a small opening into the bladder. The urethra being opened, the median line is reached with the greatest facility with the finger, and the incision into the bladder is in the same way very easily dilated. The forceps, or any other instruments that may be used, are also introduced more directly into the bladder than in the ordinary lateral operation. In this operation all the usual accidents and difficulties which are likely to occur in lithotomy are guarded against. With the finger in the rectum as a guide, the urethra may be opened without difficulty, and a probe-pointed bistoury, being guided by a grooved staff, cannot well fail to enter the bladder. The incision into the prostate gland is made from within outward, and this he (Mr. Lee) considered an advantage. An incision made in the opposite direction partakes more or less of the nature of a stab, and the point of the knife, even when guided by the most skilful hand, will sometimes wander from the groove in the staff.

The medio-lateral operation for lithotomy is performed in far less time than it requires to describe it, and Mr. Lee had been impressed in operating both upon the dead and living subject with the facility with which it is accomplished. The instruments used are an ordinary staff grooved in the median line, a common narrow scalpel cutting on one side only, and a curved bistoury with a probe projecting two lines beyond the termination of its cutting edge.

The accompanying woodcut shews the line of the external incision in the medio-lateral operation for lithotomy.



In children a single incision with the scalpel is generally sufficient, but in adults the circular part of the wound should be deepened either before or after the urethra is opened. Should the stone prove large, there is no difficulty in obtaining more room at the neck of the bladder by making an incision in the prostate gland on the right side, as well as upon the left. This is easily accomplished by the probe-pointed bistoury introduced upon the finger, and guided by it.

The external incision in the medio-lateral operation combines, as it appears to Mr. Lee, the advantages of all the different incisions which have been recommended. It affords sufficient room for the use of instruments. These may be introduced in the median line, and the rectum is not likely to be displaced or injured. The operation as a whole is, he thinks, the simplest in conception, the easiest in execution, and the least liable to be attended or followed by any unfavourable complications, of all the operations for lithotomy.

Mr. Bryant advocated the plan that he had been taught—of using a straight staff. He believed that almost any stone of reasonable size could be removed by the lateral method. Mr. Lee's plan might be useful in very large stones.

Mr. Walter Coulson and Mr. Teevan respectively spoke of the importance of cutting, not dilating the prostate, and exhibited calculi that they had removed.

The President gave a succinct history of the operation of lithotomy, and showed that whatever operations were performed, death is in proportion to the age.

Mr. Charles Hawkins said that the mortality was greater in private than in hospital practice, the reason being that hospital patients applied earlier for relief, and were more ready to undergo the necessary operative procedures. Private patients, on the contrary, hoped on until their kidneys and bladder became diseased.

In reply, Mr. H. Lee thought that his plan of operation was very easy to perform, and he believed that dilatation of the prostate was not only very possible, but expedient.

After a few remarks from Mr. Gregory Smith and Mr. Mason, the meeting adjourned.

At the last ordinary meeting of this Society Mr. Thomas S. Griffiths, of Wrexham, was proposed as a Fellow. This gentleman, in joining the Society, presented to the library the following valuable books, viz.—

1. "The General Practise of Physicke," by Chris. Wirtzung, in Germane, translated by Jacob Mosan. Date, 1617.
2. "The Breviane of Health," by Andrew Boord, Doctor of Physick; an Englishman. Date, 1587.
3. "A Briefe Treatise, wherein are to be found divers good and speciall Helps for many Diseases," by Walter Cary. 1587.
4. "Guilielmi Harveii, Exercit. Anatomicæ de Motu Cordis, et Sanguinis Circulo." 1661.
5. "Aphorismi Hippocratis," cic. icclxxv.
6. "Galeni Comentarius," mdxxxvii; and

An engraving of Harvey, by Houbraken, date 1739; and

A mezzotinto portrait, three-quarter length, of Dr. Jenner.

MONDAY, NOV. 16th, 1868.

Mr. Spencer Watson on "A Case of Injury to the Knee-joint;" and, also, a Specimen of Comminuted Bones from a Gunshot Wound.

Dr. Leonard Sedgwick will exhibit an improved Uterine Speculum.

Mr. Alfred Cooper, a Case of Carcinoma.

A Ventilating Urn for the sick-room, and for the diffusion of vapour or warm air, invented by Mr. Jones, of Aylesbury, will be shown.

Mr. Thomas Hunt on "Phases of Physic in the Present Century,"

W. E. Poole, Registrar.

Correspondence.

TIMIDITY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—One of the causes which prevents the advancement of the interests of the profession is the timidity of its individual members. A certain journal—the *Lancet*—has held a leading position for many years, and by unscrupulous personalities has frightened even our leading men. Those who are behind the scenes and know how the wires are pulled think nothing and care nothing for what the *Lancet* says. But it is notorious that a large number of medical men render implicit deference to the utterances of this more than Delphian oracle. Others, of an acuter turn, make use of the journal for the publication of their cases and lucubrations because it has a large circulation, and it is their interest to do so. Wisely and sagaciously do they act in their day and generation! Such are some of my own friends and acquaintances, who have stood absolutely aghast at me for my great imprudence, as they term it, in attacking the *Lancet* in your Journal of Oct. 7. One says, "It was very imprudent of Rivington to attack the *Lancet*—one never knows what may happen." Another says, "It was very imprudent of you to beard the *Lancet*—it has great influence—they will never forgive you." Well, suppose they don't, whoever *they* are—not more than half-a-dozen little great men at the outside—what does that matter to me? Justice and honesty were on my side; and so long as I adhere to justice and honesty, malevolence can do me no harm. But what I wish to point out is that if all who have felt aggrieved and ashamed at the conduct of the *Lancet* would not be afraid of coming forward in their own names, and saying so, the power which has been a terror to them would be effectually broken. Its life would be in danger, and if it wished to retain it, it would have to repent and amend its ways. Its silence is suggestive. Possibly even now it *has* repented. There are men connected with the *Lancet* whom everyone respects and appreciates. Before the sub-Editor left the *Lancet* in September (why did he go?), these gentlemen were permitted to sit round a table and express their sentiments, and enjoyed the privilege of discovering, as soon as the journal was issued, whether their advice had or had not been followed. It is probable that they have now a little more weight in counsel, and can keep the paper in the paths of innocence and truth. Let us hope that it may be so for the good of the profession. Surely, as it is, the medical body stands low enough in public estimation; surely there is disunion enough already within our ranks. All our energies are required to solve the great problems before us, to make the Medical Council truly representative of the varied elements of the profession, to liberalise and quicken our corporations, to reduce to order our educational chaos, to raise the position of overworked and underpaid medical men, to improve the social status of our body politic, to render more efficient our public charities, and to diffuse throughout the community those sound views on sanitary subjects which will further limit the prevalence of quackery, and bring the boons of science and the blessings of health still more effectually within the reach of the poorest of our fellow citizens.

I am, Sir, your obedient servant,

Walter Rivington.

MEDICAL JOURNALS AND MEDICAL CANDIDATES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—A few weeks ago Mr. Rivington boldly exposed in your columns the disgraceful conduct of the *Lancet* as to a particular institution. In the course of his masterly letter, which must have produced confusion amongst the "clique of conspirators," he incidentally alluded to another instance in which that journal has misrepresented the profession—viz., the contest for the Universities of Edinburgh and St. Andrew's. For that seat two physicians were candidates; but, while loudly professing to desire medical men to be returned to Parliament, the *Lancet* did all it could to ignore, and afterwards to oppose, both Dr. Prosser James and Dr. Richardson. It was clear, in fact, that long ago, in this, as in so many other instances, the *Lancet* deliberately ignored the profession. It has been long known to a few, that in Bedford street all the finer professional feelings and all past vauntings have been sacrificed to low trade instincts. Yet there is a conventional decency which might have been observed, if only to save appearances and shield the honour of the one or two respectable men who still consent to be on the staff of the *once* leading medical paper. Disunion and petty jealousy may ruin the profession, and, alas! we are scarcely surprised; but during the life of the late Mr. Wakley no one could have imagined the depth to which his journal would descend. Suppression of facts is the least sin on this occasion. Perversion of them does not tell all. Not only has it opposed both medical men, but omitted the name of one from a professedly complete list, and refused to discuss his proposals for medical reform, although at the moment its columns were open to analogous schemes. In fact, all through this contest it has trampled on all its former professions, and done all in its power to deprive the profession of the representation it all along pretended to desire. The worst of such conduct is, that confiding minds may not see through the trick, and this is exemplified in your other contemporary, which virtually takes a side in politics. The *Medical Times*, clinging with all the energy of decaying nature to Toryism, has professed to sink politics whenever medical candidates come forward. But how has it fulfilled this profession? With all the power it could exert it naturally enough supported Dr. Richardson—the one brilliant member of its staff—who has arrested the action of a discerning medical public, and, probably, thereby averted its absolute extinction. Yet, on his retirement, it belied all its former professions by ignoring the other medical candidate, and speaking of Dr. Richardson as *the* professional candidate. Why? Is it the Conservatism which reigns in the *Medical Times*, and which it loves more than the profession? When that organ boasts, week after week, of supporting medical men, are we to understand "Liberals always excepted?" It is surprising that Dr. Richardson's paper should thus have acted.

Yours faithfully,

Edwin Hearne, M.B.

Southampton, Nov. 10, 1868.

NOTICES TO CORRESPONDENTS.

Thomas J. Monaghan, Tuam.—Before anyone can be bound as *Apprentice* to an apothecary, the law renders it necessary that he shall be examined by the Court of Examiners of the Apothecaries' Hall, and shall have obtained "a Certificate of Apprentice" from the Court; but in case the pupil has obtained "a Certificate in Arts" from any of the recognised licensing bodies, ("the Certificates in Arts" of the Queen's University, and of the College of Surgeons in Ireland are recognised) the Court will admit him to examination for "the Apprentice Certificate," upon any Friday during its sittings, at the hour of Two o'clock, p.m., when the examination will be limited to Latin, Greek, French and English. "The Arts' Examination" at the *Hall* does away with the necessity of the latter examination.

Mr. Simpson, Norwich.—The trial took place some three and a-half years since.

Dr. Croft.—The subject is scarcely within our province.

Dr. E. P. Starkey.—Cases of Dropsy differing in their Etiology, Treatment, and Termination, shall appear as soon as possible.

Dr. Johnson.—No reply has yet been received from Mr. Trimmer, Secretary to the Royal College of Surgeons of England. Further enquiries will be instituted.

Dr. Cranko.—The journal shall be sent as desired.

Dr. Lane.—Owing to the great pressure, we are compelled to again postpone your letter on "Poor-law Reform."

"Two Cases of Paralysis in Connection with Typhus," under the care of Dr. Grimshaw, in type.

Dr. Haslett.—Your letter "On Consultations" shall appear, if possible, in our next.

Dr. Thomas Swan "On Coroners," see previous reply.

Sir,—Can you or any of your readers kindly tell me how sulphurous acid is applied to certain cases of sore-throat, or if the mode of doing so is described in any book? Information on this subject, early given, will greatly oblige.

A Practitioner.

The best mode of applying sulphurous acid to the throat is by burning Duncan and Flockhart's sulphur pastiles and inhaling their fumes; and the next best method is by the inhalation of sulphurous acid in solution, by means of Clarke's Spray Producer.

Ed. Medical Press and Circular.

Communications with enclosures have been received from Dr. Waters, Chester; Mr. Dorling, Edinburgh; Mr. Hardy, Dublin; Dr. Romsey, Cheltenham; Dr. Sharp, Rugby, Dr. Peirson, Mr. Horace Swete, Weston; Dr. Benson, Dublin; Dr. Pratt, Poole; Mr. J. Rand, Walton; Mr. J. Waring-Curran, Spalding; Weeden Cooke, Esq., London; M. A. Harte, Esq., Plymouth; Mr. Sandford, Mr. Barker, L. Morgan, Esq., Dublin; Dr. Maurice, Kerry; Dr. J. W. Lane, Bishop's Castle; R. M. Craven, Esq., Hull; Dr. Barr Meadows, London; F. B. Courtenay, Esq., London; Dr. Thomas, Glasgow; J. Aston, Esq., Wadingham; Dr. Benson, Dublin; the Medical Society of London: Dr. Drysdale, London; Dr. Burder, Bristol; Dr. Cranke, Ulverstone; W. S. Whatford, Esq., Brighton; Mr. Gray, Edinburgh; Mr. Marshall, London; Dr. Calvert, Manchester; Dr. Elliot, Carlisle; Dr. Caplin, London; Dr. Starkey, Ballinasloe; Arthur Gamgee, Esq., Edinburgh; the President of the Haslar Hospital; U. Fitzmaurice, Esq., Listowel; Dr. Swann, Abbey-Leix; Dr. Barton, Dublin, Dr. Mc. Donnell, Dublin; &c., &c.

Several Original Communications and other articles are in type, but unavoidably postponed.

Communications acknowledged from Dr. Gordon, Dr. Johnson, Dr. Letheby, Dr. Symes Thompson, Dr. Balthazar Foster, Dr. McCall Anderson, Dr. Durham, Mr. Curling, Dr. Wilson Fox, Dr. Day, Dr. Handfield Jones, Mr. Sansom, Mr. Holmes Coote, Dr. C. Nesbitt, Mr. Causton, Mr. H. Lee, Sir Randald Martin, Dr. Southey, Dr. Fuller, Mr. Adams, Dr. Waters.

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APPOINTMENTS.

Carter.—Albert Edward Carter, House-Surgeon of Toxteth Park Workhouse, has been appointed Medical Officer of the No. 1 District, Toxteth Park, Liverpool.

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BOOKS, PAMPHLETS, &c., RECEIVED.

A Manual of the Diseases of the Eye. By C. Macnamara. London: John Churchill and Sons.

Army Medical Department Report for 1868. Vol. VIII. London: Harrison.

A Manual of Chemistry. Third Edition. By George Fownes, F.R.S. London: John Churchill and Sons.

Report of the Proper Principle of Drainage. By Lieut.-Colonel C. B. Ewart, R.E.

An Appeal to the Electors of Great Britain. By "The Times of India."

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ROYAL COLLEGE OF SURGEONS IN IRELAND.

Opening of the Surgical Session for 1868—9.

Introductory Address

BY

WILLIAM HARGRAVE,

Professor of Surgery.

Mr. President, Vice-President, Members of Council, and Gentlemen,—In considering the progress of medicine and of the profession, it has experienced two remarkable epochs within a few years; one of which has been subjected to the test of experience, and has more than fully proved its value, though passed by the Government against great ignorance, prejudice, and opposition. I allude to Mr. Warburton's Anatomy Bill—the greatest boon ever granted by the Government to our profession, which has not alone humanised the study of anatomy, but has also facilitated the cultivation of it in all its details and departments; so that even the fair sex can now study it, and profit by it. Gentlemen need not laugh at this statement, when I inform them that prior to and during the great French Revolution of 1789, a Parisian surgeon, who taught anatomy and surgery, named Andravi, was assisted by his daughter, Mademoiselle Andravi, who prepared his subjects for his anatomical lectures in the most perfect and neat manner by her dissections. It has done more in effecting a great moral change, by removing from it a great cause of immorality, dissipation, and degradation, never to return. In olden time some national honour would have been conferred on Mr. Warburton for the great benefit he conferred on science and on humanity; but as it is, so long as sickness and disease exist in these countries, and the necessity of anatomical studies, his memory will never perish. All have agreed on the benefits of this measure.

The second epoch is the passing of the Medical Reform Act. The differences of opinion entertained concerning it does not at all surprise me. As to the value and benefits derived from this measure, and of its working, also as to the endeavours of the Medical Council under the Act to be of use to the profession, some consider it to be of no use, others laugh at its recommendations, which they consider powerless, consequently useless, but which are considered and framed with great delicacy and practical good sense, both for the profession and for the licensing bodies; while another party is specially severe, and has more than once publicly stated and condemned in no unmeasured language the endeavours of the Council to carry out in the fullest manner the powers given to them by it, indicating their shortcomings, but not awarding a scintilla of credit for the good it has effected—if not against the opposition of the Universities and Colleges, certainly in the first instance it was not met in a kindly spirit to carry out the recommendations of the Council. Could this have arisen from any jealousy from the senior institutions to a junior one? Another section of the profession thinks the Bill should be repealed, and a new one sought for, evidently to meet their views, which would be going from bad to worse, and "'tis better bear these ills we have than fly to others that we know not of." Lastly, some maintain that the Council consists of nothing but committees—the strangest of all charges against it.

Such individuals and cavillers know nothing of the working of public bodies, the chief business of which is carried out by such arrangements. I need scarcely allude to our Parliamentary councils to prove the great importance of committees; certainly as to the Medical Council, their committees enjoy no sinecure, when some of them devote almost the entire of the day to these duties—of course including the sitting of the Council.

These different and antagonistic opinions can be reconciled and wrought into harmony if the profession would but study what has been the result of this Act up to the present time, imperfect as it is confessed to be in some of its powers.

Permit me to make a few remarks on the benefits derived even now from it, bearing in mind its title, "An Act to Regulate the Qualifications of Practitioners in Medicine and Surgery," while the third clause constitutes the formation of a council styled, "The General Council of Medical Education and Registration in the United Kingdom."

If we examine this Act, it presents to our consideration the following five subjects bearing specially on the student entering on the study of his profession :—

1. Preliminary or classical education and examination.
2. Registration of the students.
3. Time and duration or period of his professional study.
4. Professional examinations.
5. The "British Pharmacopœia."

I shall in the first instance solicit your attention to the Pharmacopœia, though the last in my list.

Since the passing of the Medical Act in 1858, no less than four Acts have been passed by the Legislature to amend and improve the original one; the one which I wish particularly to direct your attention to is the last, passed in 1864, "An Act to Incorporate the General Council of Medical Education and Registration, and for other purposes." This Act has made the Council a corporate body, has given it a common seal, and allowed it to purchase land for the corporation; these privileges were never asked for by the Council—nay, not even thought of by it; but what it sought for from the Government was the sole right over the "British Pharmacopœia," which was granted, provided the Colleges of Physicians of England, Ireland, and Scotland would resign their rights over their respective Pharmacopœias. The only condition required with this boon was that the Government should decide on the price of the work. These Acts prove in my judgment that the Government are favourably disposed both to the Council and to the profession.

2nd. Preliminary and classical examination claim our next attention, and is of daily increasing importance, which the students cannot over-rate. The question arises—When is it to be undergone? whether before entering on their medical studies —any period during them—or immediately before their final examination for the licence or diploma? I regret to say that it is not yet carried out in a unanimous spirit by the various licensing bodies; still the greater number of students pass it before commencing their professional studies, a few during them, and very few delay till their final examination. The recommendation of the General Council (and a good one) is to pass the preliminary examination before entering on the professional studies. At the preliminary examinations the certificates granted by our College are classed into three classes; 1st, 2nd, and 3rd, or pass certificate, which has the effect of inducing candidates to prepare themselves to obtain the first one, which all through life is evidence of a sound preliminary education and strict testing examination. It is but right to mention on this occasion that the preliminary education and examination are considered so important, that the Council have undertaken to make such arrangements as will give uniformity in them as to time, subjects, and place, independent of all the national educational and licensing bodies, which will be the first move as to uniformity in action for professional examinations.

3. Registration of students, which is for the purpose of ascertaining the name, date of preliminary examination, and place of study. None can deny but that the General Council have acted with judgment to ascertain what general education the pupils have had before entering on the study of their profession; strange to say that some of the Universities have set at nought these recommendations. I must give the students of this College the credit that, with very few exceptions, they are not disposed to neglect their registrations.

4. Professional education and curriculum. The effort is being made by the Council to establish, as far as can be effected, or as near as can be, uniformity in the curriculum for the student, order and method in their attendance. This is a more difficult subject to arrange than at first it seems to be, for each body is so wedded to what they consider the best, and which they have pursued for such a number of years, that they are tardy in making any decided changes in their curricula. However, action is now decidedly taken on this important question—a curriculum of ten subjects—Anatomy, General Anatomy, Physiology, Chemistry, Materia Medica, Practical Pharmacy, Medicine, Surgery, Midwifery, and Forensic Medicine—which must be well known by strict examination of the student before he can obtain his qualification to practise his profession. This curriculum could be much improved by adding Botany to it, and which I expect yet to see done. It is now submitted to twelve members of Council as a committee sitting *en permanence*, which are empowered to seek for the opinions of professors, lecturers, and other medical practitioners in the three kingdoms on it, and to report them to the permanent committee, who are to make the final report to the Council next year for their decision and adoption.

If uniformity in preliminary education and examination, in registration, and in professional education is attained, then will follow that of professional examinations, both theoretical and practical.

Without waiting for additional legislation, a great advance has been made in the examinations for the licence to practise, by separating them into half-yearly, quarterly, or even yearly, which relieves the student of the heavy responsibility of undergoing at the same and one examination the testing of his four years' study and the knowledge derived from it.

In addition to these efforts of the Council to benefit the profession, is that of the visitation of examinations of the various licensing bodies, from which much improvement has followed, by inducing some of them to elevate the standard of their examinations to a higher rank, thereby adding to their own character and reflecting it on their students.

Though admitted by all that the Council have no *direct* coercive powers to carry out their recommendations, which for the present, to my conviction, is both wise and prudent; yet they possess *indirectly* great power, by appealing to the Privy Council to support them, to have their recommendations acted on. Clauses XX., XXI., XXII., give this power to the Medical Council.

I have thus endeavoured to give a succinct view of the exertions of the General Medical Council to advance the common weal of our profession, and remove from it a reproach too often brought against it, and most prominently before the public. "There is probably no profession in its aggregate or corporate capacity excites so little the interest of the public, as that which professes to cure or alleviate the ills resulting from the physical constitution of man." This reproach is not founded on fact, but an evidence of the utter ignorance of our profession by those who have made it. Let our motto be—"*Tu ne cede malis sed contra audentur ito*"; and we all in *bonâ fide* put ourselves in thoroughness to our work for the public, for the profession, and for ourselves; we will then represent a well-proportioned, graceful, and lofty column, its firm, broad, and solid base immovably fixed upon a sound, comprehensive, and practically useful preliminary education, the shaft ornamented with professional studies of an extended range, while the capital constitutes the Corinthian order, crowned with the honours of the well-trained mind, which none can deprive it of. You then go forth through the world conquering and to conquer, by your courtesy, independent action, and mind.

Let me now pass from the Medical Council and its endeavours for the advancement of the profession, which will do its duty to it at all hazards, to the special objects of this lecture—what suggestions I would make to the students to occupy their four years of study most profitably to themselves.

Some years since, when examined as President of the Royal College of Surgeons, by Mr. Grogan's Parliamentary committee, for restoring the grants to the Dublin Hospitals, the first question put to me, was: What is the character of the Dublin Surgical and Medical School? My reply was: It is essentially practical. How proved? By the unrivalled facilities of teaching and learning anatomy; by its superior clinical teaching; and by its hospital courtesy, which allows the pupils of every other hospital to witness, not alone rare operations, but also rare cases in medicine; and all the works issuing from it are also essentially practical; and by the manner in which the private schools, recognised by the Royal College of Surgeons, discharge their important trusts in good teaching.

I sincerely hope and entreat that no student who is now commencing the study of his profession, or resuming his studies, will be content with the meagre idea of merely scraping through his examinations for his Letters Testimonial to drug his fellow-man, and to perform bungling and injurious operations upon them. As you have now entered voluntarily on the occupation of your life, make up your minds to devote yourselves to the study of your profession in such a manner that in after life, when engaged in practice, you will retire from any case, however complicated it may be, with the happy reflection that you have done, not *your best*, but *the very best*, for your patient.

The essentials of your profession are—Anatomy, Physiology, Surgery, Hospital attendance, Pathology, and Chemistry, the great science of the day; all the others rest upon these fundamentals for future character and success. To enter on some of the specialities bearing upon the teaching and learning of surgery and medicine, we are now at the commencement of, not a transition stage, but a complete revolution, the first great step being to organise a new system to supersede the one which has been in operation so successfully for so many years, and introduce a better one, a great part of which is utopian. One proposition is to change almost *in toto* the acquiring the knowledge of anatomy, stating both in print and orally that one year of the study of anatomy is sufficient for a surgeon. This proposal appears to me, when advocated by sane men, as one of the most mischievous ever made; it is worse than a mistake, it is a blunder.

We all consider this an age of progress, of advancement in arts, sciences, and of everything of advantage to the human race, ; *this is a step backwards*, it is only that of an impossibility. Let the student be ever so diligent, attentive, and thorough in work—recollect, I am not alluding to transcendentals, such as John Hunter, a man who appears once in some thousand years—but the pupil of fair ability, intellect, and diligence. What I consider to be the Alpha and Omega, the very backbone—yes, the "*το καλον*" of surgery and medicine is anatomy; all the others are accessories to that great foundation. If such a system as now thought of is ever adopted, the nation, for its own safety, will rise against it as one man, and prevent it being adopted by any licensing body. To quote the words of Lord Denman, "it is a delusion, a mockery, and a snare." The Ethiopian cannot change his skin, nor the leopard his spots, neither can any licensing body make a good practical surgeon for one year's anatomy, let his work for that period be ever so sedulous and energetic: even the time required by our College of three sessions, is sufficiently short to make the anatomist which I designate a *scalpellary*, and not a *lingual* anatomist—wide is the difference between the two men—one knows it by honourable and untiring use of his scalpel and forceps, which is never forgotten; the other, principally from books, which afford but an ephemeral and fleeting recollection of it. It may be asked—When is the time to commence to learn anatomy? I advise you, from the first winter session. If not acquired in early life, it is a blank after that period, to which you will never return.

It is not my province to enter into details on this most important department of medical science; but I will be allowed to advise you to learn *thoroughly the osseous system*; if acquired, more than one-half of surgical anatomy, as to operative proceedings and correct diagnosis, will be always in your possession; medical anatomy is much benefitted by it, equally permanent in your recollection; in addition, this knowledge will induct you into a very interesting scientific subject—fossil remains—and to zoology.

To perfect the study of anatomy, so anxious are the professors to afford every facility to the class that we have added considerably to the staff of the demonstrators, having now nine of these gentlemen sedulously devoted to that object.

Surgery and hospital attendance, to be of permanent benefit to the pupil, should be commenced in the very early part of his studies. The sooner he enters on the legitimate exercise of his faculties, always in his possession and at his command, namely, his five senses, the portals to knowledge, to observe, then will follow comparison, reflection, and judgment, the more advantage will he derive from hospital attendance; and as such a pupil he is always accumulating facts of inestimable value in his future professional career. So impressed am I with the value of hospital attendance, I would if possible return to the practice in my student's days. Being an apprentice, I had the great opportunity of attending hospital for five years; but since the period of four years' professional study seems now to be recognised and acquiesced in by all the licensing bodies, the pupil ought to enter as a perpetual one at the commencement of his first session, and devote a portion of each day to the observation of cases and their treatment.

It is evident to me that all licensing bodies err as to hospital attendance, for the purpose of obtaining a practical knowledge of not only surgery, but also of medicine, requiring but 27 months; in place of that period it should be at least 36 months, and not dove-tailing, as it were, these most important subjects in to so short a period as that we have mentioned. Whatever advocates may say and advance that this time is sufficient, do they ever reflect when a young man enters an hospital for the first time, let him be ever so observant, and with a well-trained mind, he must pass some time for obtaining an insight of what is before him, and what he is to acquire; bearing in mind I am not speaking of the exceptional student, but one of fair ability, observation, attention, reflection, and self-culture. Again I impress on all to enter as perpetuals for their four years into hospital duties, always being enabled at the same time to learn the value of practical pharmacy.

Pathology, for the great advantage derived from it in the science of therapeutics, and in elucidating disease, will claim much of your attention in conjunction with hospital duties, in the study of surgery and medicine, that is the time to learn it; if neglected and the opportunity is not availed of, in after life almost its cultivation is *nil*, for in private practice much of the pathological investigations are very unsatisfactory, in most instances being too hurriedly made to be of much value; while if in hospital, suppose a patient succumbs to heart affection, renal disease, to hernia, either operated on or not, having attended to any of these cases during life, sometimes the cause of death will be revealed in the most satisfactory manner, always impressed information will be the result.

Some advocate the founding of a special professorship on this subject, but I adhere to the opinion that the hospital and its mortuary is the proper field for its effective study. To make pathology really valuable it must be studied from cause to effect, which can only be done by following the case from the commencement to to its final termination; if in death, then the result is revealed. Plates are of some service, by practising the eye on what is termed morbid anatomy, but they do not convey what is really indicated by practical pathology. Four great results follow from your hospital attendance, namely, practical surgery, practical medicine, practical pharmacy, and practical pathology.

Chemistry, the great science of the day, without any comment from me, will recommend itself to your serious attention and study, not alone from its great importance and value it in every department of your profession, but also from the adjunct it is in acquiring a knowledge of pharmacy. This College affords every facility for being thoroughly informed on it in all its departments, general, practical, organic, and inorganic chemistry, under the able and accurate teaching of our learned Professor of chemistry, in whose family chemical science is hereditary.

If the student is well informed on these fundamental subjects, the imperishable foundation is laid for the sound knowledge of Materia Medica and Therapeutics, practice of medicine, midwifery, forensic medicine, and the other subjects which are accessory, and will not be found difficult, but on the contrary pleasure will attend their studies. One caution is most necessary when attending midwifery; for that session anatomy must be abandoned, not alone in the dissecting room but everywhere else. This will prevent the introduction of disease to the parturient woman, confirmed and acknowledged by, I believe, all obstetricians.

Latterly, two questions are beginning to be agitated by medical men and reformers, namely, the question of lectures, and the attendance on them—whether they should be compulsory, optional, or mixed—whether some should be compulsory and others optional; also the issuing of certificates, termed by some the certificate system. The idea is now commencing to seize the minds of these individuals that there are too many lectures, and no time for reading, reflection, or self-culture—that the student is over-lectured, in fact overweighted, and these sympathising men are apprehensive that the camel's back will break under the feather weight of the lectorial load. Now, what is the fact in this College since its foundation? Lectures have always been in its curriculum, and I have never heard the pupils complaining of the lectures being too numerous; it is the easiest and most facile thing in this life to excite discontent, and worse, when once so excited it is not so readily recovered from. So that if the apple of discord is thrown by serious or mistaken reformers on this question, the student will ultimately become indifferent even to the attendance of one course of lectures. Is the student overtaxed as to lectures in this College? The curriculum which is the most extended of all the licensing bodies, for a period extending over four years requires three Courses of Lectures on Anatomy and Physiology, three on Demonstrations and Dissections, three on Surgery, two on Chemistry, one on Materia Medica, one on Practice of Medicine, one on Forensic Medicine, one on Midwifery, and one on Botany—in all sixteen lectures are attended. Of these lectures eleven in the winter sessions, extending over a period of four years, and five in the summer sessions; at the rate of three lectures each winter, and allowing full time for hospital attendance and practical anatomy.

The advantages derived from lectures are not a few; they combine both theoretical and practical information, *i.e.*, an appeal to the senses which reading fails to impress in that effective manner, so as to make the book work permanent and no further information required; another benefit derived from them is the confidence engendered between the pupils and lecturer, so that he can speak frankly to them of errors of prognosis—diagnosis—consequently, of practice. He can give an accurate and succinct description of some diseases which the pupil has not seen. How few have seen glanders, hydrophobia—perhaps tetanus, either idiopathic or traumatic—and other rare affections. The lecturer has the advantage of ascertaining if his class is keeping pace, or making progress with his instructions by examination of his previous lectures: and is always a referee. They are good aids in strengthening the memory, and if the pupil will follow the lecturer by reflecting and reading in the evening on what he has heard during the day, he can then compare it with what the book teaches; so he has the advantage of learning from two sources the opinions of two different men, and deriving information from each of them. What utopian substitute can be found for good lectures I am at a loss to discover.

In the same category with lectures is the granting of certificates, or as it is called the certificate system; I have heard one condemn them in the following words, "the tyrannous system of certificates has lowered the profession during the last forty years;" that may be the case elsewhere, but not in this country. Another speaker I have heard, not alone supporting their tyranny, but adding they are "a farce—dishonest and immoral." With all this condemnation the same gentleman still signs the condemned certificate. Admitting for argument's sake that there may be some laxity in granting certificates, but denying *in toto* that they have lowered the profession these last forty years in Ireland, or that they are a farce, the cause of dishonesty or immorality—as long as the attendance on lectures is required, so long will certificates be demanded. Besides the lectures and the certificates there is a third *questio vexata*, namely, the attendance on lectures. To ascertain the presence of the class, some advocate a roll-call, which is nothing but loss of time with a large class, and not satisfactory evidence of the attendance of it. It has been tried, and failed. Inscribing the names of the pupils is not more beneficial to attain that end. Others suggest a marker to come into the theatre for that purpose. I doubt if much satisfaction will accrue from it.

To meet this question and to solve it, some suggest compulsory attendance on what they consider practical and demonstrative subjects, as Anatomy, Chemistry, Materia Medica—optional for what they consider the systematic lectures. I cannot see the reason for such a distinction: the former might be left to take care for itself, but the latter might be compulsory—however, there should be no difference, no exception, "no halting between two opinions." But admitting that all should be compulsory, I would raise my voice against such an unnecessary proposal. We might compel the presence of the body, but we cannot command the attention of the mind. I incline still to leave it optional. In this College all lectures are demonstrative, not alone on Anatomy and Chemistry, but on Surgery and Practice of Medicine, by drawings, casts, pathological preparations—so the whole course should be made compulsory. I will merely state in the presence of the President and Council of this College, my experience of the students: the juniors are diligent and numerous both in attendance and attention; the seniors, on a lecture which they think they know, may fall off in attendance, but on subjects they are not well acquainted with they are most regular and numerous in their attendance. Recollect it is not the mere lad that we are legislating for, but youths of a certain age, who are morally bound by their engagements when entering at any school to fulfil them, as honourable and truthful men. To solve this question I would prefer to paraphrase partially the advice of the poet of America:—

> "By winning words to conquer willing minds,
> And make good lectures do the work of duty."

It is but right to state that the examinations are everywhere becoming more and more practical, and less theoretical answering is required. From henceforward our College will require practical evidence from the candidate of his proficiency in operative surgery, both upon the dead subject and upon the living one; in the first, by operation on it; in the second, by the application of bandages, splints, measurements for and the application of trusses of all kinds, their mechanism and value, also the knowledge of instruments. I also look forward to the time when the candidate will be tested in hospital practice by cases submitted to him for examination for their prognosis and diagnosis, course of the disease and treatment, and in case of a fatal termination what pathological results might be expected; these are additional reasons for pressing on you a longer hospital attendance than is at present required by the licensing boards, which will give the additional advantages of more extended observation, comparison, reflection, judgment, and experience. I have no doubt that the student now commencing his profession will have to undergo this ordeal before he receives his diploma.

I need scarcely add, that in our examinations, councillors attend them, as in the character of assessors, so that each candidate for the diploma is examined separately, and not in class, which is undoubtedly the best way of ascertaining his professional knowledge. That by class is very superficial, and not testing sufficiently his information; the sooner it is abandoned, and the single and separate examination adopted, the better for the character of that licensing body, also for their pupils.

HYGIENE.

There is another department of science particularly applicable to our profession—that of Hygiene, perhaps soon to experience the name of State Medicine, and which, of all the national educational and licensing bodies, was founded first by this College so far back as 1844, and we have had lectures in the summer delivered on it. During the past one we have had a most practical course on this subject. This theatre was crammed to the very top by professional and non-professional gentlemen, and especially by ladies. I can affirm that many of the last-named visitors availed themselves of the information and practical suggestions of the Professor, and applied them with much benefit in their families. From what I witnessed of the conduct of the gentle and fair sex, they devoted the most intense and active attention to each lecture, affording a good example for some of our students to follow. On this occasion we had the right man, Dr. Cameron, in the right place, with the enviable distinction of being the gallant Professor of the College justly merited by him. Here is a branch of science which ladies have voluntarily pursued, as compeers with man, not for sentimental excitements, not for reading maudlin and mawkish novels of no earthly value, which break down the tone of the mind, and unfit it for studies of a more valuable, exalted, and reflective character. All honour is due to such ladies for so nobly emancipating themselves from such trammels and slavery. To those gentlemen who intend entering the Army and Navy, I would advise to attend these lectures, not alone for their intrinsic merit, but also as preparing the way and making it straight when they enter Netley, where hygiene is one of the most important subjects attended to in that institution. A friend and former pupil of mine was one of the first appointments made in the Abyssinian Expedition, from the evidence he afforded of his knowledge of hygiene. I have somewhere read that that Expedition owed its marked success to the engineering and to the medical hygienic departments.

Mr. President and Council,—It may be considered irrelevant before this audience that I am taking a leap in the dark, and following a vain shadow, to make any allusion, or introduce in any manner a medico-political question; but, gentlemen, in this very critical age, when all are exhibiting such unprecedented and unusual energy in the political, religious, moral, and intellectual world, I freely adopt the *dictum* which has come to us from Athens, when she was at the zenith of her glory, that every member of a free state should have his opinion, and declare it, that no man should stand or remain neuter; Pericles was the Athenian who enunciated that noble political maxim. What I am solicitous to direct the attention of the seniors and juniors of those present, and by them throughout the country, is, if possible, to pledge each candidate at the approaching election who aspires to the honour of a seat in Parliament, to support by words, and vote the justice of giving to the Poor-law medical officers of this country a retiring superannuation allowance when broken down in health and not able to continue their labours. Our College has generously and liberally expended large sums of money in advocating this measure of tardy justice to the profession, irrespective of being their alumni or of other Colleges. If the Irish members will act together in the next Parliament as one man, which they should do, this claim will be acceded, but if not carried, it is not lost; we must not despair. Let us bear in mind what our own poet says: "The struggle for justice, once begun, though often baffled, is ever won;" and under the persevering action of our College it shall be obtained. I may add that I was one of a deputation from the College who waited on Mr. Chatterton, the Attorney-General for Ireland, in 1867, in London, from whom they had obtained a promise that a clause securing proper fees for medical witnesses would be inserted in the Common Law Courts Bill. The pressure, however, of other business on Parliament, and the adjournment of the House, prevented the fulfilment of this promise. The two missions which seem destined for the College to fulfil are: 1st. To maintain its status and character as the head of the surgical profession in this country; Second. The protection and direction of that profession. Let its motto be, "*Esto perpetua, et floreat semper.*"

In this time of progress, with the competition so much awakened in all classes for personal advancement, I cannot avoid alluding to the great additions which are being annually made to the numbers of students, but also to the numerous educational divisions of the classes which now come to this city for instruction. I recollect when there were but three of them—divinity, law, and medicine; to which there is now added the C.E., the chemical, those for civil appointments both at home and abroad, as well as those for the military and constabulary services. Of all these classes, I ask is the medical one inferior to any of them in intelligence, high aspirations, conduct, and determination to execute their mission as the educated gentleman, and above all as the sincere Christian? If the answer is not favourable, the fault does not rest with the profession, the noblest which can be selected by the well-regulated and trained mind, but with yourselves; consequently, "the sooner you put your house in order the better," and remove the slur cast upon all of us by the irregularities of a few among you. Be assured that the contrasts between you and other students, in place of being diminished by numbers, will be increased in future, indeed now is; and your conduct will be more observed, scanned, and commented on by all parties. "Be not deceived," the public is not mocked; as "you sow so shall you reap." Then prepare yourselves for this just and merited ordeal by the public.

A few observations upon myself, holding the honourable position as one of the Professors of Surgery, will be permitted me to make, which will be brief. I am here in a twofold capacity, my duty being not only to teach surgery, but also a higher one, if possible—to instruct you how to teach yourselves surgery. I will give you the scaffolding as well as I can; you will have to build the house, finish, complete, and embellish it. And recollect that a professor, like other men, is capable of improvement; and the great law of *docendo discas* can be fulfilled in him as in other men.

To all students, especially to those commencing the profession, I desire them to know, and for them never to lose sight of it for an instant, that medical men are now expected to hold what is termed in academic language a double first—or an exceptional high scientific position in society, and much sought for in the army; if he fails in attaining the first, it is doubly necessary for him, aye, imperative to acquire the qualifications, character, and tastes of a gentleman.

To induce you to persevere in your studies I will quote the opinions of two very celebrated men, Dr. Johnson, and Mr. Gibbon, the historian of the Rise and Decline of the Roman Empire. The first says :—"He that waits for an opportunity to do much at once may breathe out his life in idle wishes, and regret at the last hour his useless intentions and barren zeal." Of all the professions or pursuits that can be selected, this quotation is specially applicable to ours—I would almost say written for it—for such are its peculiar duties that it is only by availing ourselves of occasional spare moments, when once engaged in the hurry and anxiety of practice, that anything can be achieved; *i.e.*, our profession is so peculiar in its engagements and interruptions that no man can lay down a fixed time to perform the work he has on hand. As you advance in your professional career you will verify this quotation; so you will have to train yourselves, *ab initio*, to what may be termed desultory but active habits of business—a term, perhaps, not well chosen, but yet expressive of what I wish to convey. So much for the active occupancy of your time.

The second quotation, from the no less celebrated writer Gibbon, says "every man who rises above the common level has received two educations, one from his teacher, the second from himself, the most important and most permanent;" sentences worthy of being inscribed in letters of gold in all educational institutions as an incentive to the student to sustain him in his duties. Never be satisfied with mediocrity, if so, you will never even attain but fall short of it; *and he who strives for the mastery must be temperate in all things.*

I present to you what I consider the TYPE of the profession—"when anguish knits the brow, ministering agents then art thou"—the gray goose quill and the scalpel. When used as they should be, instruments of great good; if the contrary, instruments of great evil, often followed by sudden death, or by prolonged suffering terminating in death. So in their use "to yourselves be true, and it must follow as the night the day, you cannot then be false to any man." To conclude, in a few words I will give you the elements of success, not alone in our profession, but in every other profession—self-respect, self-esteem, self-reliance, and *self-culture or teaching;* method in your studies, which comprises the habits of punctuality, accuracy, steadiness, and despatch in what you are engaged in, resolution to perform always what you have resolved to do. Acquire concentration of thought, cultivation and strengthening of the memory, perseverance and courage, thoroughness and truthfulness in all your work. Shall I add the words of Cardinal Richelieu—nothing is impossible to the young man. *Noscitur e sociis*, consequently cultivate the acquaintance and friendship of the well-conducted of your fellow-students, which will bear good fruit both in time present and in time to come. Think nothing in your conduct and studies unimportant or indifferent; attend to trifles, which lead on to perfection, which is not a trifle; follow the Divine precept, "Whatsoever ye would that men should do unto you, even so do unto them;"—then you can never be at fault. Never let day or night pass by without remembering "what the Lord hath done," and in all your transactions remember the final accounts. Act up to these suggestions as honourable and upright men, and be satisfied with the issues as awarded to you by HIM who careth for each and all of us, AND IS THE GIVER OF EVERY GOOD.

Original Communications.

ON HEAT-STROKE.[1]

By C. HANDFIELD JONES, M.B., Cantab., F.R.S.

(Continued from page 425.)

DR. PALMER has favoured me with the following history of a case under his care. Mrs. S., æt. 34 (about), widow, had suffered a slight attack of sunstroke in India about eight years before. On June 13th, a very hot day indeed, after driving out in an open carriage, when she felt the sun very much, was seized within three or four hours with severe headache, giddiness, faintness, nausea, languor, chilliness, and actual rigors. When seen two hours later the face and neck were scarlet, and the conjunctivæ injected; she complained of intensely severe headache, felt most across the forehead and along the superior longitudinal sinus, of intolerance of light, and much pain of back and loins. Her surface was then dry and hot to the touch, but she felt cold internally. She was anxious and alarmed, her tongue quite clean, her pulse very little disturbed. Cold was applied to the head, warmth to the feet, free ventilation enjoined, and an ammonia diaphoretic prescribed. The following day she complained of having a cold, her throat was sore inwardly and swollen a little externally. Purgatives were of much benefit, and she was convalescent in about a week. The same day (the closest and most oppressive that had yet occurred) she walked out for an hour in the morning and drove out soon after, the sun at that time not shining strongly. At 2 p.m she felt low and tired; at 6 p.m. was found by Dr. Palmer in just such a state as before—feet cold, shivering strongly, yawning, feeling sick, with intense headache, the right eye bloodshot, the face and neck scarlet, a rash just like that of scarlatina on chest, pulse oppressed, skin hot but not actually dry. In a few hours reaction set in; the pulse was 100, small and weak; she was restless and anxious. The next day she had vomited several times, the cutaneous hyperæmia had nearly or quite gone. The subsequent symptoms were obstruction of the *right* nostril as by a cold, redness of the *right* eyelids, and severe pain of the *right* side of the face. The quantity of mucus secreted by the right nostril was extraordinary, such as she had never before had in her life; it lasted several days.

I am indebted to Mr. Hickman for the following history of a case which came under his immediate observation. The gentleman, æt. about 35, was sitting reading by the window, in the month of May, with his head exposed to the sun. He felt the heat much, but although feeling very uncomfortable he did not quit his seat immediately. All at once he was seized with a sudden violent pain shooting through his head from one side to the other. It was so severe and unexpected that he was compelled to jump up and cry out, but it was gone in a moment, leaving merely a heavy, full sensation behind, which gradually diminished while he kept quiet and in the shade. By the afternoon he had quite forgotten the occurrence, till he was again reminded of it by a seizure as sudden and violent as that of the morning, which came on while he was out walking, and pulled him up in his walk as if he had been shot. From this time for some weeks not a day passed without his having these attacks, sometimes only two or three, at others as many as eight or ten in the day, coming on at all times, and under every variety of circumstances, and in spite of every care in avoiding exposure to the sun, the slightest degree of which was sufficient to cause the sense of fulness and of weight in the head. Occasionally, also, there was severe general headache, coming on towards evening, but usually quite gone in the morning. After a few weeks the attacks became gradually less severe and less frequent, and at length appeared to have ceased, but after a long drive in an open carriage much exposed to a hot sun, he was again seized with the sudden acute pain in the head. This continued to recur several times a day, was followed by headache, and finally settled down into a constant headache, aggravated by passing through any sunshine, and by reading or any occupation requiring a concentrated attention, and was accompanied by general debility and by much nervous irritability. Some relief was obtained at first by gentle purgatives, and by bathing the head with cold water, but latterly the bathing seemed to increase the headache. A fortnight at the seaside brought great relief to all the symptoms, which were, however, brought on again by the hot and long railway journey when returning, and permanent relief was only obtained after the cool weather set in.

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[1] Read before the Harveian Society, 16th October, 1868.

Summing up the phenomena observed in these cases of English heat-stroke, we find that they have reference to the intellectual nervous centres, and those of motion and sensation ; to those presiding over the heart and the stomach, and to the vaso motor centres. Symptoms of disorder of the hemispheres are stupor, dulness of apprehension, loss of memory, vertigo, unconsciousness, sleeplessness, anxiety, delirium, alarm, nervous irritability, and severe headache. Intolerance of light and confused vision or blindness announce the implication of the optic lobes. The participation of the cord, with its developments into the large basal ganglia of the encephalon, in the disorder, is shown by the rigors, the pain down the spine and in the back and loins, by the persistent motor and sensory semi-paralysis occasionally noticed. The collapse, faintness, and dying sensation imply an affection of the cardiac ganglia ; while the unilateral hyperæmia of the eye and nostril, and the generally diffused hyperæmia of the face and neck, point clearly to paralysis of vaso motor centres or nerves. It is probable that the nerves of the intracranial arteries were affected much in the same way in some instances as those of the face and neck were in the last case, and this may have been to some extent concerned in producing the delirium and headache.

The sequelæ to heat-stroke may be briefly but correctly described as ardent fevers with acute delirium, remittent and intermittent fevers complicated with various visceral congestions, or quasi-inflammations constituting the earlier epiphenomena ; and a perfect multitude of dysæsthesiac and other nervous derangements constituting the later. In both it is still the same story that we have already had so copiously illustrated, viz., primary predominant disorder of the nervous system ; the sympathetic centres, however, being more involved in the one, the cerebro-spinal in the other. By Sir R. Martin's kindness I have been enabled to see and examine for myself several sufferers from sunstroke in India, and can quite confirm his statements in the general relative to the multiform and extraordinarily various disorders with which these patients are afflicted. Some suffer with cerebral debility, incapacitating them from attention to any business, some become actually demented, others epileptic, others quasi-hysterical ; some have deafness or impaired vision, some local palsies, some itching or a peculiar eruption. These statements are taken from Sir R. Martin's work. He has favoured me with the notes of a case which deserves record as a curious example of (as I regard it) a vaso motor spasmodic neurosis. Major —— has suffered two seizures during the hot weather under direct solar exposure, almost amounting to insensibility. The first was in 1850, and the effects soon passed off. The second was in 1851, and was more severe, being followed by fever. During four years from this last illness uneasy feelings in the right arm and swelling of the hand of that side occurred at noon of every day at all seasons, and eventually the liver became enlarged, accompanied by some loss of power over the right arm. In April, 1866, he was first seen in London, when impaired power of the right arm had become more marked, with the old puffiness of the right hand in the night. Together with internal remedies, the chlorine bath was ordered three times a week, and soon a decided improvement was apparent in his general condition, as well as in his local symptoms. But it was observed that while he was in the bath (he took 24) the right side of the forehead and face, the right hand, and the fore part of that arm, remained perfectly dry, whilst all other parts were running down with perspiration. However long he remained in the bath the skin of these parts continued dry and harsh as parchment. The limitation of the dryness by the median line was very apparent on the face. It appears to me that in this instance, owing to a morbid state of the afferent nerves of the dry districts, the stimulus of the chlorine vapour caused contraction of the minute arteries supplying the cutaneous glands, and so impeded their function. Just as an irritable state of the retina causes persistent contraction of the orbicularis palpebrarum.

The persistency of these disorders is scarcely less than their multiformity, and it almost amounts to this, which is perhaps the gravest misfortune of all, that a man who has once received a severe *coup de soleil* is never again the same man that he was. His nervous system has undergone a peculiar enfeeblement, which makes it ever prone to lapse into some form or other of functional disorder, and renders it incapable of enduring any strain. Even in temperate climates, the original integrity of cerebral nutrition is not fully regained, and exposure to the injurious influences which induced the first attack are almost sure to reproduce the distressing symptoms with great severity. At the same time the character of the disorders, their often temporary occurrence, the juvantia, and the apparent recovery which may ensue under favourable circumstances, tend strongly to impress the physician's mind with the idea that the morbid phenomena are not dependent on any demonstrable structural lesion, but belong to the same group as neuralgia, epilepsy, and insanity.

I subjoin a record of the state of a patient who has been under my observation about two years, which affords a good example of the sequelæ of English heat-stroke. Mr. Wh., æt. 47, a strong-looking, well-made man, seen Sept. 25, 1866. He never could bear heat well, but is braced and benefited by cold. His memory has failed somewhat the last three or four years, and his eyesight also. For more than three years he had been in close attendance on an invalid, and his night's rest had been much interrupted. This ceased at the end of last October, and he remained pretty well up to the end of May. While at Seven Oaks he had an attack one hot day after he had been out in the heat a good deal. In this he did not lose consciousness, but sunk down on the ground, and recovered before long enough to walk twenty or thirty yards to his house. The left side was most affected, but the right leg also suffered. Since then no material change has taken place. At present the motor power of the left side is impaired to some extent, but he can grasp strongly. He cannot walk more than 200 yards, but this is more from giddiness than weakness. The sensory power of the left side is impaired ; he feels as though he were walking on India rubber balls, or as if his feet were in a poultice. This dysæsthesia is not constant, but is readily brought on by anything that excites him. At the posterior part of vertex of the head there is a tender spot, on tapping which he feels a jarring in the tips of his left fingers. After walking a little his head turns giddy ; he feels, he says, like an imbecile ; and there comes on a dull, dead feeling at the heart. He could bear very little noise or conversation at first, or any excitement. A short journey eight weeks ago tried his head excessively; "he thought he should have gone mad." Can only read for a few minutes at a time; the letters are apt to get confused, and his eyes ache. He is emotionally excitable, has fits of crying. His heart, lungs, and kidneys seem quite sound. Some possibility of syphilitic infection admitted. At the right side of vertex there is a depressed spot from which a piece of bone was taken out many years ago, but there is not the least tenderness there, and the morbid sensations which come on in the head do not start from this spot. Under a generally tonic treatment he has mended considerably, but remains subject to great variations, sometimes feeling almost quite as well as ever, at others greatly depressed. His power of walking has greatly improved; some days he has been able to walk several miles, but he is obliged to be cautious in exposing himself to the sun. Relapses have frequently occurred, but they have been on the whole less severe, and he has recovered from them more quickly. The alterations in his condition have often been remarkable; sometimes, but not always, traceable to unusual strain or excitement; and it is curious (as observed both by himself and his wife) that the over-exertion does not tell on him immediately, but after three or four days. During the relapses he has sometimes perfectly unilateral left side affection, a feeling as if he had no use of the limbs, or of any part of that side, or of the face. Sensations come on at the back of his head which pass down his back into both hands, and give rise to the feeling as if there was dirt crammed under the finger nails, or as if his left foot was melting away. He does not know always when his feet are touching the ground. These sensations are almost indescribable, are attended with giddiness and inability to walk well, and great lowness of spirits, more or less insomnia, irritability of temper, and a degree, in fact, of mental derangement. Though he looks the very picture of health he is quite unmanned, timid, nervous, and incapable of applying himself to business. One of the evidences of improvement was his being able to shave himself, which he had been a long while unable to do. He could not bear the sight of a razor. The diagnosis of heat-stroke, as the chief motor of the morbid process, is borne out by the mode of attack, the nature and variability of the symptoms, the effect of excitement and heat, and the juvantia. Had actual organic lesion existed, the symptoms, according to my experience, would have been much more constant, and deterioration would almost certainly have been the result under the treatment, and not improvement. Just as dyspnœa is most considerable when the lungs are sound, so cerebral disorders are more complex and manifold when the encephalon remains structurally intact,—a cause of disordered function existing in both cases. Patients in this state deserve sincere commiseration, quite as much, I believe, as any who are tortured by neuralgia. Their malady is very real, and admits of relief by means of physical agents judiciously managed, though on a superficial view one might be ready to class them with "*malades imaginaires.*"

(To be continued.)

GLEANINGS IN TOXICOLOGY.

No. I.

ON POISONING BY NITRATE OF BARYTA.

By Charles Meymott Tidy, M.B., M.S.
Joint Lecturer on Chemistry at the London Hospital.

I was requested by Charles C. Lewis, Esq., coroner for Essex, to examine and make an analysis of the stomach of a man who had died under the following circumstances:—

W. H., æt. 46, single, a carman in the employ of the Messrs. Volckman, living at Stratford, had always enjoyed good health, with the exception of occasional but slight attacks of rheumatism, which however had never been sufficiently severe to keep him from his work. Having complained of a slight pain in the shoulder, one of his fellow-workmen recommended him to take some sulphur, and on the following day (Saturday), when his landlady was going into the village to make sundry purchases, he requested her to bring him in a quarter of a pound of sulphur. She did so, brought it back, and gave it to deceased. He then asked her to mix it for him in a little water. She thinks she mixed about a quarter of the powder with water in a mug. As he had complained during the day of a slight attack of diarrhœa, she recommended him to take the dose in the morning (Sunday), and not over-night as at first he had intended. About half-past six in the morning his landlady heard him cry out, "I am poisoned." She at once run up to him and replied, "Nonsense, you cannot be poisoned with flowers of sulphur;" whereupon he opened his mouth and showed her it was covered with blisters. Mr. Kennedy, of Stratford, was sent for between nine and ten o'clock on the Sunday morning, and upon looking at the sulphur detected something of a crystalline nature in it. The man was then in a state of collapse, and died about twenty minutes past twelve, that is about six hours and a half after he had taken the mixture. There was a partial loss of voice, coldness in the extremities, intense pain in the bowels, a burning pain in the throat, partial convulsions, with violent vomiting and purging.

On Monday evening Mr. Kennedy made a *post-mortem* examination, and reported as follows:—"Body well nourished, muscular rigidity well marked. The membranes of the brain were congested, the vessels being fully extended with dark colored blood. The left pleura was adherent, the left lung being very much congested, the right slightly so, especially at the edges. The heart was large and flabby, both sides full of black blood. The duodenum was highly congested; there were several dark congested spots about the rectum."

I received the stomach from the constable, and upon opening it noticed that in some parts there was merely a slightly increased vascularity, the redness in other parts being of a very much deeper character. Ramifying over its entire surface I observed vessels filled with dark blood, which were more marked and in greater number near the pyloric end. This general florid appearance extended to that portion of the duodenum which I received attached to the stomach. The stomach contained about four and a half ounces of a reddish fluid, which had a neutral reaction. I also received the small intestines, which throughout their whole length presented a slightly, though very slightly congested appearance. The rectum was highly congested. The mug was also forwarded to me from which deceased had taken the mixture, containing some powder at the bottom; and likewise the packet from which the landlady had taken the powder she had mixed.

On examining the powder I found it had very much the appearance of ordinary sulphur, save being somewhat lighter in appearance. On igniting a small quantity on a piece of charcoal before the blow-pipe, it deflagrated most brilliantly, giving a distinctly green light. I then made an analysis of it, and found in every 100 grains 51·52 of barytic nitrate. There was also potassic chlorate present with sulphur in the powder. Upon examining the stomach for both mineral and organic poisons, I detected distinct traces of barytic nitrate, and also the potassic chlorate. Of course there was no doubt left in my mind that the man had taken the powder, and that death had resulted from the action of the nitrate of baryta.

There was some reason for suspicion how this baryta became mixed with the sulphur, and I therefore requested that a sample should be sent me of the sulphur from the drawer of the chemist of whom it was said to have been purchased. Upon examining this I found it to contain 6·76 per cent. of barytic nitrate. I then examined fifteen different samples of sublimed sulphur bought from fifteen different chemists' shops, all of which, however, I found to be perfectly pure. Indeed, it would scarcely be worth while adulterating flowers of sulphur. How, then, did the baryta get into the sulphur? It was plain that the mistake had originated in the chemist's shop, but at first it was not easy to account for the difference between the quantity of baryta found in the powder given deceased and that in the chemist's drawer. The chemist (who, by-the-bye, was a woman) asserted that she had never had any baryta in her shop, but theafter evidence proved this to be a mistake on her part. The explanation was gathered from a late assistant, who knew of the presence of a packet of green fire in the shop, as he had sold some only a short time previously. There was no doubt, therefore, that this had been mistaken and sold by this lady chemist for sulphur, and that she threw the little remaining behind in the packet over and above the quarter of a pound that she was serving, into the sulphur drawer. And this fully explained the difference between the quantity of barytic nitrate in the two samples.

I was unable to find upon record a single case of poisoning by nitrate of baryta, nor yet of any experiments that had been made with it to determine the quantity that will destroy life. I made therefore the following experiments at the special request of the coroner. I must here acknowledge the assistance kindly rendered me by Dr. W. B. Woodman in watching the animals and assisting me in the *post-mortems*.

Experiment 1.—*August* 10*th*.—Gave a rabbit ten grains of nitrate of baryta as a powder, mixed with a little sugar. It was found dead in less than an hour.

Post-mortem, August 13th.—Rigor mortis persistent. Fur very rough. Pupils widely dilated. Brain and membranes congested. Lungs congested and very rotten. Heart.—Both sides full of black blood. Pharynx natural. Liver: very rotten; in some parts deeply congested. Kidneys: slightly congested. Stomach full of food; broke down at once with the least touch; florid appearance over the whole inner surface. Duodenum slightly congested. Small intestines not congested, quite empty, and appeared transparent. Rectum deeply congested. Bladder empty. I found a trace of the poison in the liver, and in the stomach in considerable quantity.

Experiment 2.—*August* 10*th*, 7.30 *p.m.*—Gave a rabbit five grains of nitrate of baryta in the form of a bolus, with flour and sugar.

9.30 *p.m.*—Found it lying on its side slightly convulsed. Pupils widely dilated. Fur rough. Has been purged violently. Respiration 80, shallow and laboured. Aortic pulse 120, but hardly to be felt. Almost dead.

August 11*th*, 11.20 *a.m.*—Only just alive; insensible, and cannot be roused.

7 *p.m.*—Cardiac pulsations 160. Respiration 120. All but dead. Takes no notice, but apparently sees and hears. Is getting cold. Died at 10 p.m.

Post-mortem, August 13*th*.—Fur rough. Pupils widely dilated. Buttocks stained with fæces. A little frothy mucus about the mouth. Brain apparently normal. Heart.—Both sides contained black clots; the right side being most distended. A little staining of the endocardium. Lungs.—The lower lobes deeply congested, in fact, in the stage of red hepatization, almost passing into apoplexy. Stomach so softened as to tear with the least touch; distended with greenish food, consisting apparently of bran and corn. Second stomach nothing unusual. Duodenum somewhat reddened as to its mucous membrane. Rectum much congested. The remaining intestines apparently normal, containing a little milky fluid and a little fæcal matter. Urinary bladder full. Liver soft and congested. Kidneys apparently normal. I examined the urine and the liver for the poison, but was not able to detect any. Distinct traces, however, were to be found in the stomach.

Experiment 3.—Gave a small terrier (August 17th, 4.30 p.m.) thirty grains of nitrate of baryta on meat.

6.45 *p.m.*—Violent purging and vomiting. Insensible and appears dying. Convulsive twitchings.

8.15 *p.m.*—Died, after severe convulsions.

10.15 *p.m.*—Rigor mortis strong. Some thin light brown fæcal matter about the anus.

Post-mortem, August 18*th*, 12.30 *p.m.*—Rigor mortis persists. Pupils widely dilated. Brain normal. Thorax.—Both sides of the heart contain black blood, the right side in greater quantity. Lungs considerably congested. Abdomen.—Stomach reddened, soft and distended with food. Duodenum slightly congested, which congestion did not extend to the other parts of the small intestines. The rectum was considerably inflamed. The kidneys were slightly congested. The liver was considerably congested and softened. I found the nitrate of baryta both in the stomach and in the liver.

Experiment 4.—*August* 13*th*, 5.30 *p.m.*—Gave a small terrier ten grains of nitrate of baryta on a piece of meat.

9 *p.m.*—Very lively.

August 14*th*, 11.45 *a.m.*—Very quiet. Does not take much notice. Has been considerably purged.

9.30 *p.m.*—Heart beats 160. Has passed a formed colorless stool.

August 15*th*, 11.30 *a.m.*—Seems much worse. Cardiac beats 128. Slightly convulsed. There has been considerable vomiting and purging. Respiration unequal and irregular.

9.35 *p.m.*—All but dead. Getting stiff. Hardly seems to feel. Reflex actions almost gone. Has dragged itself a foot during the last hour.

August 16*th*, 11 *a.m.*—Considerably better, but very shakey on his legs.

8.30 *p.m.*—Very little power in hind legs, but seems gaining power in the front ones. Fell on attempting to jump down two feet.

August 17*th*, 1 *p.m.*—Hungry. Has been violently purged. Looks thin, shabby, and spiritless. Has passed a great deal of urine.

August 19*th*.—Has quite recovered.

Experiment 5.—*August* 13*th*, 5.30 *p.m.*—Gave a large skye terrier twenty grains of nitrate of baryta on meat.

6.30 *p.m.*—Looks dull, and is dribbling from the mouth.

9 *p.m.*—Slight vomiting and purging, but otherwise seems tolerably well.

11 *p.m.*—Very quiet. Has slight convulsions.

August 14*th*, 11.45 *a.m.*—Restless, but appears recovering.

August 15*th*.—Fast getting well.

Experiment 6.—*August* 17*th*, 11.45 *a.m.*—Gave a large dog thirty grains of nitrate of baryta on meat.

August 18*th*, 9.35 *a.m.*—Convulsions; cannot stand. Violent purging. Fur rough. Looks very stupid and shakey on the legs.

12.30 *p.m.*—Seems to have quite revived.

August 19*th*.—Has eaten a good meal and is much better. Recovered in a few days.

Experiment 7.—*August* 17*th*, 4.30 *p.m.*—Gave a large dog sixty grains on meat and in powder.

6.45 *p.m.*—Able to stand, but seems tottering and very thirsty.

12 *p.m.*—Slightly convulsed. Looks dull and heavy.

August 18*th*, 10 *a.m.*—Better.

12.30 *p.m.*—Has passed a great deal of water and been much purged.

3 *p.m.*—Still passing a great deal of water. Slight convulsions, and paralysis of back legs. Takes but very little notice of anything going on about him.

8 *p.m.*—No use in his hind legs. Heart beats 100.

August 19*th*.—Is considerably better; gradually recovering use of his legs. Seems hungry and drinks enormously. The dog was quite well and running about after two days.

Experiment 8.—*August 24th*, 2.40 *p.m.*—Gave a big dog 120 grains of the nitrate on meat. Within an hour there were violent convulsions, with excessive purging and vomiting. Apparently was in considerable pain. Drinks everything put in its way, and passes an enormous quantity of urine. Died at 5.20 p.m.

Post-mortem, August 25th, 1.30 *p.m.*—Rigor mortis persistent. Brain normal. **Thorax.**—**Æsophagus natural.** Lungs deeply congested. Clots in both sides of the heart. Abdomen.—Stomach the seat of acute inflammation, spreading over its entire surface. No ulceration or perforation, but there were black spots of extravasated blood distinctly visible on the mucous coat. The stomach contained some brown grumous matters. The inflammation extended to the duodenum, and affected more or less the whole length of the alimentary canal, but was most of all conspicuous in the rectum. The bladder was empty. The liver was deeply congested, and the kidneys slightly so. I was able to detect the poison in the stomach, liver, brain, and muscles.

I append the following tabular statement of the results of our experiments :—

Experiment.	Animal.	Dose.		
1.	Rabbit.	10	grs.	Died in less than one hour.
2.	Do.	5	„	Died in 27 hours.
3.	Small Terrier	30	„	Died in 3½ hours.
4.	Do.	10	„	Recovered in five days.
5.	Large Dog	20	„	Recovered in two days.
6.	Do.	60	„	Recovered in two days.
7.	Do.	120	„	Died in 2½ hours.

VENTILATION.

By Henry MacCormac, M.D.

The question of ventilation is far from being exhausted. In ventilating, the great object to aim at, is to render the house air, particularly the night house air, pure as is the air outside the house. I say by night in especial, because by day the nose and other organs of apprehension are awake, whereas by night they are asleep. By day the waking man can more or less take care of himself, while by night he is helpless and defenceless comparatively. If he go to bed in tainted air, he breathes this tainted air the long night through. If it be tainted when he lies down, it is tainted tenfold when he gets up. People, some people, say that night air is unwholesome. What do they mean. Can they exclude night air. Is not all air by night, night air. Oh, but say these people, we sleep in a big room, we have plenty of air. But what signifies how much air you have if it be bad air, unwholesome air ; will the mere bigness of the enclosure make it good. Can any air prove wholesome that is not renewed. Will the air in the remoter parts of the room, the unbreathed air, come over of its own accord to your lungs and suffer itself to be breathed. It will not do so any more than the loaf will come to be eaten or the book to be read when it lies there. You just breathe more or less the same stagnant air which subsists about you, let the room be never so large. It needs movement, constant movement, to renew the atmosphere and tender it effectively safe and wholesome. It needs the window to be pulled down by night, and nothing less in these regions, at least as houses are at present constructed, will suffice.

Two expedients may be resorted to in order to promote ventilation. By the first expedient there is the ordinary chimney opening below. But above this is a dwarf wall, or septum if you will, composed of six inch majolica or other tiles set in a suitable bronze or iron frame, and secured with ornamental bolts and nuts at the intersections. This frame, the top of it, should rise four or six feet above the grate. Above, there is a second opening regulated by a concealed valve covered by a handsome mantelpiece. This arrangement, or something similar, minus the valve, subsists in a rude but effective fashion in many of the farmers' houses in the north of Ireland ; and it is pleasant on going into these farmhouses to find how well the ventilation, so far as the kitchens and dairy ventilation are concerned, is promoted. A person may stand or sit before the fire and feel that the ventilation is satisfactory above the height of his head in either case.

The second procedure which may be conjoined with the first, has never in its entirety been set forth before. And should it ever come to secure general adoption, I trust that those who in this case are to benefit by it will not omit to connect the arrangement with the originator. Imagine then a good, plain, low, straight-barred grate, with or without splayed sides, and an iron, copper, or thin terra cotta back. Behind this back is a hot-air chamber communicating by one or more openings of—say two feet—joint section, with the open air. This chamber should otherwise be of sufficiently large dimensions, and communicate by other openings with the living room,—for example : the back of the room, the joint sections of the warm-air openings or outlets being equal to the joint sections of the cold-air inlets, the whole in every case being under the control of slide valves. In the fire-front there is an ornamental bronze or metal screen (electro-plate would look well,) in two valves or slide doors running on rollers, one to one side, the other to the other side behind the chimney jambs, the ornamental apertures of the screen being fitted with thin green or other glass, or Russian talc. In the thick of the wall on each side of the fireplace a duct or ducts are to run to the ceiling, terminating behind the perforated cornice above and below, one on each side of the fireplace, in grated openings so arranged, the screen in front of the fire for the time being closed, as to supply the fire with the foul air of the apartment as drawn down from the ceiling and, *pari passu*, to fill the room with tempered air, that is to say, air tempered to 50° or 60° of Fahrenheit. It would not be needful to keep the screen or screens constantly closed, but only sufficiently so, and sufficiently open to cheer up the fire and effectively ventilate the apartment with tempered air. A cheerful fire I say would result with more or less complete ventilation, as well as perfect safety. Our sitting and bedrooms might thus be provided with renewed and tempered air at once by night and day, coupled with every beautiful, artistic, and healthful appliance besides.

The Public Health.—The following statistics are from the returns of the Registrar-General for the week ending November 14th. During the week 3,288 deaths were registered in the metropolis and in 13 large towns of the United Kingdom, the annual rate of mortality being 27 per 1,000 persons living. Last week the annual rate of mortality was 25 per 1,000 in London, 29 in Edinburgh, and 27 in Dublin ; 22 in Bristol, 21 in Birmingham, 31 in Liverpool, 29 in Manchester, 35 in Salford, 27 in Sheffield, 22 in Bradford, 33 in Leeds, 28 in Hull, 21 in Newcastle-upon-Tyne, and 33 in Glasgow. The deaths registered in the metropolis during the week were 1506. It was the forty-sixth week of the year, and the average number of deaths for that week is, corrected to allow for increase of population, 1,564. The deaths in the present return are less by 58 than the estimated amount, but are 110 more than the number registered in the preceding week. From zymotic diseases the deaths were 345, the corrected average number being 364. Eight deaths from small-pox, 38 from measles, 116 from scarlatina, 8 from diphtheria, 27 from whooping-cough, 58 from fever, and 14 from diarrhœa, were recorded. Small-pox is still fatally prevalent in Sheffield ; in the seven past weeks of the current quarter no fewer than 81 deaths have been referred to this disease in the borough, of which 15 occurred last week. In the preceding 13 weeks, ending 26th September, the number of fatal cases had been 132. From diseases of a zymotic character the proportion of deaths resulting has during the past few weeks been excessive in Manchester, Liverpool, and Leeds. Scarlatina has been prevalent in Dublin, and also in several of the English towns. From diseases of the brain and nervous system in the week ending November 7th, there were 126 deaths ; last week the number was increased to 154. From disease of the organs of circulation the rate of mortality increased from 61 to 83, and the deaths from diseases of the respiratory organs (phthisis excepted) increased from 287 to 317. Phthisis caused 165 deaths, bronchitis 166, and there were 109 from pneumonia.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 25, 1868.

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A FEW WORDS ABOUT COMBATANTS AND NON-COMBATANTS.

MILITARY officers are divided into combatant and non-combatant. The former attend to the discipline and drill of the troops; the latter pay, provide for, and heal them. The former are designated by titles of military rank; those who pay the troops have of late had bestowed upon them honorary titles of the same kind; but those who provide for and heal the soldier have as yet only attained what has been termed relative rank, except in India, where "executive" officers fill all the commissioned grades of the commissariat department, as they do many other positions in non-combatant branches of the public service. Among the more prominent positions occupied by them may be enumerated commissioners and deputy-commissioners of provinces, inspectors and superintendents of police, cantonment magistrates, charge of native princes, superintendents of telegraphs, not to speak of charge of horse-breeding establishments, experimental farms, and last, though not least, as sanitary commissioners. Nor are we to suppose that their advance from one military rank to another ceases or remains in abeyance while they are employed in these very non-combatant positions. Far from it. So in this country and the colonies, although doubtless in a lesser degree than in India, a somewhat similar state of affairs holds good.

No person now thinks of questioning the right of the Engineer Department to military rank, and very recent events have sufficiently proved how ably may an officer of that distinguished corps organize and conduct military operations of a most difficult and intricate nature; yet we cannot forget that the recognition of this branch of the service as a combatant one is still matter of recent history. Then let us allude to the Military Train, a branch of the army which, without in any way disparaging the valuable services performed by its officers and men, can scarcely be considered combatant in the same sense as a squadron of dragoons or a battery of artillery.

It follows, therefore, that the purely military titles of rank do not, as the public services are at present constituted, give the slightest indication of the nature of the duties performed by its possessor; and perhaps this is among the circumstances that have of late induced an intelligent and a tax-paying public to consider whether there are not really a great deal too many "combatant" officers in its pay, and whether there are not among them a needless number of grades of rank. Regarding the non-combatant branches, we will restrict our further remarks to the Medical Department; and surely there is no person who has had the opportunity to consider the necessities of the army who fails to see that not only are its members not over numerous, but that they are barely able to conduct the duties required of them in a time of peace, and totally inadequate for the demands of a sudden war.

In no other branch of the army is the amount of foreign service performed by its individual members so great as in the medical department; in none are the periods of home service so short; and in none do so many casualties by sickness and death occur. It is often said, and not without cause, that whereas "combatant" officers returning from abroad for the benefit of their health obtain leave of absence in a liberal manner, as they should do, this privilege is in the case of the medical officers curtailed to its very smallest limits, the result of the policy being that many are sent to the tropics only partially recovered, and thus curtail their efficiency in the service, for it is only in that light that the question can most practically be viewed.

But there is another point from which it is to be considered. It is really not so much in times of peace that the value of an efficient medical department becomes apparent as during periods of war, and it is with a view to that condition that all arrangements directed towards the efficiency of the army should be made. Now, no person will surely assume that the medical department of our army is too large, or, indeed, that it is large enough to meet the requirements of such a contingency. It was practically found not to be so during the Crimean war; it was sorely tried during the Indian mutiny; and what between the greater celerity with which recent experience shows that war may be begun by European Powers, and the list of casualties that may be expected to occur in a series of battles fought with all the modern appliances, it is to be feared that our existing establishment would be altogether inadequate to the task thrown upon it. Let us briefly refer to what is related in regard to the recent wars in America and Prussia, that we may the better point our moral. During the early days of the war in the former country we read that there existed a great want of medical men and hospital attendants, and that the commencement of the contest between the North and South under such circumstances "raised terror and confusion, not only in the army, but among the whole people;" and it is also asserted that during the early part of the civil war, before the establishments for transport of the wounded had reached the complete state which they subsequently attained, the wounded of one side who fell into the hands of the opposite did not always meet with that impartiality of treatment which, according to theory and the convention of Geneva, contending armies should show the sick and disabled. Regarding Prussia, we learn that four days after the battle of Kœniggratz corpse on corpse, exhaling poisonous odours, lay unburied round the half-ruined walls of the churchyard of Heronswos. The neighbouring chateau was filled with six hundred wounded, with no water, no food, no help ; and others were left upon the field of battle for three days, there having been no means of removing them.

According to calculations based upon the results of these campaigns, it has been assumed that the casualties in any one action fought against an European enemy, and with modern instruments of warfare, would amount to about 12 per cent. of those engaged, and of that number 8 per cent. would require hospital treatment and accommodation. In the days of the Peninsular war the casualties were far more numerous, the loss in killed and wounded being in many instances 24 per cent., and in some 33, several such actions being fought at intervals of a very few days. It is fair to assume that with the present improved means of land and water transport either actions would now be more decisive than they then were, or that a succession of them would be fought more rapidly than was then practicable. When, therefore, we consider that one medical officer can only really do justice to a number of wounded varying from thirty to fifty, according to the nature of their injuries, that the casualties among their own ranks arising from sickness and other causes must be provided for, and a sufficient number kept in reserve to meet any of the unlooked-for emergencies that in all campaigns must be provided against, we have ample reason to utter a word of warning against any curtailment being made in the present medical establishments of the army. There exists ample scope and room enough for the exertions of economists among the various ranks of combatants. As to the non-combatant, to which these remarks more particularly refer, any pruning that may be applied should be confined to a very few of the top twigs ; those that have shown little vitality, or those that instead of *figs* have brought forth *wild figs*.

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THE BRITISH FOOL.

Truly the great constituency of fools—a most important and numerous section of the great British public—has no cause for complaint that its influence is disregarded or its interests unrepresented. From the peeress whose folly takes her to Bond street to buy the "Magnetic Water of the Sahara" at twenty guineas a bottle, down to the agricultural chawbacon, whose idiotcy costs him no more than sixpence for Zadkiel's or Old Moore's Astrological Almanack, every form and grade of *gobemouche* is catered for, and certainly none can complain that the article provided wants piquancy.

The one quality which appears requisite for those who claim the patronage of the British fool is entire faith in the illimitable credulity of those whom they serve. Their difficulty is *not* to adjust accurately the boundary line up to which they may invent lies without running the danger of being detected ; it is rather to endeavour to reach the infinitely distant point at which their falsehoods become too preposterous for the credulity of their constituents. One might really believe that the "Magnetic Water of Sahara," at twenty guineas a bottle, requires a very abundant degree of credulity ; but, really, beside some of the ludicrous cheats which appear to receive credence from the fool agricultural, the magnetic water is probability itself.

We have before us "Old Moore's Royal Almanack, containing the Voice of the Stars, Daily Weather Predictions, Royal Nativities, &c., &c.," and we are told that tens of thousands of sixpences are expended by the British fool on its purchase. Such a farrago of impudent lying may sell as a curiosity, but we must believe that many of those who buy also read and believe.

With all the astronomical make-believe with which the predictions are sauced for the palate of the fool, we have nothing to do. It is a little too much for us to suppose that the clodhopper of the period knows what they mean, if indeed they have any meaning at all. The predictions as to public events are guesses as to what may happen next year about as astute as any of the readers may have formed for himself ; and of course as some of the events are all but certain, and most of them every one knows to be very probable, we are rather surprised to see the list of last year's fulfilled forecasts, for which Old Moore credits himself, so small as it is.

An extract from the preface is too good to be lost. It appears that there was another Moore, who, like Captain Wragge, in "No Name," engaged in "moral agriculture," but found the soil unfertile, and accordingly abandoned the astrological dodge. Here is the *pæan* of Old Moore :—

> "The cautious proprietors of 'Moore's Almanack' struck their colours ; in other words, they struck out the monthly astrological predictions, and substituted for them accounts of the institution of the various Saints' days ! This substitute may be to the advantage of the 'ritualists,' *but it is not adapted to the requirements of the farmers of England, who were the chief supporters of that Almanack.* This substitute is a confession of weakness on the part of our contemporary ; for it was evidently felt that it was impossible to compete successfully with this Almanack in the matter of Astrology ; so, the vessel being in danger of foundering, the most valuable part of the cargo was thrown overboard, to give it a chance of weathering the tempest of competition."

We are reminded of the old woman who for half a century every day boiled herself an egg. She was under a delusion that a spell which she made daily use of would prevent the saucepan from boiling over. Every day of the fifty years she used the spell, and every day the saucepan boiled over in spite of the charm, and yet at the end of the half century she was as firm a believer in the efficacy of her preventive as if she had never known it to fail.

We congratulate the farmers of England on the delicate compliment which Old Moore pays them in claiming them as his children. To those who have a character for intelligence to lose, we advise a criminal prosecution against Old Moore for malicious libel.

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THE NAVY REPORT.

The Navy Blue Book is in the hands of our naval readers, but not a few of those engaged in civil practice will be interested in some of its contents. As usual, and in accordance with its title, statistical matter forms a large proportion of the heavy volume, but there are many facts revealed by the array of figures that call for the deepest thoughts of medical men and statesmen. If an analysis have little interest to our naval brethren, who possess the book, they will remember that we often occupy a good proportion of our space with subjects in which their brethren in civil life only possess a secondary interest. Besides this excuse for devoting space to the book, it is also true that many conditions that affect the health of the Navy influence the home population, and both the Army and Navy reports, therefore, have an interest for the whole community, as they exemplify the results of certain hygienic conditions. We have in the reports an account of the total naval force, and separate accounts of the forces at each of nine stations, besides the appendix of various contributions. The whole is worthy of the naval medical department of a great maritime country. It appears that during the year 99 per cent. of the men at the home stations went on the sick list. This seems a fearful percentage; even if we take into consideration that as many go on the list several times, some would not go on at all during the period named. When we remember that the persons referred to are picked lives, as the insurance offices say, and that a seafaring life is very healthful, we may well be surprised at the extent of the sickness, and look for other causes of this state of affairs. The great point to remember is, perhaps, that many of the cases are really trivial, and would not appear as illnesses at all in civil life in the rank from which sailors are taken, inasmuch as many would neither abstain from work nor seek medical advice on account of slight ailments. In the Navy the medical officer, not the sailor, decides when any one is ill enough to go on the list. Considering how much easier prevention is than cure, and how desirable it is to meet the first symptoms, we are glad to see that the service adopts the only proper plan.

> "The mean force corrected for time was 21,200, and the total number of cases of disease and injury entered on the sick list 20,961, which is in the ratio of 988·7 per 1,000 of mean force, being a decrease, compared with the preceding year, equal to 36·4 per 1,000. Of these 554 were invalided and 171 died, the ratio of the former being 26·1 and of the latter 8·0 per 1,000; the invaliding rate being ·3 and the death rate ·9 in excess of the previous year. The daily loss of service from febrile diseases, including the exanthemata, was in the ratio of 1·2 per 1,000 of mean force; from diseases of the brain and nervous system, ·3; of the organs of respiration, 6·1; of the heart and blood-vessels, ·6; of the alimentary canal, ·9; of the liver, ·2; of the genito-urinary organs, 9·6, of which 7·7 were from syphilitic diseases. In 1865 the daily loss of service from syphilis alone was in the ratio of 10·8 per 1000. The daily loss of service from rheumatism was in the ratio of 3·2 per 1,000; from diseases of the bones and joints, ·3; of the special senses, ·6; of the skin and cellular tissue, 9·6; from dyspepsia and debility, ·9; and from wounds and injuries of various kinds, 5·7. The average number of men sick daily was 895·7, which is the ratio of 42·2 per 1,000 of mean force, being a slight decrease as compared with the preceding year."

It will be seen from our quotation that only 171 died, so that the rate was only 8 per 1,000, and the invaliding rate was but a trifle over 26. Such diseases as catarrh, influenza, rheumatism, and tonsillitis go far to make up the large figures, and their comparatively slight nature relieves what would otherwise be a sad catalogue.

More than half the sickness of the year in the Navy arose from what may fairly be classed as preventible diseases. Contagious fevers carry off their share, and these diseases it is now thought by many ought to be "stamped out" of all civilised communities. These are mostly contracted ashore, and this fact is one that points clearly to the great dangers to which sailors are exposed. It suggests again the subject of venereal diseases, which form such an immense proportion of the naval maladies. Here we should remark that there is some improvement in this respect in the present figures over those of the previous year. This will be attributed by many to the operation of the "Contagious Diseases Act," and thus we are brought face to face with a problem, which in spite of the enthusiasm of some of our most ardent workers, we may safely assert is not yet satisfactorily solved.

We are aware that many are ready to think that a more strict execution of that Act, and an extension of it, would go far to preserve our sailors from almost all danger. There are, however, other questions involved, and they cannot be shirked, even if it should appear clear that this presumption is well founded. Men who have seen prostitution in all the cities of Europe, and observed the efforts of Governments to cope with the evil, are less sanguine than some of the *doctrinaires* who persuade themselves of their ability to stamp it out. Be that as it may, no one will deny that the effort to protect both soldiers and sailors from the ravages of venereal diseases is one that commends itself to philanthropists as well as to medical men, while it is of the utmost interest to the statesman.

But we are forgetting the fevers. Here is a passage which we commend to our readers as a sample :—

> "The case of fever occurred in the person of the assistant sick-berth attendant. He had been frequently on leave, and while on shore slept at nights with his friends at Mill-bay, Plymouth. In the close vicinity of the back of the house one of the main sewers of the town discharged its contents, and the patient stated that 'often the smell coming into his room on opening the window was awful.' . . . . . . In most instances they had been taken ill when on shore on leave, and being seen at their lodgings were at once taken to hospital thence. In Table IV. a death from primary fever appears. It occurred in the person of a seaman who contracted the disease when on leave, and died of typhus fever, it was certified, at his lodgings after ten days' illness. . . . There were two cases of primary fever in the Castor, one of which appears to have been of considerable severity, the patient having been 55 days under treatment. The severity of the attack is said to have been probably dependent upon the miserable locality in which the man lived, which was in the low town of North Shields, and is described as a disgustingly filthy and overcrowded locality on the right or north bank of the Tyne. . . . The disease was very prevalent in the county of Donegal, and there were several deaths from it in the neighbourhood of Rathmullan, within two miles from where the Defence was anchored. Although the disease was eminently contagious and infectious, it is somewhat difficult to account for its appearance on board ship, more especially as the first person attacked was a very young officer who seldom visited the shore; and when on shore was not so likely to visit fever haunts as the general run of the ship's company. It must, however, be confessed that the neighbouring village was a locality in many respects highly favourable for the generation of such febrile complaints, the streets being without channel drains, stagnant pools of water close to the houses, revolting and unwholesome smells whenever the streets are not washed by heavy rains, back yards uncleansed, and filth even trickling from them into the open streets, into which the house nuisance is flung unsparingly night and day. For the most part the houses have only two small rooms, and often cattle and human beings sleep together in them. . . . There was only one case of primary fever in the Frederick William, but it proved fatal. It occurred in the person of a seaman who was taken ill while on shore on leave, and brought on board labouring under the disease; and on making inquiries as to the locality of his lodgings it was discovered to be in a very filthy place in Queenstown, called Old street, in close vicinity to a slaughter-house, with an open sewer close by, and at all times crowded by emigrants."

Notes on Current Topics.

Scarlet Fever.

SCARLET fever is still very prevalent in the metropolis, 882 deaths having been recorded during the last eight weeks. Last week 3 deaths occurred in the sub-district of St. Mary, Paddington; 11 in the sub-district of Kensington Town; 3 in the sub-district of St. Paul, Hammersmith; 2 in the sub-district of Fulham; 4 in the sub-district of Chelsea South; 6 in the sub-district of Chelsea North-west; 2 in the sub-district of Golden square; 2 in the sub-district of St. Giles North; 2 in the sub-district of St. Clement Danes; 2 in the sub-district of St. Andrew, Eastern Holborn; 2 in the sub-district of Saffron hill, Holborn; 4 in the sub-district of Hoxton Old Town; 3 in the sub-district of Haggerstone West; 2 in the Town sub-district of Bethnal green; 6 in the sub-district of Mile End Old Town, East; 3 in the sub-district of Bow;

5 in the sub-district of St. Paul, Deptford; and 2 in the sub-district of West Plumstead.

Sudden Death of a Surgeon.

Mr. Johnson, President of the Bridewell Hospital, London, suddenly expired at the conclusion of Divine Service at the Foundling Hospital, on Sunday week. At the close of the service he was seen to stagger and fall on the floor. Medical aid was promptly at hand, but life was found to be extinct. Mr. Johnson had been out shooting the previous day, and was thought to be in good health. Heart disease was considered to be the cause of his death.

Edinburgh and St. Andrew's Universities' Election.

On Tuesday, the 17th inst., the constituency of these Universities met for the purpose of nominating candidates. There was a large attendance. The Vice-Chancellor, Professor Christison, presided, and having read the writ for the election, Professor Syme proposed Dr. Lyon Playfair. He remarked that the Universities have desired to be represented in Parliament by some one who is intimately acquainted with their interests, and who, from his experience, might afford a free communication between them and the Government. On these grounds he had no hesitation in proposing Dr. L. Playfair, a man of cultivated mind, who had acquired free access to the sources of authority in all departments of Government, and was able to express his opinions, whether orally or in writing, freely and forcibly. He had attracted the notice of the late Sir Robert Peel, had discharged Government appointments, was held in high regard by the late Prince Consort, and, if not a medical man, which had been alleged against him, he had passed through a complete medical education.

Principal Tulloch seconded the nomination, chiefly on the ground that Dr. Playfair came forward as a member of the great Liberal party. After referring to the great question of the day, he said, Dr. Playfair is in a position to render enlightened and valuable services to the Universities, and he will render them in connection with the great Liberal party, to which, I have no doubt, the future of the country is committed.

Sir John M'Neill proposed Mr. Campbell Swinton. He supported him, he said, on the ground of his having worked hard to obtain the franchise for the Universities. In proposing Mr. Swinton he professed himself no party man; he respected both parties when he thought them honest, and despised either when he thought them dishonest. Yet he was opposed to the question of the day—the disestablishment of the Irish Church, and declared himself ready to support the man who is opposed to it also. He considered that no constituency was better qualified for the franchise than theirs, and hoped they would place Mr. Swinton in the position he proposed for him.

Professor Sharp seconded the proposition. He considered that on account of his earnest endeavours in promoting the interests of the Universities, and advancing education in Scotland, Mr. Swinton had shown himself worthy of their support. Addressing his medical friends, he said it was at Mr. Swinton's suggestion that the present Government accorded to all M.D.'s not only the franchise, but all the privileges of Members of the University Council. After expressing his strong and decided opposition to disestablishment, he pictured Mr. Gladstone with his large book on the State conscience, and parental government, and the rags and tatters of his high church antecedents still hanging about him, leading the onslaught against the Irish Church. His speech throughout excited the meeting, and produced repeated cheers and counter cheers.

The Vice-Chancellor asked if a poll was demanded, and Professor Syme and Sir John M'Neill stated that they did. It was appointed for the 30th November. A vote of thanks was given to the Vice-Chancellor.

The Pharmacy Act in Scotland.

There seems to be some doubt as to the operation of this Act. The Lord Advocate states that the substitution of the word "Apothecary" for "Legalized Practitioner," in the clause—which gives the former the power of selling and keeping open shop for compounding of medicines—inflicted a great hardship on the Profession. The President of the College of Surgeons, after examining the Act, declares that the licentiates are constituted legally qualified apothecaries. He decided, however, to take the opinion of counsel.

Medical Club.

On Friday, November 13th, an adjourned General Meeting was held at the Club, Sir William Fergusson, Bart., in the chair. The report of the committee and the amended rules were unanimously adopted. It was also resolved to establish a guarantee fund for the next two years for the purpose of meeting any extra expenses that might arise, by which means the original foundation of the Club, that is, the irresponsibility of its individual members, might be preserved. Nearly £300 was pledged, the number of subscribers being 125. These efforts it is to be hoped will have the effect of putting the institution on a successful and permanent basis.

A Champion of Medical Reform.

Among the many subjects laid down, or rather, we should say, held up for *Reform*, we find Medicine, whose champion is none other than an impious quack, boasting of the cognomen of "Felix Sandyfirth," but whose real name is Grayson. This scoundrel, when brought before the magistrate at Bow street last week on the charge of publishing an obscene book, which he sent to the boys on board of Her Majesty's training ships, stated that he wished to promote reform in everything, and had endeavoured to wrest the noble science of medicine from charlatanism. But unfortunately this poor innocent was victimised by our much-abused Guardians of the Peace before he had time to carry out his charitable designs; his publications were seized and destroyed with a number of stereotype blocks, and some medicine, which were to complete the desired reformation, whilst the proprietor of these valuables was himself again remanded by the magistrate with the polite intimation that if he continued these filthy practices he would certainly be committed for trial. So far, we thank Sir Thomas Henry and the police, that they declined to look upon this worthy and his disgusting artifices as the champion of Medical Reform; at the same time, heartily desiring that the hordes infesting the best thoroughfares of every large town may be brought to expiate their crimes for the misery inflicted upon so many innocent families, by a judicious application of the lash of public execration and the prison cat.

Dublin Obstetrical Society.

The Society inaugurated its thirty-first annual session on Saturday evening last in the presence of a very numerous assemblage of the profession. The chair was occupied in the first instance by Dr. George Johnston, the outgoing President, and the lately-elected Master of the Rotundo Hospital, and subsequently by Dr. Ringland. On a ballot it was found that the following officers were elected :—President—J. Ringland. Vice-Presidents—J. A. Byrne, G. Johnston. Treasurer—H. Halahan. Secretary—G. H. Kidd. Committee—T. E. Beatty, F. Churchill, J. Cronyn, J. Denham, A. H. M'Clintock. The report of the Society was read, which represented it in a very flourishing state. For the first time, its financial condition had, by an increase in the rate of subscription, been brought into a satisfactory state. The Society numbers at present six Honorary Presidents, six Honorary Vice-Presidents, sixteen Honorary Members, 150 Members, and seven Associates. The Council announce that they " have made an arrangement with the editor of the Medical Press and Circular, whereby abstracts of the papers read at the Society will be published in that journal." The report having been adopted on the motion of Dr. M'Swiney, seconded by Dr. Atthill, the following resolution of regret at the death of the late President, Dr. S. L. Hardy, was adopted on the motion of Dr. M'Clintock, seconded by Dr. Churchill, the President of the College of Physicians :—" That we desire to express sincere regret at the death of our late President, Dr. Hardy, and to record our recognition of the active and increasing interest he took in the welfare of this Society during his twenty-seven years of membership, as well as our warm admiration of the suavity and sterling honesty which invariably characterised his intercourse with his professional brethren." An eloquent memoir of the late President was then read by Dr. M'Clintock, and of it an abstract will appear in our pages in due course. After votes of thanks had been passed to the Presidents of the Royal Colleges of Surgeons and Physicians, and to the Governor of the Apothecaries' Hall, the Society adjourned.

The Pathological Society.

This Society held its usual meeting on Tuesday, the 3rd inst. A report was read from the Committee on Morbid Growths, and a variety of specimens were presented by the different exhibitors, who explained their nature, and they were passed round the room for the inspection of the members. We have not space to enumerate them, but no doubt they afforded subjects of great interest to those who were present.

Health of Dublin for the past Week.

The deaths *registered* during the week were 163—83 males and 80 females. The average number in the corresponding week of the previous four years was 171. The mortality from scarlatina during the past week was very great, no less than 21 deaths having resulted from this disease. The average number of deaths from scarlatina in the corresponding week of the last four years was five. Four deaths were ascribed to fever. Whooping-cough proved fatal in two instances, and croup in a like number. Seven deaths were referred to diarrhœa, and one to dysentery. Twelve children were carried off by convulsions. Twenty-six deaths were ascribed to bronchitis, six to pneumonia or inflammation of the lungs, and two to pleurisy. Phthisis or pulmonary consumption caused ten deaths; the average number of deaths from phthisis in the corresponding week of the last four years was 19. Six deaths were referred to heart disease. Four deaths resulted from cancer, four from liver disease, and one from nephria or Bright's disease.

Over-Housing.

The caution lately administered by a veteran surgeon to his junior brethren not to *over-house* themselves when entering into practice was very forcibly illustrated by a *naïve* anecdote, narrated by Dr. McClintock, in his memoir of the late Dr. Hardy, at the Dublin Obstretical Society.

Dr. McClintock, after narrating the success of Dr. Hardy in a comparatively obscure street, told his hearers that even although Dr. Hardy's change of residence into a more fashionable and public locality was not undertaken until he had been for many years well established in practice, when the time might have been supposed to have arrived for the move ; nevertheless, it was the fact that the change was not only not attended with an increase of income commensurate to the greatly increased expense, but in the first year afterwards there was an actual falling off in Dr. Hardy's professional receipts of £77.

Perhaps the story is not new, though it may be the first time the confession has been made.

Election to the Meath Hospital, Dublin.

The period of the Session at which the lamented death of Dr. Stronge—announced in our last—took place, necessitated a very short interval before the appointment of his successor. The medical officers in whom the appointment is vested by Act of Parliament, proceeded to the choice of a surgeon on Saturday last. Of the candidates whose names were mentioned as competing for the office, Mr. Ledwich, of the Ledwich School of Medicine; Dr. Mapother, Professor of Anatomy and Physiology at the Royal College of Surgeons; Dr. Robert Persse White, surgeon to Jervis Street Hospital; and Dr. Mayne, were the favourites. It was considered most probable that Mr. Ledwich's wide-spread connection with medical education in Ireland would have entitled him to the preference, but before the election he retired from the competition, and Dr. R. P. White was chosen. Dr. White is at present medical officer to the Roundtown Dispensary, and as it is considered probable that he may vacate this position in order to devote himself to his hospital duties, both that appointment and the surgeoncy of Jervis Street Hospital may be expected to be open to the competition of the profession.

Medical Men in Parliament.

It is much to be regretted, when the great questions of sanitary science are forcing themselves upon the attention of the public, and must ere long occupy more consideration in Parliament, that there is so little prospect of an increase of the medical element in the House of Commons. True, some of the medical candidates have been successful. Dr. Brewer in Colchester, Mr. Vanderbyl in Bridgwater, Mr. Clement in Shrewsbury. But, then, others have been rejected. Dr. Sandwith at Marylebone, Sir D. J. Corrigan at Dublin, Mr. Mitchell Henry at Manchester, and Mr. Alfred Smee at Rochester. These are men whose attainments and eloquence would have given them a position in the Legislature, and their views on all subjects relating to the public health would have had an authoritative bearing upon the questions arising out of them.

At a meeting of the Town Council of Congleton, Dr. Robert Beales was elected Mayor for the ensuing year.

His Royal Highness, the Prince Christian of Schleswig-Holstein, has consented to preside at the annual festival to be held in the spring on behalf of the funds of the University College Hospital.

John Gillman Kisby, L.A.H.I., died on Nov. 17th, at Rureton House, Shacock, Co. Cavan, aged 69 years, sincerely and deeply regretted by his family and friends. He was for twenty-five years Apothecary to the House of Industry Hospitals.

Sir Roderick Murchison read a letter on Monday week at the Geographical Society, just received from Dr. Livingstone at the Foreign Office, dated Dec. 14th, 1867. The accounts received from him are quite satisfactory. He says he wants shoes more than anything else.

After what has occurred at St. Pancras, it is to be hoped that something will be done to smooth the course of the medical officer of this parish. Two candidates for the appointment are in the field—Dr. Green, who is acting as the substitute of the late Dr. Hillier, and Mr. J. Netten Radcliffe. The Vestry have decided to defer the appointment until the temporary engagement of Dr. Green has closed.

MEDICO-SOCIAL PENCILLINGS OF LONDON LIFE AND PRACTICE.

No. 1.

It is now many years since there assembled at my modest and retired lodgings a "bunch" of class fellows in order to celebrate, in the convivial student fashion of the time, an event regarded by myself as unquestionably destined to ameliorate the physical condition of the bodily afflicted section of the entire human family, and considered by the "gushing" units of the assembled "bunch" as a "jolly good job indeed." A few days prior to that time I duly won the credentials which legally entitled me to flap and to flounder—a qualified *Bird;* to attempt a step or two on the ladder of success—a simple, plodding, medical machine; or, better still, to ambitiously try a flight above the common herd—nearer to the sun, whence I could regard that luminary in its burnished glow and magnificence, or look upon the broad earth, its wonders and its wants, with the stoic placidity of the physiologist and the philosopher.

Such an event usually called forth a large amount of good nature and wild enthusiasm, and was celebrated, as a rule, if not by "sound of trumpet and beat of drum," by another process, nearly as loud, and certainly fully as interesting. It consisted in a "convivial spread," and not unfrequently the biliary derangement that sometimes follows doings of the kind.

At the time of which I write, to be so much favoured as to receive an invitation from a newly-fledged fellow student—to form one of a select circle destined to close the first act in his professional drama—was regarded of more than mediocre importance; for a "fellow" might stand with the members of his class on terms sufficiently intimate to meet the common courtesies of every-day life, and yet not be considered sufficiently "A 1 at Lloyd's" to receive the cognomen of staunch friend—a "fellow worthy of a fellow's friendship, you know."

It is true that I could boast the possession of the friendship of many to that degree which should have entitled them to the honour of an invitation, but "monetary exhaustion," and total absence of available resources wherewith to raise the wind just at that time, influenced my selection. Consequently, the guests for the occasion were limited to "parties" who, without the surmise of a doubt being raised regarding their physical compactness, I might compare to that pedal extremity of a late Earl of Aldborough, celebrated in the *un*enlivening chronicles of quack puffery—they were of "long standing!"

It was at the close of an evening in the "blithe and merry month of May" that the "convivial spread" took place, and my lodgings being situated in "quite a genteel suburban district, within easy walking distance of town" (*vide* my landlady's card of terms), and as the majority of my guests were partial to town and sojourned there, in consequence, a brisk walk in an easy and quiet sort of way, coupled with a pardonable amount of speculative anxiety to ascertain the full depth and extent and variety my bill of fare would exhibit, evidently had the effect of quickening the sensitive instincts of my guests—if such was by any means possible—for they arrived in the vicinity of the banquet table, punctually as to time, and remarkably high as to feather.

The chair, by unanimous desire, was filled by Flexor Longus, whose plumage had just received the finishing touches. Consequently, he too being fully fledged, was considered a personage of importance. Palmaris Brevis, our stump orator, acted as croupier; whilst Digitalis, who never *would* understand how a femur could have two necks, possessing, as it does, but one head, condescended to undertake the arduous and responsible duties of steward and general "chef."

There were many amongst that select company of whom especial mention might be made did time and space permit it, which they don't; yet, for reasons to follow, special allusion is made to the presence of Don Juan noted for his curly ringlets, divided with geometric precision in the mesian line from the vicinity of the occipital protuberance to the frontal eminence, tended too with that cherished fondling and lackadaisical care so remarkable and distinguishing a feature in the habits and the customs of the hirsute enthusiast; and of Pyramidalis, known for his stateliness, greatness of soul—palpably displayed in his love for the "newest things" in tailoring—weakness for blue-eyed, bee-bodied lady friends; partiality for idleness, and for the very decided preference he at all times manifested—during ambulation particularly—for the companionship of the physically short.

There was a non-medical friend also present, a gentleman from an agricultural district, with a steady head for the management of live stock, and with an eye, it was insinuated, ever fixed to guard the mercurial uncertainty of Consols and New Three per Cents.; and although out of the position in these papers, wherein it should form a full chapter, an incident in connexion with this gentleman occurred during the progress of the evening, the relation here of which may serve as a warning to the thoughtless and gushing members of the body medical, and certainly afford a lesson to the loquacious and to the boastful—a lesson, indeed, such as few of us may desire to learn, yet all of us may read with interest, if not with advantage and with profit.

QUID NUNC.

SCOTLAND.

HEALTH OF SCOTLAND.

WE select a few items from the monthly return of the Scottish Registrar-General as to the eight principal towns. It appears that the rate of the mortality is again high. The deaths registered in the month of October last were 2,298, being 216 above the average in October for ten years past, taking into account the increase of population, which is now possibly rather more than 960,000. The mortality of children under five years of age is as high as 46 per cent.; in Greenock it comes up to 61 per cent. From zymotic diseases 31 deaths are recorded—an uncommonly high ratio for these maladies; but it was higher still in Edinburgh and Glasgow, where scarlatina prevailed; in Paisley, from scarlatina and fever; and in Greenock, where there was scarlatina and whooping-cough. Scarlatina is making great ravages, as 325 deaths have ensued from this epidemic—14·1 per cent. of the mortality. From fevers 98 deaths have resulted; from cholera only 5; from diarrhœa 71; from diphtheria, 16; whooping-cough caused 95 deaths, and croup 48. We now come to chest diseases, of which inflammatory affections of the organs of respiration are at the head of the list, being the cause of no fewer than 364 deaths. From consumption 235 are recorded; while of deaths from violent causes, there are 6 from intemperance and delirium tremens, and 3 suicides, which close the list, no deaths having occurred from small-pox during the past month.

In the eight principal towns, we find from the Registrar-General's return for the week ending Saturday, Nov. 14th, that the deaths amounted to 588, showing a surplus of 157 on the corresponding week in 1867, the numbers in the latter week being only 431. The proportions in the present year were, Glasgow, 286; Edinburgh, 99; Dundee, 55; Aberdeen, 49; Paisley, 30; Greenock, 42; Leith, 17; Perth, 10.

EDINBURGH PHILOSOPHICAL INSTITUTE.

A LECTURE was delivered yesterday week in Queen street Hall, by Mr. R. Carruthers, of Inverness, to the members of the Philosophical Institution. The subject was "The Early *Edinburgh Review*." He began by stating that in 1801 there were a number of remarkable young men, well educated, trained to literature, strongly attached to each other, yet all poor and striving for distinction. First on the list the lecturer placed Francis Jeffrey, whose character and history he sketched at some length. Next to him, he said, was Sidney Smith, the wittiest of all English divines since Swift and Sterne. He alluded to a statement of his—that it required a surgical operation to get a joke into the head of a Scotchman—and parried the thrust by a reference to such men as Smollett, Burns, and David Hume, whose familiar intercourse overflowed with humour. The third member of the fraternity was Francis Horner, who died comparatively young. The others were John Allan, noted for his great attainments in literature and science; Thomas Thompson, a distinguished reviewer; Dr. Thomas Brown, the well-known Lecturer on Mental Philosophy; and lastly, Henry Brougham, who subsequently obtained the highest place in the Senate of the United Kingdom. After paying a merited tribute to the talents of these remarkable men, he related the circumstances connected with the origin and development of the *Edinburgh Review*, and concluded by referring to the practice of preserving memorials of men of genius in the places where they lived, and expressed a wish to see a tablet placed on the respective dwellings of David Hume, Henry Brougham, and Sir Walter Scott; and "another on the third flat of No. 18 Buccleuch place, where lived the remarkable Francis Jeffrey, and where the *Edinburgh Review* was projected."

Our recollection does not reach so far back as the days of "English Bards and Scotch Reviewers," but it goes far enough to enable us to bear testimony to the eagerness with which the issue of the "Blue and Yellow" was invariably received.

Hospital Reports.

ST. GEORGE'S HOSPITAL.

DR. OGLE'S CASES OF ABDOMINAL TUMOURS.

(Continued.)

CASE XXVIII.—*Large tumour in the abdomen, thought to be a fibrous tumour, which proved to be the uterus, pushed up by a fibrous tumour attached to its inner surface, and filling up almost entirely the pelvis.*

Sarah F., æt. thirty-eight, emaciated and of a sallow complexion, was admitted July 14th, 1845, having had much vaginal discharge, and clotted blood passed during menstruation, which was too frequent. For the previous four or five months she had felt a tumour at the lower part of the abdomen, which she fancied moved from side to side. Occasionally she had retention of urine. The tumour gradually increased until admission, when an oval elastic tumour could be felt occupying the vagina, and very nearly filling the pelvis. An oval tumour could also be felt above the pelvis; *and above this again, upon the right side, and rather below the umbilicus, was another irregular tumour*. This was supposed to be a second fibrous tumour projecting from the peritoneal surface of the uterus. The vaginal tumour was ligatured. Ulceration of the walls of the vagina and neck of the bladder supervened, and the patient died July 29th.

Post-mortem examination.—The fibrous tumour of the uterus was found quite to spring from the fundus of the cavity by a thick pedicle, and the diseased mass filled the pelvis. The tumour recognised within the abdomen during life, reaching almost as high as the umbilicus, turned out to be *the uterus*, which was pushed up by the diseased mass above described. The peritoneum was healthy; the surface of the fibrous tumour was in a sloughy state, and the vagina and neck of the bladder much ulcerated. The rectum was misplaced, but healthy.

CASE XXIX.—*Tumour in the pelvis, formed by blood extravasated between the layers of the broad ligament of the uterus. Peritonitis; perforation of the ileum, and cicatrix at another place. Peculiar symptoms.*

Bridget T. was admitted February 4th, 1852, suffering from a recent attack of what appeared to be local peritonitis, and with an anæmic aspect. The catamenia were regular, but habitually scanty. In three weeks she left the hospital, as being considered well; and as her health appeared reestablished, she had married, but had not become pregnant. She, however, always suffered from constipation. On October 24th she was suddenly seized with pain in the abdomen during the night. On the next day she had a costive motion, and then no other for a week, when she was greatly relieved by aperient medicine. She then had no alvine evacuation for a fortnight, and *stercoraceous vomiting came on* on the morning of admission, in spite of purgatives, the use of leeches, &c. The tongue was tolerably clean, the pulse 180, the abdomen full and firm; and every now and then large coils of intestine could be distinctly felt rolling about under the hand, accompanied by paroxysms of pain. As calomel and enemata did no good, opium was given at regular intervals, with the effect of relieving the distressing symptoms; and at length the *obstruction gradually gave way*, and a large amount of yeasty stone-coloured fæces passed. She appeared to recover rapidly; so much so as to leave the hospital again, December 8th. On the 24th she again returned, as she was less well, and also suffering from constipation, having had much abdominal pain, which was now severe and constant. The pulse was feeble and rapid, and the abdomen tense and full. After a very restless and painful night, she was quite collapsed the next day, and died in the afternoon.

Post-mortem examination.—The peritoneal cavity was found to contain much recent lymph and turbid fluid, mixed with fæces and fetid gas. Perforation of the ileum about one foot from the cæcum was detected. The aperture was thin and uneven, and the mucous membrane around not inflamed but stained of a dark colour. Half-way between this perforation and the ileo-cæcal valve the intestine was constricted and presented an evident cicatrix; and this part adhered to another part of the intestine. The stomach and kidneys were natural. Occupying the right side of the pelvis, and rising into the iliac fossa, was a large globular tumour of a dark purple colour and of the size of an orange, which proved to be a thick cyst filled with coagulated blood, which was laminated indistinctly and situated between the layers of the broad ligament, being also closely adherent to the Fallopian tube and ovary, which were separable from it, the former of them terminating in a mass of fibrous material. Both ovaries contained small cysts.

Case XXX.—*Ovarian tumours on both sides of the abdomen; peritonitis masking their presence.*

A married woman, æt. twenty-six, admitted Nov. 23rd, 1854. Three months previously she had suffered much from pain in the loins and abdomen, attended by diarrhœa. The abdomen had begun to swell one month before admission. Last child born twenty-two months previously, and all that time she had been suckling it. On admission, pulse quick and jerky, tongue dirty, abdomen fluctuating, distended; urine contained lithates, and a slight amount of albumen. She was treated under the supposition that she suffered from peritonitis,—slight ptyalism being produced,—and morphia was given, as she had restless nights. She afterwards had a relapse, and after that the abdomen was tapped. A quantity of reddish fluid, mixed with masses of fibrin, was drawn off. Diarrhœa and pain followed, checked by opium and chalk. The abdomen again filling, she was again tapped, with much relief; but she became weaker, sank, and died February 1st.

Post-mortem examination.—Excepting that the pleural sac contained much reddish fluid, the lungs being compressed and the general cavities encroached upon by the abdominal contents, the thoracic organs were natural.

Abdomen. The parietal and visceral peritoneum was thickened and opaque and vascular, and the cavity contained about two quarts of straw-coloured fluid. The greater parts of the abdominal and pelvic cavities were filled with a large ovarian tumour, which originated apparently in the left ovary, displacing much the intestines. It was also connected with the left broad ligament and Fallopian tube by a broad neck, and its surface was indented, as it it had been composed of several cysts. On section, it was found to consist at its circumference chiefly of a whitish opaque substance, which was in some parts tolerably firm and laminated, like the white fibrinous clots of the heart; in other parts it was more diffluent. The central part was more solid and rather vascular, but evidently consisted of a lowly-organised fibrinous product. Another tumour, of a similar character, consisting of a single cyst filled with a moderately firm whitish laminated fibrinous mass, was found also in the place of the right ovary. The uterus was healthy and very little displaced. The abdominal viscera were healthy.

Case XXXI.—*Fluctuating tumour of the abdomen, which proved to be a distended and inflamed urinary bladder, the emptying of which was apparently prevented by pressure of a retroverted pregnant uterus on the urethra.*

E. S., æt. forty-five, admitted May 10th, 1848, complaining of much pain in the abdomen, which was greatly distended, and of a rounded tumour, which was easily to be felt, with a very defined border, just above the pubes, rather to the right of the median line. This gave very decided evidence of fluctuation, and a sensation as of having very thin walls. It appeared to interfere much with respiration. Behind the tumour, the bowels lay distended with solid matter and gas. She was unable either to evacuate the rectum or the bladder. The legs were œdematous, tongue furred, pulse feeble and frequent. Had had a miscarriage twelve months before, since which the catemenia had never returned; but she had enjoyed good health until three or four weeks before admission, when she was suddenly seized (April 16) with cramp and violent pain in the abdomen, and perceived a swelling in the right side on the same evening, which had continued to increase. She said she had passed neither urine nor stool for four days.

When admitted, much dark-coloured alkaline offensive urine was drawn off, and poppy fomentations applied to the abdomen. The tumour remained, and the bowels could only be relieved by medicines, and that with difficulty. At first the patient was better, but pain and weakness increased, and, owing to excessive tenderness of parts, no satisfactory examination of the vagina could be made. The pulse became more frequent and weak, and the tongue brown and dry, and sordes formed. The œdema of the legs was removed, and the fluctuation of the abdomen also, leaving *a solid tumour* to be felt over the pubes. The urine contained albumen and a deposit like altered blood-corpuscles. She lived entirely on wine, brandy, and eggs; on the 24th she had a miscarriage of a fœtus a few weeks old, and the next morning fifty ounces of urine were drawn off, the usual quantity not exceeding from fifteen to twenty. She sank, and died May 25th.

Post-mortem examination.—The omentum and intestines and bladder were adherent to each other, and offensive pus existed between them. The bladder was greatly dilated (capable of holding two or three quarts), and reached as high as the umbilicus, being adherent to the anterior walls of the abdomen by effused fibrin, which easily gave way. Its mucous membrane was in a sloughy state, and lined by effused lymph. The urethra was in a still more sloughy state, and also the surrounding tissue, so that it was impossible to distinguish the natural passage. The uterus was four or five times larger than natural, and had the appearance of one which had lately parted with its contents. The fundus pressed back on the rectum, so that the lower part might have pressed on the urethra. The vagina contained a few ulcers. The rectum was healthy. The kidneys were mottled and inflamed, and their pelves dilated.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

Monday, Nov. 16, 1868.

B. W. Richardson, Esq., F.R.S., President, in the Chair.

Dr. Sedgwick exhibited an adaptation of the mouth to the uterine speculum.

Mr. Spencer Watson exhibited a case illustrating his treatment of wounds by the antiseptic method. The case was that of a boy who had a wounded knee-joint. Mr. Watson injected into the joint a lotion of carbolic acid ʒj to oz. Mr. Watson also exhibited the comminuted bones and a bullet removed from a hand injured by a pistol-shot two years before with good result.

Mr. Cooper exhibited a case of carcinoma about 10 × 5 inches, situated over the lower part of the sacrum.

Mr. **Henry Smith** exhibited a case of excision of the knee, operated upon eighteen months ago; there was bony ankylosis, a most useful limb, and the boy was in excellent health.

Mr. **Hunt** read a paper on the phases of physic in the 19th century. He commenced by saying that the principles of physic are not fixed; he thought the beginning of the present century was an heroic age in medicine. Bleeding *ad deliquium* and purging *ad misericordiam* were the order of the day. The Apothecaries Act of 1815 had little effect for several years, but as time passed anatomy and physiology formed the true basis of medicine. Practitioners differed in their estimate of the value of drugs, which depend on the quality of the drugs which in 49 cases out of 50 were in a state of adulteration. Purgatives he thought had of late years been much neglected. He believed that three-fourths of chronic disease depends upon constipation; purity of air and purity of aliment were essential to the treatment of disease. The latter part of this century has been marked by the first advance in diagnosis, resulting from the proper use of the stethoscope, microscope, laryngoscope. The author concluded his paper by expressing a hope that the labours and researches of the president would throw great light on many questions at present involved in great obscurity. A warm discussion then commenced. Dr. Camps, in referring to cholera, said, that the treatment by purgatives was not good. Dr. Cholmeley thought that if in the present day we do not purge as formerly, we still have great regard for the healthy alvine evacuations.

Mr. **Roger Harrison** related cases showing the innocuousness of annual bleeding.

The **President** thought with regard to diet in certain cases, that, for example, in diabetes treated without stout, he had known the most disastrous consequences ensue; he believed the abuse of alcohol was terrible, and that the lancet never did one tithe the harm. Mr. Royes Bell agreed in a judicious use of stimulants. Mr. Hunt having replied, the meeting adjourned.

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ARMY MEDICO-CHIRURGICAL SOCIETY OF PORTSMOUTH.

NOVEMBER 4TH, 1868.

Deputy Inspector-General Dr. C. A. **Gordon**, C.B., in the Chair.

Surgeon Perry, Royal Artillery, brought before the Society the details of two cases of

PLEURO-PNEUMONIA,

followed by Hydrothorax and Empyema, which had occurred in his practice, with the means of showing the importance of resorting to surgical measures in such cases as a means of prolonging life.

The first case was that of a soldier who was attacked with pleuro-pneumonia, followed by great effusion, not yielding to ordinary treatment. His symptoms became so urgent that there was no hope of doing him good except by puncturing his chest. This was accordingly done, and 44 oz. of pale green-coloured pus evacuated with the greatest relief. In a week from the date of the paracentisis being performed, the partially cicatrised wound opened during a fit of coughing, and 73 oz. of similar fluid flowed out. The wound was closed, but in another month the operation had to be performed, when 50 oz. were withdrawn. The cicatrix subsequently broke up again, giving exit to from 8 oz. to 10 oz. a-day. The man's life was prolonged for at least three months by the operation, and during that time more than 300 oz. of pus were evacuated.

The second case was that also of an artilleryman, who suffered from the same disease, and whose chest was punctured six times in as many months, the quantity evacuated at each operation varying from 48 oz. to 84 oz., but at one time amounting to as much as 210 oz.! Upon the last operation being performed, a paroxysm of very severe coughing took place, and, in spite of all endeavours to prevent it, a quantity of air was sucked into the pleural cavity. Spontaneous breaking-up of the freshly-formed cicatrix soon followed, but by careful nursing he was kept alive for three months longer. During this time from 10 oz. to 11 oz. of pus were secreted daily, and a period of very nearly nine months elapsed between the first evacuation of the fluid to the fatal termination of the case. In that long period more than 1500 oz. of sero-purulent fluid were secreted and evacuated!

The autopsy of the first case elicited no particular point of pathological interest, except as regarded the pyogenic pleural membrane and the collapsed and carnified condition of the lung; but in the last, with these same conditions, there were discovered miliary abscesses in the kidneys, spleen, and remaining lung, whilst the interior of the mesenteric glands were also full of puriform matter. These abscesses bore the greatest resemblance to those of tubercle, but were evidently due to pyæmic poisoning from the affected pleura.

Assistant-Surgeon **Maunsell**, R.A., read a paper on

MORTALITY IN INDIA ACCORDING TO TEMPERAMENT.

In his experience the sanguine and bilious were the two temperaments which came most prominently before the medical officer in India. Fevers (intermittent and remittent), dysentery and hepatitis were seen among men of dark complexion, sallow face, or of bilious temperament; but men of sanguine temperament (fresh complexion, light hair, and blue eyes), though very liable to be attacked by the diseases of the country, the affections were in them less severe and their effects more transient.

Europeans landing in India fresh from England bring with them a stock of nervous force and vital energy which act as protecting powers. The longer they remained in the country the more their innate powers of resistance gave way, the balance turned, diseases by which they are affected take on an asthenic character.

He produced a list of sixty-two cases of hepatitis terminating fatally. The patients had been admitted to the hospital of the 10th regiment during fourteen years; twenty-one of these cases were of the bilious, and forty-one of the sanguineous temperament.

He considered the subject very interesting, as the choice of men for foreign service greatly affected the efficiency of a regiment on its going abroad.

Assistant-Surgeon **O'Leary**, Hon. Sec., read a paper by Dr. **Clarke**, R.A., on a case of

MALINGERING,

the subject of which (a soldier in the battery under his medical charge) persistently continued in his endeavours to feign disease, but was eventually, not only detected, but tried, convicted, and punished for the offence, and was, at the date of the report, in the performance of his duty.

Dr. **Lamprey**, 67th regiment, gave the history of a case which served to illustrate the liability of a mistake being made in supposing a man to be feigning disease, though at the time he might be labouring under most serious illness. The case was that of a soldier of his regiment who had been for some time under treatment for rheumatism, and as he persisted in his inability to perform his duties, and no treatment had made any improvement in his case, he was brought before a medical board for invaliding, but was by it remanded for further treatment. While in hospital, after being rejected by the board, the signs of aortic aneurism were first suspected, although there was doubt as to the existence of this disease, the indications being remarkably obscure. Death shortly occurred, and the *post-mortem* examination revealed the existence of an aneurism of the transverse, and commencement of the descending portion of the arch of the aorta, with erosion of the bodies of the last cervical and two first dorsal vertebræ; showing evidently that the disease had been for some time in existence, and, at the same time, pointed to the origin of the pains which caused his disease to be classified under the head of rheumatism.

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MEDICAL CLUB.

An adjourned general meeting was held at the Club on Friday, Nov. 13th, 1868, Sir William Fergusson, Bart., in the chair. The following report of the Committee and the new and amended rules were unanimously adopted.

The Committee report that as the Club was originally started on the express understanding that the members should not be liable for any debts incurred in carrying it on, they are advised that this principle cannot be departed from without entirely changing the constitution of the Club, and they strongly recommend that no alteration should be made in this respect.

New and Amended Rules.

1. That a general meeting of the members shall be held at the Clubhouse, on the second Wednesday in October in every year. Any member having a proposition to make at the said meeting, must send in the same signed to the honorary secretary, twenty-one days prior to the day on which the meeting is announced to be held, so that due notice thereof may be given.

2. The Committee may, whenever they think fit, and they shall, upon a requisition made in writing by not less than ten members, convene an extraordinary general meeting.

3. Any requisition made by the members shall express the object of the meeting proposed to be called, and shall be left at the Clubhouse, addressed to the honorary secretary.

4. Upon receipt of such requisition the Committee shall forthwith proceed to convene an extraordinary general meeting, to be held at the Clubhouse. If they do not proceed to convene the same within twenty-one days from the date of the requisition, the requisitionists or any other members amounting to the required number, may themselves convene an extraordinary general meeting.

5. Seven days' notice at the least, specifying the day and hour of holding any such extraordinary meeting, and the nature of the business to be transacted thereat, shall be given to each member by circular sent through the post, and such notice shall be deemed to have been given when posted.

6. The Committee shall consist of eighteen members. The present members shall continue in office until the next general meeting. At the next and every subsequent general meeting, one-third of the members of the Committee for the time being shall retire in rotation, but be eligible for re-election. At the first meeting after their election, the Committee shall appoint one of their number as chairman.

7. The members at the general meeting shall elect by ballot a like number of persons to fill up the vacancies caused by such retirement as aforesaid.

8. Any casual vacancy occurring in the Committee may be filled up by the remaining members thereof, if they so think fit, but any person so chosen shall retain his office so long only as the vacating committeeman would have retained the same if no vacancy had occurred.

9. The Committee shall have power from time to time to make such bye-laws as shall appear to them necessary for the good government of the Club, the same to be confirmed at the next general meeting.

To enable the Committee to make arrangements for the continuance of the Club without increasing the subscriptions of the original members, or rendering them liable for any debts that might be incurred in carrying it on, it was decided to establish a guarantee fund for the next two years to meet any excess of expenditure over income that might arise. A list of the subscribers to the guarantee fund was presented, and included 125 names, representing about £300.

Several members expressed a confident opinion in the continued success and prosperity of the Club. It was unanimously resolved to make it in every respect worthy of the profession, and as soon as possible to place it upon a much more enlarged basis, either on the principle of the ordinary Committee clubs or under the provisions of the Joint Stock Company's Act.

A vote of thanks to the Chairman was carried by acclamation.

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Correspondence.

MEDICAL REPRESENTATION IN PARLIAMENT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In the article from the *Times*, which you quote in your leader last Wednesday, there are several errors, and as they might mislead your readers I write to contradict them. The writer states that the subscriptions to Sir D. Corrigan's election fund amounts only to £1,135 12s. That was then the sum subscribed by the profession alone; in addition over £3,000 were subscribed by the political supporters of Sir Dominic. That the medical subscriptions exceeded £3,000 was never stated by any one except the *Times*' correspondent himself, in his previous letter.

It is next stated that the Council of the Irish Medical Association "declined to convene a general meeting to promote Sir Dominic's return, on the ground that the rules would not warrant them in doing so. A form of resolution was cleverly drawn up to avoid the objection, and it is said the zealous friends of the baronet almost carried it by a surprise. After some members, who thought the matter had been disposed of, had gone away, the motion was brought on in a new shape, and was rejected on a division by a majority of only one vote." The errors in the above few sentences will be displayed by the following relation of facts:—I proposed that the Council should call a meeting for the purpose of aiding the return of a medical representative (Sir D. Corrigan's name was erroneously introduced into the minutes). The Chairman and Secretary informed me that the President only could summon the Association, but that the Council could call together the whole profession. I therefore substituted the word "Profession" for "Association" in my resolution, which was negatived by a large majority. No member left the room from the moment I introduced the matter until the meeting broke up. After an incorrect description of the meeting in the Molesworth place Lecture Hall, the correspondent reports that "another meeting was held simultaneously in another place to protest against it," and this has been the only public intimation that such an opposition meeting was to be, or was, held.

The constituency of Dublin exceeds 12,000, yet so evenly balanced are the opposite parties that it has happened that Sir D. Corrigan was defeated by just the number of votes which certain of his professional brethren recorded against him for one political reason.

However, nearly three hundred medical men laid aside general politics, and by their influence and subscriptions strove to return to the House of Commons that man, who, of all others, would have been the ablest advocate of their profession, as well as of great sanitary reforms, which are most inefficiently dealt with in that assembly.

The deep anxiety which was felt on the subject throughout the entire country will be apparent from the letters of several practitioners, which, together with a report of the public meeting and the subscription list, will be this week published in pamphlet form by the treasurers to the fund.

Yours faithfully,
E. D. Mapother, M.D.

125 Stephen's green, Dublin.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—As it is only right that honour should be given where honour is due, I think it right to say that the method of dividing the perineum in the last stage of labour, usually ascribed to Dr. Beatty, is really the suggestion of *Butignot*, as may be seen by reference to page 340, Year-book of the Sydenham Society 1859, in which he recommends, in cases where laceration is apprehended, incisions to be made on one or both sides. The latter plan I tried lately with great success, and think it preferable to dividing one side only. The head was delivered almost as soon as the incisions were made.

I am, Sir,
Yours obediently,
J. M.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—You would much oblige by inserting the following remarks in the next issue of the Medical Press and Circular:—

It is now full time that the case of Poor-law Medical Officers, as to extra remuneration and retiring annuities, should be decided on; and, in addition to such, I would say permanency of appointment. At present the Poor-law Medical Officer in Ireland may be compared to the farmer who holds land without a lease from a bad landlord; or it may be from a good one influenced by a bad agent. Their position is one of uncertainty, insomuch that, I say with regret, there are amongst members of Boards of Guardians men without conscience, without principles, who are turned as chaff before the wind by other members more independent, or who may have control over them. Such become from the start opponents to the Medical Officer, and can worry him at their pleasure by issuing tickets to trivial cases, at all hours and in all seasons. What, therefore, is the means of defence for the Medical Officer? The only one is permanency of appointment. But it may be said—If Poor-law Medical Officers' appointments be made permanent appointments, how are the poor to be guarded if the Medical Officer chooses to neglect them in their illnesses? The remedy, I would say, and the course to be adopted ought to be: at the appointment of any Poor-law Medical Officer it should be distinctly agreed upon that he would be liable to a fine of £10 or £5 for each neglect in the discharge of his duty to the poor, which neglect be clearly proved before a full meeting of the Board of Guardians of the union to which he is attached.

Yours faithfully,
Ulysses Fitzmaurice, L.R.C.S.I., L.K.&Q.C.P.I., &c.,
Physician to the Listowel Dispensary.

CHILBLAINS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—This being the seasonable time for *chilblains*, I beg to offer for insertion the following formula. It will be found satisfactorily effectual in relieving the irritation, and, as far as my experience has gone in its use, speedily curative. It must be freely applied with a camel's-hair brush.

℞ Liniment. aconiti, ʒii.
Acid. carbolic, gtt. iv.
Collodium *flexile*, B. P., ʒiv. ℳ

I am, Sir,

AZYGOS.

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THE SOCIETY OF ARTS.

The One-Hundred-and-Fifteenth Session of the Society of Arts commenced on Monday the 23rd of November, when the opening Address was delivered by Lord Henry G. Lennox, M.P., Chairman of the Council.

The following are the dates of the Wednesday evening meetings, the chair being taken at 8 o'clock :—

1868.	November	—	—	23	25	
,,	December	2	9	16	23	—
1869.	January	—	—	20	27	
,,	February	3	10	17	24	
,,	March	3	10	17	—	31
,,	April	7	14	21	28	
,,	May	5	12	19	26	
,,	June	—	—	—	—	30

For the meetings previous to Christmas, the following arrangements have been made :—

November 25.—"A Glance at the Past and Present of the Society of Arts, with some Suggestions as to the Future." By S. T. Davenport, Esq., Financial Officer of the Society.

December 2.—"Further Notes on the Productive Industries of Natal." By Dr. Mann, Superintendent of Education and Special Commissioner for the Colony.

December 9.—"On the Theory of Boiling, in connection with some Processes in the Useful Arts." By Chas. Tomlinson, Esq., F.R.S., F.C.S.

December 16.—"On Artificial Freezing." By Dr. B. H. Paul.

December 23.—"Description of the Electric Organ." By Henry Bryceson, Esq.

The first course of Cantor Lectures for the ensuing Session will be "On the Aniline or Coal Tar Colours," by W. H. Perkin, Esq., F.R.S.

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Medical News.

UNIVERSITY OF LONDON.—The following are lists of Candidates who passed the respective examinations indicated :—

Second M.B. Examination.—Pass Examination.—*First Division.*—Tempest Anderson, B.Sc., Charles Dorrington Batt, Joseph Birt, Reginald Eager, Frederick Harry Haynes, Henry Charles Hilliard, Daniel John Leech, Thomas Richardson Loy, John Makens, George Vivian Poore, William Aslept Richards, John JamesRidge, B.A., B.Sc., Frederick Taylor. *Second Division.* — William Turberville Buckle, Edward Bowles Crowfoot, Alexander Paul Fiddian, George Arthur Kenyon, John Wreford Langmore, Jeremiah McCarthy, M.A., Dublin, John Sanderson Wyman, Isaac Burney Yeo.

CHLOROFORM.—Chloroform can best be preserved by the addition of half to a whole part of alcohol. Light will then not decompose it. If pure, it will not alter the colour of dampened litmus paper. If free from chlorine, it will not blue paper dampened with the iodide of starch. When mixed with one part of alcohol, its specific gravity is 148° at 17.5° Cent.—Rump, in *Central-Blatt für die Medicinischen Wissenschaften.*

WE are requested by the Publishers of the *Quarterly Journal of Microscopical Science*, to state that that Journal will continue to be published as usual by the Messrs. Churchill, and edited by Dr. Lankester and Mr. E. Ray Lankester. The only change consequent upon Dr. Lankester and Professor Busk ceasing to edit the Transactions of the Royal Microscopical Society will be that the Transactions of that Society will not be published separately in the pages of the Journal.

HUNTERIAN MEDICAL SOCIETY OF EDINBURGH—INTRODUCTORY ADDRESS BY THOS. GRAINGER STEWART, ESQ., M.D., F.R.S.E.—The introductory address for this session was delivered in the Logic Class-room of the University, on the evening of Friday last, by Dr. Stewart, Edinburgh. John M'Nab, Esq., M.D., F.R.C.S.E., occupied the chair, and introduced Dr. Stewart to the meeting, who delivered an able address on the "Life and Labours of Edward Jenner," the discoverer of vaccination. There was a good attendance of students and medical practitioners, and frequent cheers were elicited from the audience during the delivery of the address. Dr. Black, honorary president of the society, intimated that two medals were offered, one from Dr. M'Nab, and another from Dr. Messer, for the two best dissertations given in at the end of the session on medical subjects to be announced at next meeting. Votes of thanks were awarded to Dr. Stewart and the Chairman, which were heartily accorded, when the proceedings were brought to a close.

THE number of medical students pursuing their studies at the different schools in London and the provinces amounts, according to a reliable return, to 1478. Of these 284 are studying in the provinces—at Birmingham, 72 ; Manchester 63 ; Leeds 32 ; Liverpool, 30 ; Newcastle, 27 ; Bristol, 20 ; Cambridge, 17 ; Sheffield, 13 ; and Hull, 10.—*Standard.*

EDINBURGH UNIVERSITY.—The polling for the two candidates nominated for the Lord Chancellorship of Edinburgh University terminated on Friday, and the result was on Saturday declared to be as follows :—For the Lord Justice-General, 1,780 ; for the Right Hon. W. E. Gladstone, 1,570 ; majority for the Lord Justice-General, 210.—*Times.*

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NOTICES TO CORRESPONDENTS.

DR. RUMSEY ON PUBLIC HEALTH.—Our last issue contained, in the form of a supplement, the first portion—revised by the author—of his Address as President of the Health Department of the Social Science Association at its recent Birmingham Congress. [It was followed by a paragraph which had been accidentally omitted by the printer from the concluding portion, published Nov. 11th.] We adopted this plan in order that our readers might be furnished with a complete *verbatim* report of this important Allocution.

We shall be happy to forward copies of this journal for October 28th, November 4th and 11th, containing the subsequent portions of the Address, to those new subscribers who commenced after the first-named date.

DEAR SIR,—In your next publication will you be good enough to name a standard work on professional etiquette, and to advise the proper line of conduct under the following circumstances.

A is called upon at a late hour to visit a patient living some miles distant from his residence. After prescribing, &c., for the patient, he is told that B had been sent for some hours previous, but that the messenger had returned, stating B was from home, and his return uncertain. As A is leaving B arrives, having been sent for by his servant, who states he was so desired by the messenger. B declines taking charge of the case, but leaves it in A's hands. Now, how should A act ; should he resign the case? I enclose my card, and am,

Yours obediently,
"SPERO."

⁂ WE are decidedly of opinion that inasmuch as A was placed—in consequence of the absence from home of B—in charge of the case, and undertook the responsibility without having been informed that B had been sent for, he is not called upon to deliver over the charge of the patient to B. In large towns such *contretemps* are very usual, and we are not aware that it is usual for the practitioner in attendance to retire in favour of the surgeon who may have been first sent for. If the case had been previously in the charge of B, the circumstances would be altered, and we think it would not be good taste for A to avail himself of the chance of B's absence to take the case out of his hands.—ED. MEDICAL PRESS & CIRCULAR.

DR. W. GRIMSHAW ON A NEW SPHYMOGRAPH.—We have given the illustration to the engraver ; when this is executed, a proof of the whole shall be sent you.

DR. CAMERON.—Thanks. In our next.

TO OUR SUBSCRIBERS.—Those gentlemen who have not paid their subscription for last year, are respectfully requested to do so without further delay.

TO OUR CONTRIBUTORS.—In consequence of the great pressure upon our space, we must ask the indulgence of those who have kindly forwarded us papers for insertion. In thanking them for these contributions, some of which are of great practical value, we beg to assure them of their appearance in our columns as early as possible. The last few weeks we have given four or eight pages extra, and we hope this will be accepted as an earnest for the remainder.

APPOINTMENTS.

HOLMAN, J. R., ESQ.—Promoted to Staff-Surgeon in Her Majesty's Fleet.

BLAKE, C. CARTER, DOCT. ES SCIENCES, F.G.S., HON. F.A.S.L.—Lecturer on Comparative Anatomy and Zoology to Westminster Hospital School of Medicine.

BOOKS, PAMPHLETS, &c., RECEIVED.

Operations for Cicatrices after Burns. By J. H. James, F.R.C.S. London: John Churchill and Sons.

A Handbook of Uterine Therapeutics. Third Edition. By E. J. Tilt, M.D. London : John Churchill and Sons.

Lectures on Surgery. By J. Spencer, F.R.S.E. Edinburgh : A. and C. Black.

Address on Institutes of Medicine. By G. Aitken Meigs, M.D.
New York Medical Journal.
The Medical and Surgical Reporter.
Boston Medical Journal.
Journal de Médicine.
New York Medical Gazette, &c., &c.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 2, 1868.

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Introductory Lecture.

JERVIS STREET HOSPITAL.

LECTURE INTRODUCTORY TO THE COURSE OF MEDICAL AND SURGICAL CLINICAL INSTRUCTION, 1868.

BY S. MACSWINEY, M.D.,
Physician to the Hospital.

GENTLEMEN,—To-day, when I am opening the Winter Session of Clinical Instruction in this Hospital, I beg leave, on behalf of my colleagues and myself, to offer to all our young friends here who occupy the students' benches—both those who now, for the first time, enter upon the study of medicine, as well as those who, after an interval of repose, have resumed their labours in this field of knowledge—our hearty welcome and good wishes for their success. And I take the opportunity afforded me when thus greeting them, to say that it shall ever be our anxious desire here to give all friendly assistance in our power to the beginner, to whom everything appertaining to his profession is, as yet, strange and unknown, as well as to encourage and help on the more advanced student, who is

> "Stepping from hindrance on to hindrance,
> As a boy crosses, on the stones, the streams."

But, gentlemen, I at once admit that Introductory Lectures are at last going out of fashion; it is no longer possible to invest them with a pleasing novelty, and eloquence itself would, for the most part, fail to add a fresh charm to threadbare platitudes more than "*decies repetita.*" Still, I should regard the total abandonment of a time-honoured custom, which periodically brought the teacher and student face to face for friendly and familiar talk, as an event to be regretted, and I would fain hope that the preliminary discourse which, in former years, used to usher in with changeless regularity the winter's work for the medical pupil, may—though doomed to final extinction—yet awhile, with its pleasing accompaniments and reminiscences, linger amongst us. And if, in coming forward to address you on this occasion, I distrust my own powers, and lose confidence in the success of my undertaking, I may well be excused when it is remembered how many great physicians and surgeons, the pride and ornaments of the profession in this city, have spoken before now to applauding audiences of students from the very place where I stand. But a consciousness of the generosity of my hearers sustains me, and I feel emboldened to speak out what I have to say, in howsoever poor attire I may clothe my thoughts, from a knowledge that the genial and friendly instincts of those who listen to me will overlook the shortcomings of the speaker, out of regard to the good faith and sincerity of his speech. The study and practice of medicine to which you have devoted yourselves, gentlemen, is one of the noblest and most unselfish of human occupations upon which the intellect can be employed. It is, of all professions, that one in which there never arises any question of class, creed, country, or race—in which there is never to be found a taint of distinction, in its beneficent application, regarding the subjects of its ministrations. Its sole end and aim is to solace the anguish and relieve the physical pain of suffering fellow-creatures. It has been styled a "God-like profession," and Cicero, in the famous oration, when pleading to Cæsar for Ligarius, exclaims, "*Homines, enim, ad Deos nulla re proprius accedunt quam salutem hominibus dando.*" Whilst adopting as our motto these imperishable words of the great Roman Orator, we must still never forget that the province of the medical profession is "the physical nature of man, and its object is the preservation of that physical nature in its proper state, and its restoration when it has lost it. It limits itself, by its very profession, to the health of the body;" with the higher science, affecting man's moral and religious nature, it has absolutely nothing to do. Employing itself alone, as a science, about that which relates to the body, it has, in our day, attained to a very eminent position. The difficulties which had to be overcome before medicine was brought to its present proud state were enormous—something commensurate with the greatness of the ends which it aspired to accomplish. And though it has many conquests yet to make, its triumphs have been numerous and brilliant. I may be permitted to adduce a very few examples confirmatory of this statement. Medical science has, through the agency of Edward Jenner, of deathless fame, furnished us with the knowledge of the protective power of *vaccination*, whereby, as has been computed, three years have been added to the duration of human life. It has discovered an agent by whose action the living body is rendered insensible to pain during the performance of the most formidable surgical operation. It has pointed out to us the means by which the spark of life, well nigh extinguished in the recently drowned, or suffocated, may be re-kindled—the lamp of life, as it were, relit—and the breathing, which had for the time been stopped, may, under its wise guidance, be re-established. Under its teaching, which occupies itself solely with the physical nature of man, skill may now be obtained whereby, when well applied, to cause the lame to walk, the blind to see—nay, even sometimes the deaf to hear. And other triumphs, we may be sure, are still in store for it—for medicine is ever progressive—ever moving forward—surely and proudly to its goal. Probably the question most frequently discussed respecting the profession of medicine is, "Is medicine an art merely? or is it a science, like mathematics or chemistry?" The correct answer I take to be that it partakes somewhat of the properties of both—that it is no longer exclusively the *"ars conjecturalis,"* which Celsus declared it to be, but that, in some respects, it nearly approaches, and in others has actually attained to, the proportions of a strict branch of knowledge. Take chemistry, as a good example of a pure science. When the chemist intentionally adds a certain reagent to a known solution, he is aware that a definite, constant, and infallible decomposition will take place; it always does so. In like manner, whenever the physician treats a specific disease with a specific remedy, and that a certain known result, say the cure of the malady, invariably follows, (and there are instances of this kind of case to be met with in the practice of medicine,) his profession obeys, thus far, the requirements of the definition of a science, and may be stated to be one to that extent. For, in this supposed case, an exact knowledge of the injury, and an exact knowledge of the means whereby it may be cured, is assumed. As examples, may be cited *quinia* in intermittent fever; *lemon-juice* in sea scurvy; *iodide of potassium* in certain specific states of the bony and fibrous tissues; *sulphur* in scabies; *opium* in wakefulness; and some others of a like nature. But when, as is much more commonly the case, the physician is not absolutely certain as to the cause of the malady, and, moreover, is not acquainted with any one remedy which will invariably cure the disease, then he can only claim, on such an occasion as this—where diverse views may be maintained—the character of an art for his profession. And this art consists in the skilful use of all the means at his disposal for arriving at a correct diagnosis of the disease, and the expert and judicious use of the remedies known to exercise a beneficial effect upon its progress. It may well be your high ambition, gentlemen, to endeavour, by discoveries the results of strict investigations, to take from medicine some of its characters as a mere art, and add to its claims to be considered a science. The young recruit who desires to enrol himself in the ranks of a profession wherein those who have preceded him have achieved such successes as these just now briefly indicated, may well feel proud of his adopted art, and must, naturally, wish to know after what preparation, and in what mood of mind, he should present himself for reception as one of its votaries. Obviously the study, at once so arduous, and so full of interest, of a profession whose aim is so high, and whose ends are so sublime, as are those of medicine, should be approached in the manner best calculated to fit the cultivator of this science for the elevated position to which he aspires. And, therefore, it is, gentlemen, that I propose now to make a few observations directly bearing upon this particular preliminary preparation of the student of medicine.

The subject of the preliminary education of youths intending to study medicine has lately attracted an unusual degree of attention, and attempts have been made to render it more befitting the requirements of so important a profession than heretofore it has been. The following remarks express the opinion of a committee on preliminary education, who have lately reported to the General Medical Council:—

> "It is quite apparent that the defects which require to be remedied in the education of students of medicine are to be found less in the subjects of professional study than in provision for that preliminary mental culture which would enable the student to grasp, with vigour, the various intricate and complicated sciences on which medicine is founded, or with which it claims affinity."

From all sides the opinion is expressed that the student of medicine should not enter upon the acquisition of the more strict knowledge of that profession until he had first fitted himself in some measure for his task, by a far more extensive and sound general knowledge than heretofore it was the custom for him to possess. And this appears to be pre-eminently reasonable and just, for surely it is not too much to require that the student of medicine should be equally well-cultivated in all the branches of knowledge, and have received as liberal an education, as the lawyer, the diplomatist, the political economist, the merchant. It cannot be denied that hitherto this has not been the case, and the fact must be admitted that, up to the present time, the student of medicine has entered upon his studies from a lower intellectual stand-point than is assumed by those who attach themselves to the other professions. That a knowledge of the Greek and Latin Classics should be acquired by the young man who intends to study medicine, I hold to be essential. On this account it follows that an academical education would appear now to be indispensably necessary for him, for by this means the mental faculties are disciplined, the reasoning powers strengthened, and a familiarity with the unrivalled beauties of the classical tongues acquired. When we reflect that all knowledge formerly was locked up in Greek and Latin stores; that all scientific nomenclature is, as yet, drawn from classic sources; and that the physician still directs the remedies that are to assuage the patient's sufferings in the noble Latin language, we cannot fail to be impressed with the conviction, derived from these and other considerations, that an acquaintance with Latin and Greek should still be insisted upon in the student of medicine. But for the future, undoubtedly, a greater prominence than ever before prevailed must be given in the preliminary education of the student of medicine to the cultivation of the sciences, in order that he may clearly apprehend the scientific foundation on which alone the art of healing now depends. In fact, a scientific knowledge may be declared to be now a *sine quâ non* to the student of medicine. For example: an inspection of many of the more recent medical works will serve to show how necessary to the pupil the knowledge of *Elementary Mathematics* is, seeing that it is becoming daily more and more the custom to express various physiological or pathological facts by *Equations*. Moreover, most, if not all, the appliances of the art of medicine are derived from, or dependent upon, the physical sciences. Such are the *microscope*, the *ophthalmoscope*, the *endoscope*, the *laryngoscope*, and many more; so that, in fact, he who has a preliminary knowledge—that is, a knowledge acquired previously to entering upon the strict study of medicine—of natural history, natural philosophy, chemistry, botany, will always possess great advantages over the student unacquainted with these subjects, and may fairly calculate upon winning thereby high honour in his classes, and future good position and fame.

This much I deemed it right to say as to preliminary education; I would now offer a few remarks upon the actual commencement by the pupil of the study of medicine. The first act, according to the new rules, of the young man about to enter now upon the difficult study of medicine, is the very important one of placing his name on the Register of the General Medical Council. The fact of his name being found on the Register shows that he has already passed a satisfactory preliminary examination; and it serves, moreover, the highly important purpose of fixing the date of his formal commencement of his medical studies. His next act is to attend lectures, and also to study disease at the bedside, in all its complex and wonderful varieties of form, as met with in the wards of a medical and surgical hospital. Now, with regard to lectures, there are many signs that a change respecting their number and position in the medical curriculum is imminent. There is a growing tendency to reduce the number of lectures. For the most part, ordinary medical lectures are only useful, and only used, for the purpose of enunciating the general principles of the subject to which they relate; whilst to practical or demonstrative studies, is committed the working out of the several and varied details of these different subjects. This being so, it is easily conceivable that the lectures required to be attended may be so numerous as not to leave time enough for the acquisition of the more practical and more important knowledge. And this is actually what is alleged to maintain. It is said—and to me the statement seems reasonable—that it is unjust and objectionable to demand of the student duplicate certificates for any course of lectures whatsoever; and it is proposed that he be no longer required to attend more than one course of the same lectures on the same subject. For the lectures thus suggested to be reduced, it is recommended to substitute *practical teaching;* such, for example, as may be found in the wards, and in the out-patient department of a hospital. And here the question rests at present; nothing has been finally determined upon, but we may fully expect that in the future legislation affecting the professional education of medical men, some considerable alteration of the present requirements will be made in the direction I have indicated.

But the final examination is the point of chief interest to the medical student; in this, as at present conducted, clinical examinations in medicine and surgery occupy a new and very important place. These examinations are real and undoubted tests of knowledge, and in order to acquit himself creditably in them, the student will now require to pay greater attention than ever before to the observation of disease at the bedside, to the acquisition of the elements of diagnosis, and of the knowledge of the correct treatment of disease. Here it is that clinical teaching in a medical and surgical hospital renders such invaluable service. The other methods of instruction of the medical pupil are comparatively elementary. Clinical teaching is the summing up and practical application of all knowledge previously acquired at lectures. Clinical teaching, properly conducted and trustingly received, is the method by which medicine is best studied; it is, indeed, that one mode which is at the same time most calculated to advance the knowledge of the physician, and most likely to result in the amelioration of the patient. This method of instruction will also impart to the student a sound practical medical knowledge, and will alone afford him the certain means of recognising and treating disease when suddenly confronted with it. This is the kind of knowledge, gentlemen, which we undertake to communicate to you here, if only you be willing to receive it; a knowledge which in medical and surgical clinical teaching, is like that which experimental courses in the sciences afford. The first duty of the hospital physician or surgeon is to minister to the suffering poor; but he has to perform another and scarcely less important function in advancing—through the means afforded by his institution—the cause of medical science and education. This is the view which for years has governed the medical staff of this hospital in its relations with the medical scholars who have been in the habit of attending the practice of the hospital. By the faithful carrying out of this plan great advantages have resulted to the public, from the valuable practical teaching communicated to the pupils by the many eminent medical men who from time to time have been attached to this hospital. The hospital has long enjoyed a high repute as a school of medicine and surgery; its class of students has always been a numerous, often a large one. A considerable number of those former students are now scattered over different parts of the globe engaged in practice, some of whom have acquired well-merited distinction and eminent success, and all of whom apply to the relief of suffering humanity the sound and practical lessons which they learned in this institution.

I will not here follow a plan often adopted on occasions like the present, the habit, namely, of stringing together a number of suggestions and recommendations to the pupil as to the mode in which he should conduct his studies, and the demeanour which he should observe in his general conduct. Your own instincts, and the exercise of your reasoning and perceptive powers, will soon make clear to most of you, how alone, with chance of profit or credit, the science of medicine is to be wooed and won. A just appreciation of the nobility and dignity of the profession you have selected will cause you to estimate it correctly, and serve it honestly, even though it may not bring great wealth or high worldly honour to its cultivators. Whilst, therefore, I would express an earnest hope that you will act all through your studies as becomes good Christians and true gentlemen, I do not believe that any benefit would result from a detailed enumeration of the several rules of good conduct which the student should follow, of the dangers which he should shun, of the dispositions with which he should be animated. All advice respecting mode of work, care of health, choice of companions, is, at this time of your day, old and stale; you have, most of you at least, heard it all before; to the well-disposed and industrious student its re-inculcation is unnecessary; whilst on the idle, the mischievous, or the indifferent, it would fall, howsoever eloquently or forcibly propounded, without any effect. You have cast in your lot with those who cultivate medicine in a high and worthy spirit, and you propose to practise a profession by which, if followed honestly and conscientiously, though no great worldly prizes may be grasped, at least signal benefit may be conferred upon the health and happiness of those patients who may be entrusted to your care. Would that my weak words could arouse and confirm in your minds a noble determination to so bear yourselves as to become truly worthy of so great, so exalted a profession. For success in this profession, the possession of certain qualities is essential. Amongst these are honour, truth, high principle, energy, industry, quick and cultivated intellect. You will require to work hard, for in order that your future labours may be fruitful of good, your present work must be severe and true. Medicine is peculiarly the profession where emergencies arise. A medical man has, usually, no time for reflection or for reference to authorities on those occasions when his services, medical or surgical, are called into requisition. Hence it is that he has pre-eminently the most urgent need of a highly cultivated condition of his various senses, and a well-ordered state of his reasoning powers.

To him, also, above all others, the ready hand, the trained eye and ear, and the power of rapidly applying conclusions from previously acquired data, are indispensable, if he would carry out efficiently all the behests of his high calling. I would impress upon you, gentlemen, and reiterate even to tediousness, the advice to follow closely, and to observe well, the cases of sickness to be met with in the hospital beds. To understand the symptoms he will observe, and all their significance, the student requires to be a good anatomist; for to him who is well informed in anatomy the body is, as it were, transparent; he knows to a nicety the situation of the various internal organs, hidden though they be from the natural eye. He who aspires to be a sound practitioner should have first studied the natural appearance and healthy action of the various parts and organs of the body, before he applies himself to the comprehension of its pathological states. For it is by a perfect acquaintance with the condition of the healthy structures that he can best hope to recognise the deviations induced by disease. I recommend you to *note* the cases of unusual interest that you may meet in the wards. I by no means desire to advise you to make voluminous histories of each patient's condition. This would be but to encumber yourselves with a greater load of material than you could carry. What I inculcate is that you should make short, clear, and precise "memoranda" of the salient points in the more remarkable cases by way of *records*, to be afterwards referred to. This is what I mean by "note-taking." It is a useful custom, approved both by reason and experience; and the knowledge acquired by the habit of committing to writing the particulars of cases, and one's own ideas, or the remarks of the teacher upon them, is, you may be well assured, both valuable and durable.

Finally, I would urge upon every true student to follow, as often as the opportunity is afforded him, to the dead-house the bodies of those who have succumbed to disease. In this way alone can the *diagnosis* be tested, the history of the case rendered complete, and an accurate and durable impression be left, through the unerring eye, upon the mind.

In conclusion, gentlemen, I beg leave to say to you, before we part, that upon yourselves will mainly depend the amount of advantage you shall derive from your attendance on the practice of this hospital. In the pursuit of one's medical studies, as in all the concerns of life, the one true way by which success, prosperity, and fame are to be obtained is narrow, uninviting, and beset with many difficulties. You must be prepared to apply your own reason and thought to the observation and study of the objects and work you are engaged upon, not relying altogether or too much upon the teachings of any master. But, above all, you must ever preserve, in a high state of integrity, the healthy tone of your moral nature. As medical men you may often, in your after career through life, be the ministers of more than mere corporeal consolation; and you may have good reason to know the value of the "word in season"—

"Sunt verba et voces quibus hunc lenire dolorem
Possis; et magnam morbi deponere partem."

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Original Communications.

ON HEAT-STROKE.[1]

By C. Handfield Jones, M.B., Cantab., F.R.S.

(Continued from page 466.)

Our next topic is Etiology. It might be thought that this admitted of no discussion, regard being had to the nomenclature, but we soon find that this is not the case. Mr. Marcus Hill argues with much plausibility against heat being the sole and essential cause of the malady, from the very numerous instances in which soldiers and labourers have been exposed to extreme heat, solar or artificial, without suffering in this way. As an instance he cites a passage from Dr. Henderson's report, which states that a body of sappers and soldiers marched 75 miles, from Candahar to Yeriskh, and back again, after a halt of seven days, enduring intense heat and great fatigue, without having one man struck down by *coup de soleil*. The thermometer during the march stood at 120°; at Candahar, in the shade, it varied from 100° to 109°. Dr. Maclean also remarks that British sportsmen in India often pursue their exciting amusement in the hottest weather, but by using reasonable precautions they seldom suffer. He is fully alive to the influence exerted by other concurrent conditions, but says "that it cannot be doubted that heat, and speaking generally, heat long continued, is the true exciting cause of this formidable affection." This opinion we can scarcely hesitate to accept; nevertheless we ought not to leave unnoticed the strong resemblance which seems to exist between the operation of heat and malaria, as this has strongly impressed more than one able observer. Mr. M. Hill writes:—"It seems to me, as I have attempted to show, that there is probably a very close connexion between these attacks of heat-apoplexy and remittent fever, and there are indeed many good and substantive reasons for the assumption that it (heat-apoplexy) depends primarily upon a cause similar, if not identical with that which excites remittent fever." Mr. Bonnyman, writing nine years later than Mr. Hill, expresses his belief that further investigation will probably show that malarious fevers and heat-apoplexy are due to the same or to closely allied causes. He regards *heat* as the essential cause of the latter (differing herein from Mr. Hill), but thinks that the same is also often productive of periodic fevers. The facts which have arrested the attention of these observers may probably be accounted for on these grounds. Heat generates malaria—as a rule, the more heat the more malaria—it cannot therefore surprise us that the two influences should be commonly in operation together. Even where the soil is thoroughly dry, at least on its surface, malaria may be abundantly generated by heat, so that there are few places of which one can positively affirm that the generation of malaria is impossible. Again, heat, while generating malaria enables it to act at an advantage by enfeebling the resisting power of the body. Lastly, it seems scarcely doubtful that *both these agents* primarily affect the nervous system, and that in the same way, and operate on the other organs in great measure through its medium. Putting together these facts, it does not appear to me difficult to account for the views which I have above noticed.

The following history, cited by Dr. Maclean, may be referred to here as probably an illustration of the conjoined effects of heat and malaria.

On July 8th, 1853, a body of men, 1,200 strong, marched from Bevarloo to Hassell (about 10 miles). They started at 8 a.m. Only 500 reached Hassell in the evening; 19 perished *en route*, and a great number in a state of furious delirium were taken to hospital. It is a remarkable thing that the temperature on this occasion did not exceed 91° or 95°. Nothing so disastrous, Dr. Maclean says, occurred under an Indian sun during the time of the mutiny. In connection with this, M. Boudin observes that two well-known Egyptian astronomers, MM. Mahmoud and Ismail, who were in Brussels on that day, assured M. Quetelet that they suffered as much from a temperature of 87·2 in that city as from a temperature of nearly 122° in Cairo,—a fresh proof of the necessity of taking count of the quality of temperature.—Reynolds's "System of Medicine," vol. ii., p. 160.

Over the other causes, whose influence however is often most important, we may pass more lightly. They are in general the predisposing causes of fevers and many other diseases. Fatigue, foul air, intemperance, unsuitable dress, have all in various well-known instances manifested their fatal influence. They bear the same relation to the special cause, heat, as they do to the special miasm of typhoid or typhus fever. Certain other conditions of a less definite kind seem to contribute materially to the destructive effects of heat. Calm, sultry, oppressive weather appears to be more pernicious than bright and clear, though perhaps somewhat hotter. The beneficial effect of a thunderstorm has been several times observed. In the Report of the American Army, 1863, it is stated that cases of insolation were of very common occurrence during oppressively hot weather, the men being heavily laden with arms, ammunition, rations, &c., but a heavy thunderstorm swept across the face of the country, leaving behind it an invigorating coolness, which banished sunstroke from the ranks of the army for the rest of the season. Sir R. Martin alludes to the time when the strong

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[1] Read before the Harveian Society, 16th October, 1868.

S. W. monsoon ceases, and the sky becomes obscured by a film of dark, heavy, negatively electrified clouds, and the atmosphere hangs like a weight on the mind and body of the soldier, as that which is most favourable to the occurrence of epileptic seizures in India, and I presume of heatstroke also.

The pathology of this malady, if a single malady it is, is surely of exceeding interest. So much does it seem to link itself with many classical forms of morbid action, with various neuroses, fevers, and inflammatory congestion, that it is not too much to assert that if a full comprehension of the *modus operandi* of the morbid agents concerned in heat-stroke could be obtained, a flood of light would be shed over the whole field of acute disease. There are but two theories which seem to call for special notice. One is that advocated by M. Hill and Bonnyman, to the effect that the symptoms are the result of the poisonous action of retained Co_2, the elimination of which by the lungs is materially less in hot weather, while in heat-apoplexy not only do the other emunctories not make up by an increase in their functions for the deficient respiratory changes, but they themselves cease also in great measure to perform their depuratory offices. "When it is borne in mind how absolutely necessary for the welfare of the body, and even for the existence of life, the proper performance of the functions is, it cannot be matter of surprise that on the interruption of function of so many important organs as the lungs, kidneys, skin, and intestines, disease of a grave character should result." He dwells on the coincidence of the symptoms, as well as of the post-mortem appearances in slow poisoning by Co_2, with those met with in heat-apoplexy. I feel it difficult to give my assent to this view except to a limited extent, for the following reasons :—If the accumulation of Co_2 in the blood were the cause of the pulmonary engorgement which is so often met with, the causal condition being supposed essential, the engorged state of the lungs ought to be constant too, which we have seen it is not. It must also be remarked that very commonly the elimination of Co_2 from the system must be most materially checked, as when one lung is compressed by effusion, or both are locked up in asthma ; yet nothing like heat-stroke results. Slow poisoning by Co_2 does not seem capable of accounting for the event in such cases as Sir R. Martin mentions, where men riding in the open air fell off their horses vomiting, convulsed, cold, and covered with profuse clammy sweat ; nor, indeed, for any of the cases which run an acute course, whether of the cerebral or cardiac variety. It does not seem easily explained how the arrest of the elimination of Co_2 from the lungs (supposing it the primary alteration) is brought about. If it is in consequence of the air being rarefied by the heat, this ought to affect all alike, and besides ought to be much more felt by those who ascend high mountains or go up in balloons, who yet rarely, if ever, suffer as the heat-struck do. This argument seems to me to have the more weight because the elimination of Co_2 from the blood is essentially a physical process, not dependent on vito-chemical action as is the case with most secretions.

While not accepting this theory as giving an adequate explanation of the primary morbid changes, I think it nevertheless contains a modicum of truth, and I cannot doubt that the presence of retained excreta in the blood must tend materially to lessen the resisting power to morbific agents, and to intensify their injurious influence. Blood-poisoning may well occupy a subordinate and secondary place, though I cannot assign it the first in pathologic precedency. The theory which seems to me most to accord with all the facts, and to explain them best, starts from the undoubted premises—(1), that heat, when it becomes at all excessive, is enfeebling to nerve power ; and (2), that persons endued with much nerve force resist heat much better than those more feebly constituted. As to the influence of heat upon the heart, it is notorious that it often proves paralysing. Syncope, even fatal, has not uncommonly been produced by the hot bath, and the Turkish also commonly affects novices to some extent in the same way. That the vaso-motor nerves and their centres are enfeebled and relaxed by heat cannot be questioned ; it is a matter of the commonest experience. This seems to be true of the vaso-motor nerves of internal organs, as well as of the external. Were it otherwise, how should diarrhœa be so common a disorder in hot climates and in hot weather at the very time when blood is determined most freely to the cutaneous surface. That motor nerves and centres are commonly enfeebled by heat is surely proved by the great difference in our capability for bodily exertion on a cold and on a hot day. The very same I find true in my own case, as regards the intellectual centres. At a time when I have felt extremely brain-feeble, when study was almost impossible except for a short time, the weather being mild and damp, a change to dry and cold has restored my vigour in a few hours. A man of much larger calibre tells us something to the same effect. Professor Tyndal, in his work on the "Glaciers of the Alps," says—"Whether my exercise be mental or bodily, I am always most vigorous when cool." Most of us, I think, during the recent heats must have been conscious of diminished capacity for any mental effort. Mr. M. Hill dwells on "the listlessness, lassitude, want of physical energy and of mental vigour, which so much troubles us in hot weather, and also the extraordinary tendency to somnolence, which exhibits itself so frequently in persons recently arrived in this country (India), and whose brains have been habituated to the stimulus of purer blood whilst resident in a colder climate."—("Indian Annals," 1855, Oct., p. 221.) Such instances of failing power are, it is true, but miniature maladies, yet they seem to me well worth noting as marking the gradual transition from perfect health to actual disorder, and showing how even in its lesser degrees, the operation of heat is depressing to the intellectual centres. It must be remarked that cerebral enfeeblement does not necessarily show itself in an approach to stupor, but often by an apparently opposite state, marked by restlessness, fidgetyness, and more or less insomnia. A further stage of this is delirium, just as a further degree of the former is coma. The two conditions of the brain are (as I have tried to show elsewhere) the exact analogues of the hyperæsthesia and numbness which are common disorders of sensory nerves, and occur under very much the same circumstances. As I have, in my Lumleian Lectures, argued that pain is a mode of paralysis of sensory nerves, it seems to me particularly interesting to find it present here in association with so many other pareses. Very much the same view as I take was propounded many years ago by Sir Thomas Watson. He remarks, in his Lectures, that he conjectures the affection termed sunstroke is more akin to the state we call concussion than to true apoplexy. "It would appear," he proceeds, "that the sun's rays act upon the brain like a shock. The nervous system is suddenly and extensively influenced, and the heart's movements arrested as in syncope." The apparent suddenness of the seizure in many cases may be attributed, I believe, to the circumstance that the cause acts primarily and principally on the nervous system. It is notorious how often the derangements of this part of our vital machinery declare themselves by a sudden outbreak. In my work on "Functional Nerve Disorders," I have offered some evidence to shew that a paralysing shock, acting through vaso-motor nerves on the capillaries, may give rise to solution of their walls and extravasation. Beaupré's case is so appropriate to our present subject that I may be excused for repeating it here. The subject of it was a soldier, previously in perfect health, who was suddenly stricken down senseless by sunstroke, and died in six hours. During life, black, dissolved, scorbutic-like blood flowed from the nares ; the cavity of the mouth was filled with blood, and all the lining membrane was chequered with livid, scorbutic-like spots. A litre and a-half of black blood mixed with urine was drawn off by the catheter. On dissection, spots of extravasation were found throughout the whole extent of the mucous lining of the alimentary canal, as well as in that of the nasal fossæ and of the bladder. Something of this kind probably occurs in the pulmonary capillaries of those cases where the lungs are found in a state of intense congestion, with patches of partial or complete apoplexy, or with sub-pleural extravasation, or even in the pleural cavity. A less considerable but similar result of the relaxing effect of heat was noticed in a young male, whose perspiration in the axillæ stained his flannel red while he was exposed to tropical or semi-tropical heat. I have little doubt that blood globules escaped from his capillaries, as they have been found by the microscope in "bloody sweat." It does not appear to me very difficult to understand why the lungs are so often found intensely congested if we consider that the blood is in a fluid state, and probably gravitates into the chest in large amount even after death; that the capillary network of the air-cells is extremely close; and, what is of particular moment, that the vessels are, unlike any others in the body, almost entirely unsupported by solid tissue; that their normal texture is more or less altered by the nervous shock; and that the mode of death in many, perhaps most, instances occurs in the way of coma. These considerations go far to account for the phenomena; but I will not affirm that they explain them completely. To do this, however, does not appear to me in anywise necessary to my theory, as the condition in question is by no means constant, and cannot therefore be regarded as essential. The cerebral hyperæmia which is of very frequent occurrence depends, I conceive, like the pulmonary, mainly on paralysis of the nerves of its afferent vessels. The increased temperature is a very important phenomenon which completely harmonises with the theory I advocate, and is not observed in intoxication by carbonic acid when the surface is universally cold and the pulse slow (G. Bird). Its dependence on the same cause that we believe to be operative in fever—viz., paralysis of the sympathetic system—can hardly be questioned, especially when we note the co-existence of sundry other signs of vasal paralysis, such as hyperæmias and effusions. I cannot conclude this part of my subject better than by the following quotation from a recent communication of Dr. H. Weber to the Clinical Society. His views appear to me well substantiated, and have a most interesting connection with the subject before us. The two cases on which his communication is founded are summarised as follows:—

"Case I.—*Summary.*—Injury to the neck, with at first only transitory loss of consciousness; excessive micturition and diarrhœa; contraction of pupils; rapid rise of temperature, and development of intense pyrexia, with coma; death eight hours after injury, with a temperature of 111·2° F. (44° C.). *Post-mortem Examination.*—Fracture and dislocation of third, fourth, and fifth cervical vertebræ; considerable laceration of the corresponding portion of the spinal marrow; softness and moistness of the brain; intense congestion of the lungs; fluidity of the blood in the diastolic heart; ecchymotic spots under pericardium and endocardium.

"Case II.—*Summary.*—Injury to the neck; at first no perfect loss of consciousness or of motion; afterwards coma, with development of intense pyrexia; death nineteen hours after the accident.

"*Post-mortem.*—Fracture and dislocation of the third and fourth cervical vertebræ, lesion of the corresponding portion of the spinal marrow; brain soft; intense congestions of the lungs; heart distended with fluid blood; minute ecchymotic patches on its surface.

"The fact taught by these cases, that the most intense pyrexia can be developed by lesion of certain portions of the nerve centres alone, without the previous existence of any morbid poison, or any other change in the blood, is in favour of the view that the phenomena of fever or pyrexia are referable to nerve influence, that they are in fact nerve symptoms, and that the blood changes inseparable from fever are, to a great degree, effected by an altered nerve action, even in those processes where the admixture of a poison to the blood is the first link in the chain of morbid conditions.

"The great analogy in the symptoms during life, and in the *post-mortem* appearances between these cases and cases of heat-stroke, as described by Longmore, Maclean, and others, and also the cases of rapid death from rheumatic fever and other diseases, accompanied by excessive *ante-mortem* rise of temperature, leads us to the inference that the vital condition of the nerve-centres is the same in all of them, and if it were allowed to use hypothetical expressions, we would designate this condition as paralysis of certain portions of the nerve centres, and especially of the regulating centre, or centres of the chemical processes. The observations before us are already sufficient to show that this paralysis may be produced in various ways, as by exhaustion, owing to continued overstraining of the regulatory apparatuses of temperature in protracted exposure to high temperature under unfavourable circumstances (ordinary heat-stroke), or in acute diseases accompanied by high degrees of pyrexia, by pain, by sleeplessness, convulsions, (acute rheumatism, tetanus, &c.); by mechanical injury to certain parts of the nerve centres, as in the cases just related; and it is not improbable that severe shock to the nervous system alone, mechanical or physical, may, under peculiar circumstances, suffice to produce the same effect."

These interesting observations of Dr. Weber cannot fail to remind us that it has been found necessary, by experience, to protect the upper part of the spine from the heat as much as the head, and that in some cases of heat-stroke the sufferers have felt as if they had received a blow on this part. We also see that intense congestion of the lungs and ecchymotic spots are produced under the very conditions which I conceive to exist in heat-stroke; viz., prostration of nerve power and elevated temperature without any poison being present in the blood.

The great dryness of the skin is probably produced in the same way as in the hot stage of fever (however that may be); it is not of constant occurrence, and is met with in cases of long-continued exposure to heat where no serious malady has ever occurred, as in the Bengal pilots mentioned by Sir R. Martin, p. 47, and p. 392.

Were any further evidence necessary as to the essential concernment of the nervous system in heat-stroke, it would be found, I think, in consideration of the chronic sequelæ.

While I cannot but believe that the primary nerve disorder in heat-stroke is of a functional kind, and that all the grave symptoms which ensue may be independent of any structural lesion(at least any demonstrable), I am quite ready to admit that secondary effusion of serum or blood within the cranium, or obstruction of the pulmonary blood vessels, may contribute more or less to the gravity of the disorder in many instances, and in fatal ones may even prove the principal cause of death.

I must now ask your attention for a few minutes to what may be termed the associated pathology of heat-stroke, *i.e.*, to the affinities which the disorder manifests to others which differ from it considerably in outside show. Sir H. Holland thinks that we have not yet drawn sufficiently from this source of knowledge. "It is probable," he continues, "that we may hereafter learn from it the virtual identity of many diseases hitherto placed asunder by distinctions which have foundation only in subordinate symptoms, thereby disguising from us what is most important both in pathology and practice." Dr. Pirne, in his recent excellent little work on "Hay Asthma," has well stated and supported the view that many cases which are often imagined to be dependent on odorous emanations, are really the results solely of increased temperature, and he proposes for such the name "summer fever;" I am convinced that he is right. During three or four years successively I have suffered in my own person with a more or less severe catarrhal fever, which commences about the middle of July, and lasts about a month. The symptoms are great debility and prostration, anorexia, inability for brain work, or almost any other, cutaneous hyperæsthesia, so that I shrink from the summer breeze as too chilling, and pretty severe nasal and pharyngeal catarrh, with expectoration of heavy, ill-looking muco-pus. I have not the least asthmatic tendency, nor am I the least intolerant of hay or other odorous substances. On one occasion, after eighteen or twenty days of the catarrhal symptoms, I got smart rigors, followed by pyrexia and sweating, with very great prostration. Tonics are beneficial, and all such means as recreate nerve-power. I have no doubt of the intimate connexion of the disorder with atmospheric heat acting on a not over-robust system. My friend, Dr. Palmer, learnt from an intelligent practitioner, whom he met in Yorkshire this year, that he often had cases of slight sunstroke in children, in whom, after a semi-comatose condition, with a feeble pulse and cool skin, had lasted for some hours, reaction usually followed, and was succeeded frequently by catarrhal symptoms, or sore throat, &c. Two or three years ago an elderly lady, an habitual bronchitic, was returning to her home in London on a very hot day, and sat during a journey of more than 100 miles in a first-class carriage exposed to the heat of the sun's rays, which distressed her a good deal. When she reached her house she was in a state of fever, and three days later I was called to attend her in a dangerous condition. The usually moderate bronchial catarrh was increased to great intensity; she suffered very great dyspnœa, and was very prostrate. So great was the nerve prostration that when she recovered she told me that she had been quite unconscious of all that had been going on around her, at least she remembered nothing about it; moreover, for weeks after, she had great difficulty in writing, she could not recollect the right words, nor remember how to spell them correctly. In this instance we have nerve paresis and inflammatory congestion as results of heat, and it seems only reasonable to believe that the latter was dependent on the former. I have already alluded to the probability that most cases of summer diarrhœa are produced in the same way. So it was, I think, in the following instance, which is by no means uncommon, and often runs into English cholera. J. W., æt. forty-one, a robust, strong, perfectly temperate labourer, was taken ill July 8th of this year, about two p.m., with diarrhœa and severe flatulence, and great pain all over the body. When I saw him about four p.m. he could hardly speak at all, and was eructing continually. His pulse was 69, weak, skin cool and damp. He was so ill that he was taken into the wards. With ether, sal volatile, and opium his disorder rapidly subsided. It did not appear that he had taken anything to disagree with him. My reading of the case was heat affection of the solar plexus conditionating pain in the related plexuses and paralysis of the vessels of the mucous surface of the intestine. It will be remembered that in Dr. Palmer's case of heat-stroke there was unilateral pain and catarrhal flux on the same side. In India Sir R. Martin says we are familiar with dysenteries, hepatic inflammations and congestions as acute sequelæ to sun-stroke. Is not the pathognesis of these such as I have above suggested, viz. paresis of vaso-motor nerves determining hyperæmia, which in states of debility passes into actual inflammation.

Another malady which seems to be allied to heat-stroke is roseola æstiva, of which I have seen several instances. In one particularly the patient's surface was very extensively red, and the hyperæmia issued in a copious serous discharge; in fact, he had an *external* diarrhœa. In this case there were no notable symptoms of cerebral affection, the vaso-motor nerves of the surface were alone involved; but in Cazenave's description mention is made of shiverings, depression, headache, sometimes agitation, slight delirium, and even convulsions, with hot skin, thirst, anorexia, and constipation, or diarrhœa; so that it is evident that the nervous derangement may be very extensive. Sore throat is often present, and it is remarkable that, as Dr. Broadbent states, it has been remarkably prevalent this hot summer.

Eczema is sometimes evidently the result of heat (eczema solare). Some time ago I saw a young officer who had recently been sent home as an invalid from a tropical country in consequence of an intractable eczema of the face. Since his arrival at home considerable improvement had taken place. His general health was good, although he had suffered from ague, and there was no other apparent cause for the malady than the injurious influences to which he had been exposed. The skin of his face was unduly red, and on the least excitement of the circulation, or exposure to heat, it became very flushed. Serous effusion occasionally took place even at home—in the tropics it had been copious. His cutaneous vessels and their nerves (in the face) were evidently toneless and feeble.

My remarks on treatment must be very brief. The essential indications are to restore nervous power, to sustain the action of the heart, and to relieve congestions. The cold douche has approved itself as a useful remedy, and an Indian officer has informed me that it is best applied to the epigastrium, which is painfully hot. Drs. Levick and Darrach, in America, have found it a successful proceeding to rub the surface of the body with pieces of ice. Out of seven cases of severe sunstroke, which were treated in this way, six recovered, and among them two whose temperature in the axilla had risen to 109°. The one who died was a man of sixty-five. In one of these cases the rubbing with the ice had to be continued for one hour and-a-quarter before the patient began to recover his consciousness. Out of twelve other cases admitted previously to these, but in the same month, and treated with stimulants, cold affusions, or the full bath, seven died. Useful as cold douching may be in many cases, I think it should not be employed indiscriminately. When the action of the heart was very feeble, there would be danger of its being arrested altogether. Brown-Séquard warns us that death may be produced in this way. He has seen, he says, asphyxiated puppies, whose hearts were still beating fifteen or twenty times in a minute, killed at once by being dipped into cold water, the heart stopping by a reflex action. In the convulsive form of the malady, attended with extreme nervous irritability, Dr. Barclay says the douche is inadmissible, from the agony it occasions, and in such he has found chloroform inhalation useful, sometimes availing even to the preservation of life. Recently, I believe the use of the warm bath has been recommended, and I can quite understand that in such cases as those last mentioned it might be serviceable. Mr. Wrench has lately (*British Medical Journal*, August 15, 1868) spoken very highly of the use of opium in cases of predominant cerebral affection tending to issue in coma or convulsions, and preceded by sleeplessness. He uses it as a calmative, aiming especially at procuring sleep. I think, however, that it might be given with advantage in small repeated doses, combined with ether or ammonia in cases of a mixed kind, where, together with more or less collapse, there were signs of cerebral exhaustion and irritability. Effervescing ammoniated saline, with excess of ammonia, would probably be a good form, and the opium might either be added to it, or given in combination with camphor, in a pill. Sir R. Martin advocates this practice, combined, in suitable cases, with local blood-letting. In those instances where the cerebral hyperæsthesia persists for several days, attended with more or less prostration, bromide of potassium will probably render great service. At the same time, wine or other restoratives may be administered. In all cases, absolute quiet, repose of mind and body, and coolness of the atmosphere, must be ensured as far as possible. Purgatives should not be neglected; one mercurial cholagogue dose at least should be given as soon as it may be safe, and may be repeated if it seem advisable. Much, of course, must depend on the constitution with which we have to do. A weakly, anæmic woman, and a robust, full-blooded man, are not, of course, to be dealt with alike. Many of the worst cases will probably prove fatal, do what we may; the nervous energy is too deeply sunk to render recovery possible. Two remedies may, however, be named which would be worth trial, in addition to those already noticed. Where the chief peril was from asthenia, the pulse evidently failing, I should give tinct. digitalis in quickly repeated doses of ♏x, which might be injected subcutaneously if the patient were unable to swallow. This drug has been found by Dr. Murray of great use in typhus fever in sustaining the heart's action, and other testimony is not wanting to show that its primary action on the heart is stimulating. Where, on the other hand, the peril was from coma, besides the arousing application of sinapisms or blisters to the nucha, I should administer strychnia, a drug which I am sure acts often with good effect in recreating depressed nerve power, and approves itself in my hands quite as much a tonic to the brain as to the cord. Having regard to the defibrinised condition of the blood, it seems not improbable that acids, vegetable or mineral, might be beneficial. Lemon-juice, or nitric acid, diluted, would form agreeable drinks.

Dr. T. G. Glover, writing of the use of dilute sulphuric acid in hot weather, says it is often extremely toning in its effects. Together with half a glass of sherry daily it put a stop to attacks of semi-syncope in a boy eight years old.

With respect to blood-letting, I am disposed to think that, *timely* employed (on which Sir R. Martin justly insists that its success depends), it may occasionally be serviceable, either in the form of v. s. to relieve an oppressed right heart, or as a local depletion to lessen congestion of the brain. In the discussion which ensued, one of the speakers, Dr. T. Ballard, stated that he had in several instances found the application of leeches to the head very beneficial.

In the management of the sequelæ we must bear in mind that the great object is to restore the tone of the nervous system. This will in most cases require great patience and perseverance on the part of the patient and his adviser. Relapses must be expected, and we must be satisfied if we gain ground decidedly, though slowly. A bracing air, sufficient rest, freedom from anxiety, interesting occupation, varied with plenty of out-door recreation, and a tolerably generous diet, are almost essential. Exposure to a hot sun should be avoided as much as may be, as well as hot rooms, late hours, dissipation, and so-called gay life. As medicines, cod-liver oil, strychnia, quinine, iron, valerianates of zinc, iron, and ammonia, nitromuriatic and sulphuric acid, hypophosphites may be mentioned as likely to render good service. The doses of cod-liver oil need not be large, ʒij. a day may suffice. Small doses of opium with iron, or quinine, or camphor, Indian hemp, tannin, and nitrate of silver, may in particular instances be employed very beneficially. The two latter are appropriate to conditions where the stronger tonics cannot be borne. Nitrate of silver is, I think, really useful in vertigo and certain other cerebral disorders, and if given in ¼gr. doses, *ter die*, for three weeks at a time with sufficiently long intervals, there need be little fear of discoloration. The cold douche to the head once or twice a day should not be forgotten. In many instances I have no doubt residence at a prudently conducted water cure establishment, such as Dr. Grindrod's at Malvern, would be beneficial.

I subjoin a tabular representation of the causal relation which I conceive to exist between heat and the various morbid phenomena, which are attributable to it. For a tolerably full account of the true nature of pain, hyperæsthesia, and sundry other disorders of sensation, motion, and consciousness, I refer to my third Lumleian Lecture, *Medical Times and Gazette*, Vol. II., 1865.

Heat causes nerve weakness.

Nerve Weakness causes hyper-excitability or prostration. Either or both of these conditions may be met with in the same person, one centre may be hyper-excitable, another prostrated, both alike being enfeebled.

Hyper-excitability appears as delirium, mania, anxiety, insomnia, tinnitus aurium, quasi-hysteria, convulsions, palpitation, formication, dryness of surface.

Prostration appears as coma, drowsiness, giddiness, incapacity for mental exertion or attention to business, impairment of sight and hearing, numbness, pain, paralysis, syncope, fever, erythemata, local hyperæmias, extravasations, diarrhœa, incontinence of urine.

The above symptoms, or modifications of them, variously grouped, are often combined with more or less hyperæmia of the head, *but are not dependent on it*, at least in the majority of cases. This is a capital point.

In concluding this tedious paper, which I would have made briefer had I had more time, I have only to add, that in this malady, as in all others, routine treatment is wholly objectionable, and that every case has its special peculiarities, which must be regarded, and the remedies adjusted to their requirements. We start with a *causal diagnosis*, and there can be no question that the operation of the same cause acts on different individuals so as to produce very various results. The mode of operation is indeed the same in all, but the phenomena are different, because the same nervous centres do not suffer in all, nor do they suffer exactly alike, nor to the same relative extent. Hence the morbid picture must be continually changing. Sound principles of action remain, however, sure guides.

EXPERIENCES OF A REGIMENTAL SURGEON IN INDIA.

By C. A. GORDON, M.D., C.B.,

Deputy Inspector-General of Hospitals.

(Continued from page 430.)

Captain Cator, 10th Foot, was, on 14th March, 1858, during the operations connected with the capture of Lucknow, wounded in the left arm by a musket bullet, which entered about the middle of the limb, between the biceps and the humerus, passed backwards, and making its escape posteriorly by a very large and ragged opening, the humerus being fractured in its progress. When seen, immediately on the receipt of the wound, the front opening was wide; the hæmorrhage from the posterior was considerable; sensation and motion were destroyed in the ring and little finger, and partially so in the middle one.

This officer having been so unfortunate as to have had the power of flexing the right elbow destroyed by a wound received in the Crimea, it was deemed advisable to hold a consultation on his case, the result of which was that, in accordance with the principles laid down by Guthrie, an attempt should be made to save the limb. On the 16th, irritative fever set in, and was treated by diaphoretics; cold water dressing was applied to the wound, and he was transferred to the field hospital, where the wound ultimately healed; the fracture in the humerus reunited, but the loss of power and sensation in the fingers remained permanently destroyed.

Shoulder.—Taylor, 37th Foot, received a bullet which entered near the acromial end of the right scapula, and was cut out posteriorly opposite the head of the humerus. The part of the scapula through which the missile passed was comminuted; but no spicula came away at the time. The discharge became very fetid, and partial sloughing occurred of the parts around the posterior opening. Much pain was complained of along the whole arm, and considerable swelling of the hand supervened: Slight irritative fever made its appearance, but was soon checked by febrifuges. The local applications consisted only of poultices and cold water dressing, used alternatively as each seemed to be indicated; afterwards solution of lead and opium during the day; ointment of the same at night. Thirty days after admission, and thirty-one after the receipt of the wound, two small spiculæ came away from the posterior wound, after a night of unusual suffering along the median nerve by the patient. Other small pieces, evidently of the scapula, subsequently came away, and the opening of exit was then the first to heal. The history of the case contains a remark to the effect that the attack of pyrexia, under which the patient laboured, seems to have been induced by the tainted atmosphere of the hospital. It would seem, however, that on its being subdued recovery progressed favourably; the man, although deprived of the use of the arm, retained good health, and at the expiration of eighty-two days from the injury was invalided.

F.—Of the Neck.—Swift, 10th Foot, was wounded by a bullet which entered at the root of the neck on the left side, passed backwards and downwards, and escaped at the left side of the spinal column, having traversed close to the outside of the sterno-mastoid muscle, through the trapezius, and escaping just above the superior angle of the scapula. He was reported to have expectorated or vomited about a pint of blood, and for some days afterwards to have spat up small quantities. Extensive ecchymosis occurred around the wound, but there was no constitutional disturbance. The progress of the case under cold water dressing was satisfactory; both wounds healed favourably, that of ingress first. Some stiffness of the neck remained; but as hospital gangrene had appeared in hospital, he was sent to barracks, and made a complete recovery.

G.—Of the Face.—Nolan, 10th Foot, was wounded by a bullet in the left cheek. It entered directly over the left sterno-mastoid, injured slightly the lower jaw, and destroyed several of the posterior teeth; then lodged and was cut out behind the parotid duct. Extensive inflammation and suppuration followed; the matter burrowed down the neck, but was given egress by a counter opening. Seventeen days after the wound small spiculæ of bone from the injured jaw came away; others continued to do so for some time afterwards. Under cold water applications, and then simple dressing, the case progressed favourably. The wound of entrance was the first to heal; the others granulated favourably, and on the sixty-fifth day of the injury he returned to barracks.

O'Neal, 37th Foot, was wounded by a bullet which entered at the lower part of the back of the head, below and close to the right mastoid process, passed directly forwards, knocking out the two posterior molar teeth of the upper jaw, and lodged in the mouth, from which, together with the teeth, it was spat out. The man was stunned by the shot. He fell, and on attempting to rise, fell again several times before assistance reached him. On being brought to hospital, cold water dressing was applied, and from that time forward not a bad symptom appeared. In twenty-two days after the receipt of the wound that in the mouth had healed; on the 27th of the same month that of entrance had closed, and on the thirty-first day of the injury he returned to duty. No other application than cold water, and then simple dressing, is noted as having been used; and no medicine was given internally.

H.—Of the Skull.—Giffard, 37th Foot, was, on 29th July, 1857, shot in the head. The bullet struck over the apex of the lambdoid suture, made in the scalp a ragged, irregular opening of two inches and a-half in length, laying bare and denuding the outer table of periosteum, but apparently causing no fracture. From that date to 7th August the man complained of inability to sleep, but had no constitutional disturbance. A profuse discharge occurred, and severe pain in the wound was from time to time complained of. Up to the 11th cold water dressing was alone applied. On that day leeches were applied around the seat of injury, inflammation having run somewhat high, and being only for the time relieved by them. During the few ensuing days he was drowsy; the pulse laborious; the pupils dilated. On the 16th maggots appeared in the wound, but were destroyed by the application of turpentine. Calomel, in combination with James's powder or Dover's powder, was given at short intervals, and in small doses; poultices, cold water, and simple dressing being applied as indicated. On the 20th, the first decided improvement was apparent, the inflammation around the wound having moderated. On the 27th, his expression was much improved; he was cool; wound discharging freely; the pus healthy; a piece of dead bone was perceptible at the bottom of the wound; and for the first time a desire for food was expressed.

The notes of the case record that from this date a steady improvement took place, it being remarkable, considering the extensive nature of the injury. The greater part of the wound granulated steadily, although at one point the dead bone could still be seen. By the 16th of September he had taken on flesh, and was walking about the ward. It was then found that suppuration had taken place under the scalp, in a direction towards the occiput. The pus was then regularly pressed up towards the wound, where it escaped, and poultices applied. On the 11th October, a counter opening had, however, to be made. The dead portion of bone gradually became loosened; and on 6th December, a ragged piece, consisting of both tables, two inches and a-half long and one inch broad, was extracted, the long axis being across the occiput in the track of the wound.

The patient did well, and was sent to England with the invalids of the season.

Allen, 10th Foot, was, at Sooltanpore, struck by a grapeshot at the junction of the occipital with the two parietal bones, the injury chiefly affecting the left side of the head. A portion of bone nearly two inches square was depressed by the missile as it glanced off, and the man when picked up laboured under all the ordinary symptoms of compressed brain. No trephine was at the time available, but by means of a free incision through the scalp, and a small saw, a triangular piece of skull was removed, so as to admit an elevator; and thus, within half an hour of the wound being inflicted, the depressed and comminuted portions were removed. The scalp was drawn together, and cold water dressing applied. On the succeeding day he spoke, and manifested other signs of returning sensibility. The pupils were natural as to size, but contracted sluggishly, and there was ptosis of the right eyelid. On the 25th, after an unusually long march, he was found evidently worse. He had during the night and earlier part of the day been picking the bedclothes in his dooly, but when seen towards afternoon lay supine. There was no stertor; pulse was small and rapid; skin moist, and of natural temperature; the features contracted. On the following day he died, and then examination revealed the fact that the fracture had extended through the parietal bone down towards the base of the skull. The exterior of the dura mater was covered with clotted matter, and softened. The surface of the brain within the arachnoid, over the occipital region, was covered with effused blood, and in some parts the cortical part had already become softened.

I. Of the Chest.—Superficial.—Andrews, 37th Foot, was struck by a bullet immediately below the right nipple. The missile passed backwards, and escaped at the angle of the fifth rib without inflicting a fracture. The "shock" of the injury was severe. The seat of the wound became very irritable, and considerable constitutional irritation supervened. Poultices to the wound, with Dover's powder, quinine, and cinchona bark internally, subdued those symptoms; simple dressing and lead lotion were alternately applied to the wounds, and recovery was completed in fifty-one days.

Complicated.—Cleary, 10th Foot, was, during the action at Sooltanpore, struck by a grape-shot over the region of the breast. The missile, having penetrated the skin, slipped down to near the ensiform cartilage of the sternum, from which point it was extracted by incision. Immediately on receiving the wound, the man expectorated blood to a considerable extent; but it did not appear that any rib was fractured. At the time he was treated by tartrate of antimony internally, and by application of cold water to the wound. On the following day, his symptoms were favourable; expectoration had decreased; he was therefore ordered calomel and opium to guard against probable inflammation, and the treatment was continued for some days. On the tenth after receiving the injury, he suffered severely from pain at a point a little lower than that where the bullet had been extracted. There was much oppression of breathing; pulse was small and quick; expectoration not copious, clear and frothy. He was at this time distinctly under the influence of the calomel that had been administered. On the thirteenth day, while the regiment was on the march, profuse bleeding suddenly took place from the wound, which was accordingly enlarged with a view to secure any arterial opening that might be found; none was discovered, but it was then found that the sternal portion of the seventh rib had been fractured. Pressure and styptic applications were employed, but for some days the hæmorrhage continued to recur. A consultation was held, but the point could not be determined whether the bleeding proceeded from the internal mammary or from the intercostal artery. The alternative of passing a ligature round the portion of the rib, in the hope of thus securing the latter, was had recourse to; but as our after movements necessitated his transfer to a field hospital, the subsequent history of the case is not forthcoming. Notwithstanding that it is incomplete, however, it is deemed interesting in its way, as illustrating a particular kind of injury met with on service; and it may be observed that somewhat similar ones are related in Ranking's Half-Yearly Abstract to December, 1856, and in the *Edinburgh Medical Journal* for May, 1856. Guthrie, in his Commentaries, page 519, edition of 1855, acknowledges the great difficulty there is in treating wounds of this nature.

K.—Through the Sacrum.—Walker, 10th Foot, while swimming a nullah at Arrah, received a gunshot wound. The bullet entered the centre of the sacrum; and on his being brought to hospital two days afterwards, the left lower extremity was found to be paralysed, and he unable to void urine. A large opening indicated the entrance of the bullet; the finger discovered the sacrum bare and rough, but the further progress of the missile could not be traced. There seemed at first to be very little constitutional disturbance, but during the night after his admission he sank into a low state, requiring the very free administration of stimulants. This condition was but temporary, however; he rallied, and up to the thirteenth day after the injury he seemed remarkably well. From that time, however, the powers gradually succumbed; a profuse fetid discharge took place from the wound; he became emaciated; bed-sores appeared on the prominent parts; the penis, from having been so long a time resting in the urinal, became excoriated, and existence became a burthen. Yet it was not until the thirty-third day after the injury that he died. Post-mortem examination revealed the fact that the anterior part of the sacrum was shattered and comminuted in a frightful manner. The bullet had formed a canal for itself, and rested on the body of the fourth lumbar vertebra in front. The lumbar muscles were separated from their attachments by quantities of suppuration; and the origin of the vesical twigs of the lumbar plexus being destroyed accounted for the paralysis of the viscus.

L.—Penetrating the Intestine.—Macartney, 10th Foot, was, on 12th May, 1858, wounded in action at Chitowrah. The bullet made its entrance between the 10th and 11th ribs, in a line above the anterior spine of the ilium, and seems to have passed downwards and backwards, escaping an inch and a-half to the left of the spinous processes of the first and second lumbar vertebræ, close to the crest of the ilium. At the same time he received a wound from a second bullet, which, entering on the outer aspect of the left arm about its middle, passed inwards completely through it. He was struck down insensible by these injuries, remained in that state some time, and when brought to hospital was suffering from a considerable degree of "shock." On the following day, symptoms of peritonitis set in, attended by severe vomiting of bilious matter, and the contents of the large intestine were discovered to be escaping from the wound posteriorly. On the 14th, these symptoms had already begun to moderate, and some fæces were voided per anum. On the morning of the 15th, there was a very free fæcal discharge from the posterior wound; considerable tympanitis; skin moist, and of natural temperature; face free from anxiety; pulse soft, small, and slow. He complained much of thirst, vomited much bile, but was not restless. Tongue coated with bilious coloured fur; bowels not moved naturally since the previous day, but very profuse fæcal discharge from the wound, it being livid, dark, and offensive. He had from the first occurrence of peritonitis been treated with mercurials. The gums were now tender; he had, however, calomel in quarter-grain-doses every three hours, the diet being restricted to tea and bread. The notes of the case, taken at the time, state that it was remarkable how little he suffered. All the symptoms of peritonitis had disappeared by the 19th, but he still continued to vomit bilious matter. The greater part of the fæces were voided by the wound, but some also by the natural passage. The skin and pulse were natural. On the 21st he was moved from the field to Arrah, where a temporary hospital had been established; and when again seen, eight days afterwards, the fæces had ceased to flow from the posterior opening, and the anterior was healing favourably. From this time till the 19th of June the progress of the case was in all respects favourable. By that time the anterior opening had completely healed; the posterior remained a granulating surface. He was then carried with the regiment towards Dinapore, a distance of about twenty-five miles, and which he reached on the 20th. Soon afterwards he was attacked with slight pyrexia, which however was speedily subdued under treatment; the state of the bowels continued variable, but they were generally relaxed. On the 21st July, the posterior opening, which had for some days been healed, presented an ulcerated spot, and on the same afternoon some fæces came away; there was no pyrexia; no pain was complained of, and the state of the bowels was natural. He seems to have remained in much the same state till towards the end of September, when the mornings and evenings having begun to become slightly cool, his health began to improve. The posterior wound at times gave exit to the contents of the bowel, and he was at times troubled with pain in the abdomen. On the 11th October, he proceeded as an invalid *en route* to England.

Gunshot Wound of Uncertain Nature.—It is scarcely to be anticipated that a wound inflicted by a bullet should in any case be so dubious in its nature as to set diagnosis at defiance. All writers on injuries of this nature relate instances in which the course of bullets has been extremely eccentric; but in that about to be related, although the course of the missile was to a certain extent sufficiently apparent, the actual degree of injury, and all the tissues affected by it, remained undiscovered.

Teehan, 10th Foot, was, at Lucknow, wounded by a bullet in the loins. The missile entered a little to the right of the first lumbar vertebra, but its course could not be traced, although a free opening was made with that view; the right lower extremity was powerless as regards motion, but sensation was unaffected. After a few days the slough which formed in the wound separated, leaving a clean opening, and then there seemed reason to believe that the bullet had not lodged, as was at first suspected. He had to be sent to a field hospital afterwards, owing to the regiment having to pursue the rebels, and when, five months afterwards, he rejoined it was found that although the power over the limb was considerably restored, and the wound had completely healed, he was totally unfit for the duties of a soldier, and he was accordingly invalided.

Burns.—Some general remarks having already been made on this class of injuries as met with on service in India, I submit an illustrative case.

Akers, whose name has been already mentioned, was, at Lucknow, blown up by the explosion of gunpowder. When brought to the hospital tents shortly after the accident, the cuticle was found destroyed over the whole face and front of the neck, the eyes being uninjured save that they were considerably suffused with blood. The cuticle of the hands and wrists hung in shreds, curled up and shrivelled; that of the feet, entire lower extremities, nates, genitals, and pubis was in a similar state—thus much more than one-third of his entire surface was implicated. When first seen in hospital he was shivering, and complained of feeling cold; the pulse was small, and he was suffering from intense pain. The injured parts were dressed with Carron oil, and a large dose of brandy with opium was administered. It was soon afterwards discovered that the parts where the injuries were most extensive were completely destitute of sensation; those less so being still intensely painful. Great irritability of the stomach and continual vomiting speedily set in, and continued till he died, exhausted, on the fourth day after receiving his injuries.

This is a type of other cases of severe burn that came under observation, in all of which the persons injured suffered from sensation of great cold; some had intense thirst, others expressed a desire to sleep; but all were speedily seized with frequent vomiting and great irritability of the stomach.

Hospital Gangrene.—The following cases rather illustrate the measures by which this terrible malady may be checked at its onset than its own destructive progress; they are however, it is hoped, not the less interesting on this account.

Acres, 10th Foot, was wounded by a bullet which passed through the right thigh, from without inwards, entering about the middle and escaping near Hunter's canal, but apparently not penetrating the limb below the fascia. Little constitutional disturbance occurred, and for fifteen days after the receipt of the wound it progressed favourably under the application of cold water and poultices alternately. From that time his state was reported as not having been so satisfactory, and the wound not to have continued to progress. On the twenty-third day after the injury he was found restless, feverish, and irritable. The openings of entrance and exit had become deep, cupped, and painful; the neighbouring parts were red, swollen, and very irritable; a clear serous liquid oozed from both wounds. Opium was now applied to the wounds, calomel in two-grain doses combined with one grain of opium was administered every three hours; the bedding was charged; the vicinity of the bed in which he lay thoroughly cleaned and whitewashed. In two days the characters of the sores had undergone a favourable change; the local and constitutional symptoms had given way; the phagedenic action was checked at its commencement. On the twenty-ninth day the administration of calomel and opium was omitted; an ointment of acetate of lead and opium was applied to the sores, the appearance of which was that of tardy ulcers. Under great attention to diet, cleanliness, nourishing food, and stimulating applications, he gradually recovered, to be subsequently killed by a burn at Lucknow.

Kenny, 10th Foot, was shot by a bullet, which passed through and through the muscular tissues of the middle of the thigh without inflicting any other injury. He had to walk eight miles after receiving the wound, and when admitted into hospital manifested little or no disturbance of the system. Under cold-water dressing the wound did well, and continued so till the twenty-fifth day after the injury, when the wound of entrance suddenly assumed a cup-shaped form, became excessively irritable, the surrounding parts swollen and painful, and the patient himself attacked by pyrexia. The surface of both wounds was at once covered with opium; calomel and opium were given in small doses every three hours; great attention was paid to cleanliness. The phagedenic action did not from that time advance; the sores at once began to improve in appearance, and under the application of lead and opium lotion they healed; the man being sent to duty sixty-one days after receiving his wound.

Mortification.—The case about to be related under this head is one of extremely rare occurrence. Sloughing of the parts directly injured by bullets is common enough, and in fact forms an ordinary stage in the progress of such cases; so also is gangrene of the distal portion of a limb in cases of destruction of the principal vessels, but the following is in its nature very different from either of these.

Mr. Venables, a civilian, forty-five years of age, and twenty-seven years in India, was, on the 15th April, 1858, wounded during an attack on the Sepoys, near Azimghur. A bullet struck the outer aspect of the lower extremity of the left ulna, fractured the bone without entering the joint, ran up the side of the forearm, and was cut out near the elbow. There was at the time nothing in the injury to occasion anxiety, and the medical officer by whom he was attended therefore merely put the arm in a splint, and loosely bandaged it. On the morning of the 17th Mr. Venables had a shivering fit, succeeded by the different stages of what seemed an ordinary attack of intermittent fever, to which for years he had at intervals been subject. While the pyrexia lasted he was therefore treated by diaphoretics and effervescents. On the evening of that day he complained of feeling that the rings which he wore on the fingers of the injured hand were tight; they were accordingly taken off. He also complained of diffused pain in the left shoulder, but somehow or other no further notice seems to have been taken of the state of the arm till the morning of the 18th, when it was discovered to be cold, black, and covered with phlyctenæ; the arm, from the elbow-joint to the shoulder, was swollen, and presenting all the modifications of green, yellow, and blue; under the clavicle distinct emphysema was detected; the pulse was rapid and hard; face flushed, general manner excited, and he was generally delirious, although still capable at times of collecting his ideas. It was obviously too late to do anything effective in this case. Brandy and opium were given, and at three a.m. of 19th he died. The heat of the weather was at the time very great, and although his body was interred the same afternoon, the state to which decomposition had advanced was horrible to look at. His habits had been free, but his general health what was in India considered good, intermittent fever being held as of no account. With reference to this case, my object is not to remark upon the treatment pursued, but to bring it forward as illustrating a complication which, although by no means common, at times accompanies gunshot wounds in India.

Traumatic Tetanus.—This terrible complication is fortunately of comparatively rare occurrence after wounds on service in India. The following is, however, a very illustrative case of its progress and termination:—

Byrnes, 10th Foot, on 28th July, 1857, received a gunshot wound which passed through the upper part of the left thigh, without injuring the femur. He arrived at the regimental hospital the following day, and by that time considerable inflammation had set in. Leeches were applied around the wound; their bites bled very freely, and for some days thereafter he seemed free from constitutional disturbance. On the 4th August the pain and sense of tension at the wound were described as very great. On the following day these symptoms were increased, a thin bloody discharge oozed from the wound, restlessness was great, skin was hot, pulse rapid and tongue white; at four p.m. of that date he suffered from pain and stiffness in the jaws, which were nearly closed; he could with an effort swallow; pain was complained of in the back of the neck; the head was bent backwards, and the features were distorted. Towards evening accessions of spasms occurred in distinct paroxysms, at intervals of ten to twenty minutes; the body on each occasion was drawn violently backwards, the sufferer uttering loud screams from agony. Deglutition soon became almost impossible; the abdomen felt distended, hard, and painful; pulse 100, full; surface warm and dry; urine was voided naturally. On the 6th, the conditions continued with little alteration; surface had become cool, and pulse sank to 90. In the afternoon of that day an aggravation of the symptoms took place, and injury of the sciatic nerve was suspected. The tetanic spasms increased in severity and frequency. Chloroform was liberally administered, in addition to the other remedies usual in such cases; no benefit was obtained however. He gradually became unable to expectorate the phlegm that rapidly accumulated in his bronchii, and during the evening he died in great agony. No post-mortem examination seems to have been performed.

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WEDNESDAY, DECEMBER 2, 1868.

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EDUCATIONAL REFORM.

IF we set aside the questions which concern our Constitution on Church and State, the question of Education is the question of the day. The great increase of the constituencies effected by the Reform Acts of the last two years, has drawn the attention of some of our leading statesmen (among whom Mr. Lowe may be especially mentioned), to the necessity of diffusing information among the people, in order to fit them for the exercise of the privileges which they now so largely enjoy. As to the necessity for more schools, for better instruction, and for bringing the young Arabs of our great cities within the, influence of those "noble arts which soften the manners and do not suffer them to be brutal," all parties are agreed. But the end being conceded, there is the greatest difference of opinion about the means. Some say education should be entirely free, and some that the pence of the poor should help to defray the expenditure. A hot fight rages between the upholders of the voluntary principle and the upholders of the compulsory principle, and no slight degree of heat is evolved out of the question of the class of persons from which pupil teachers should be selected. There is a close analogy between the position of Parliament with reference to the education of the masses and the position of medical politicians with reference to the education of the rank and file of the profession. Great divergence of opinion may exist in regard to the relative importance of books, lectures, and examinations, but no one single independent medical man has ever been heard to express his satisfaction at the state of medical education; and no one single medical student in either of the three kingdoms believes that the present system is not weighted with absurd and inconvenient regulations which interfere with his acquirement of a truly practical and useful knowledge of his profession. The only persons who regard the system in a favourable light are those who profit by its continuance. But the "hoary head" which appears to be "a crown of glory" at the examining boards has not sufficient capacity to devise the means by which the path of progress can be seriously obstructed. Strong views on education are beginning to prevail in the profession, and the utterance and enforcement of these opinions cannot be prevented. Even the Medical Council, which exhibits a concentration of corporate Conservatism, is obliged to take educational questions into consideration, and to constitute committees upon them for the purpose of displaying the appearance of activity. Fortunately, we are not left wholly to the originative endowments of the Medical Council. In April, 1867, an Association of Medical Teachers was formed in London, and is now earnestly engaged in the consideration of a report on education emanating nominally from the Council of the Association, but in reality proceeding from the pen of the late eminent President, Mr. John Simon. This report is a valuable one, and does great credit to the judgment of its author. It will be seen that he has taken the edge off the sweeping views which he enunciated in his well-known address to the Association at the beginning of the present year, and we are glad to observe a considerable coincidence in his views with those which Mr. Rivington expressed in March, and to which we called attention at the time. Indeed, it is to the latter gentleman that we are indebted for this report on education.

The session of the Association was about to close without any other than mere outlying questions being touched when Mr. Rivington had the courage to propose six resolutions on educational reform, and to make a speech of half-an-hour's duration, to about a dozen members of the Association, ranged against the wall of the room in Soho square. But for this the Association might still have been discussing the number of lectures to be required from the student, for the purchase of autographs, the supply of anatomical subjects, or the utilization of the out-patient departments. Now it is doing real business, and is going to the root of the evils from which we suffer. Let it steadily pursue this course, amend and pass its report, lay it before the constituted authorities, insist on a direct reply to its suggestions, and it will be achieving a useful work, for which it will earn the gratitude and confidence of all the thinking politicians within the ranks of the profession.

SMOKE NUISANCE AND MAGISTERIAL JUSTICE.

A CLAUSE in the "Sanitary Act" is specially directed against what is very properly termed the smoke nuisance. It renders liable to a penalty the owners of chimneys—except those of dwelling-houses—from which black smoke is permitted to issue, unless that said owner clearly proves that he has adopted every precaution to mitigate the nuisance complained of. In Manchester, which may be described as a city of factories, hundreds of persons have been convicted for allowing black smoke to issue from their chimneys; and it is stated that the evolution of black smoke from the chimneys of that city has been greatly lessened. In London, a few days ago, Messrs. Barclay and Perkins, the eminent brewers, and several other well-known porter manufacturers, were convicted under the smoke nuisance prevention clause of the Sanitary Act, or rather they submitted to a conviction, and promised that the nuisance complained of would be promptly abated.

In Dublin the first attempt to abate the smoke nuisance was made on the 14th ult. by the municipal authorities. Messrs. Brennen and Rogerson, proprietors of the Phoenix Brewery, Great James street, were summoned before Mr. Allen, Divisional Magistrate, for a breach of one of the clauses of the Sanitary Act. It was alleged, on the part of the prosecution, that enormous volumes of black smoke issued during long periods from the chimneys of the defendants; that their chimneys were little more than those attached to ordinary dwelling-houses; and that they were not more elevated than the roofs of the surrounding houses. In support of these allegations the very strongest testimony was given by Dr. Mapother, Medical Officer of Health for the City; Dr. Cameron, City Analyst and Professor of Hygiene in the Royal College of Surgeons; and Mr. James Boyle, C.E. On the part of the defendants, Alderman Plunkett (a member of the Corporation who were plaintiffs in the case!) and some other of their neighbours stated that they were not in the least annoyed by the smoke from the brewery, nor did it in any way injuriously affect their health. It was not denied that the chimney was of insufficient height; that it emitted black smoke; that no improved furnaces—such as Jucke's chain furnace—was employed. In short, the facts stated by the prosecution remained perfectly uncontradicted.

If such a case as this had been brought before a London or Manchester magistrate an instant conviction would have been obtained; but the Dublin Justice could not be brought to perceive that enormous clouds of black smoke, and the other and more dangerous products of imperfect combustion, were injurious to the health of the community, and accordingly dismissed the complaint.

After such a decision as this, it would be perfectly absurd to bring any case of smoke nuisance before this intelligent magistrate. It would be utterly impossible to prove more than was alleged against the Phœnix Brewery, which indeed, we believe, was selected as one of the very worst cases in the city. If therefore Mr. Allen's colleagues on the magisterial bench take this view of what constitutes a smoke nuisance—which, we hope, may not prove to be the case—one clause, at least, of the Sanitary Act will prove a dead letter in the City of Dublin.

In all chemical and gas manufactories the workmen have a notion that the vapours given off during the various operations protect them from cholera and other epidemics. This idea is carried to an absurd extent, for even butchers affirm that the abominable atmosphere of their slaughter-houses ensures immunity during epidemic outbreaks. No doubt the vapours and gases from chemical works are powerful disinfectants, and perhaps the same may be said of the hydro-carbons evolved from gas works. Like many other popular notions, there is some truth in the opinion that in certain kinds of factories the workmen are protected from contagious diseases; but the proprietors of these works often encourage and perhaps originate the idea, in order to obtain more toleration for the nuisances which they create.

REPORT OF THE ARMY MEDICAL DEPARTMENT FOR THE YEAR 1866, PUBLISHED IN 1868. Pp. 647.

The subject of the health of our troops ought to be of the deepest interest to every citizen of this wide-spread empire. No nation can at the present moment be so deeply responsible for the care of its "national police" as ourselves, since no nation sends its troops into such a variety of climates.

To analyse all the information contained in the carefully collected statistics before us, would be a task beyond our strength. We can merely attempt to give a few phases of the subject, as it strikes our own mind in perusing this work, which to the student of hygiene, whether English or foreigner, is one of the most important volumes that he can be referred to. The first forty pages of this "blue-book" is devoted to the health-statistics of our home troops. The average strength of non-commissioned officers and men serving in the United Kingdom during the fifty-two weeks ending December 1866, amounted to 70,292; the admissions into hospital to 59,966; deaths 676; and there were, of constantly sick, 2,942. This death-rate—namely, 9·62 per 1,000, is by no means high, and the figures show that our home-troops are healthier than perhaps those of any other nation. In the entry of enthetic diseases (venereal diseases), we find, however, that there was a very marked excess in 1866 in the amount of venereal cases at Canterbury, Colchester, and Dover, and other army stations, the number of men constantly in hospital for venereal diseases amounting to 1,138, or 16·19 in 1,000 of strength. The loss of service during the year 1866 from these diseases was equal to that of the whole force in the United Kingdom for 5·91 days. Doubtless the next report will show the benefit caused by the introduction of the Contagious Diseases Act, 1866.

Tubercular disease caused in 1866 an admission into hospital in the proportion of 16·9 per 1,000, and there were 2·96 deaths in the same number of troops. Continued fevers are much on the decrease, owing, it is said, to improved barracks.

Re-vaccination.—This has been applied on 383 soldiers and 12,210 recruits. In the soldiers the operation gave rise to a perfect vaccine pustule in 201 out of 1,000 cases; to a modified pustule in 376 in 1,000; to a failure in 423 cases. Among the recruits re-vaccination gave rise to a perfect pustule in 341 in 1,000; to a modified one in 311 in 1,000; and to a failure in 347 in 1,000 cases. Among the recruits found fit for service at the head-quarters of the recruiting districts in 1866, the numbers bearing marks of small-pox and vaccination, or not bearing these were,—In England, 73 in 1,000 bore marks of small-pox; 889 in 1,000 marks of vaccination; and 37·3 in 1,000 had no satisfactory marks. In Scotland their numbers were 126·3 small-pox; 788·5 vaccination; and 85·2 no marks.

Some of the details of the subject are as follows:—The health at Aldershot has been very good. Venereal diseases, indeed, seem to have constituted a great proportion (one-third) of all the admissions into hospital there in 1866. There is a hospital for soldiers' wives and children well spoken of. At Plymouth and Devonport, at the Curragh, and in other military stations, we read of improved statistics of the health of our troops, all of which are most cheering, with the exception of the universal complaint as to the prevalence of enthetic disease.

Page 29 is devoted to a description of the Contagious Diseases Act, 1866, from which the following is an extract:—"Persons out of the army can form but little idea of the amount of disease, and the modifications of health induced by syphilis. Military hospitals in many garrisons of various parts of the world would be comparatively empty were it not for diseases of this and a similar nature. The number of Lock Hospitals in this country, and the means for the treatment of diseases so highly contagious, are very small and inadequate. . . . . It would be incompatible with the nature of his occupation for every soldier to be married, even were it practicable to find sufficient barrack accommodation."

Of the Recruiting of the Army.

The health of the labouring classes of our large towns is by no means ill-judged of by the results of rejections of recruits. We know that London has a less death-rate than that of Liverpool, Leeds, Edinburgh, Glasgow, Dublin, or Belfast. We are not then surprised to find that the number of rejections for physical defects are, in London, 469; in Liverpool, 580; in Leeds, 777; in Edinburgh, 507; in Glasgow, 613; and in Belfast 714 in 1,000. In the whole of England there were 365·9 per thousand inspected not admitted; in Wales, 416·1 per 1,000; in Scotland, 416·0 per 1,000; and in Ireland, 415·0 per 1,000. Thus statistics speak eloquently as to the deteriorating effects caused by our present large town system on the health of our citizens. Under the height of 5ft. 3in., 140 recruits were admitted; 2,069 were of the height of 5ft. 6in. to 5ft. 7in.; and 104 were upwards of 6ft. Ninety-nine recruits weighed less than 100lb.; 2,411 weighed from 130lb. to 140lb.; and 34 weighed more than 170lb. Of 1,000 recruits examined, 206 were unable to read or write; 87 were only able to read; and 707 to write and read. As to the occupations of the recruits, we find that 364·6 in 1,000, labourers, husbandmen, and servants, who applied, were rejected, whilst 400·1 in 1,000 manufacturing artizans (clothworkers, weavers, lace-makers, &c.), were rejected, and 419·3 mechanics (carpenters, smiths, masons), were rejected per 1,000.

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Notes on Current Topics.

Death from Starvation.

Our workhouse officials seem to be culpably neglectful at certain times. What amount of suffering and mortality they may be accountable for it is impossible to tell, but every now and then a case crops up—and latterly it has not been a solitary one—which shows that our Poor-law system as at present administered is sadly defective. Some days ago an inquest was held at Bethnal Green on the body of a poor man fifty-one years of age. He had a wife and three children, and could only earn five shillings a week. The wife applied to the workhouse for relief as they had no food, and was told by an official "to go and work, as they had plenty of such tales." The consequence was the man died. It may be that in the thickly-populated parts of our metropolis, where poverty and destitution abound, every such catastrophe can never be entirely prevented. At the same time it is plain, notwithstanding our civilization and benevolence, that the best method of doing so has not yet been adopted.

Guardians versus Poor-law Board.

The Poor-law guardians of Clerkenwell refuse to form a sick asylum district for Finsbury as ordered by the Poor-law Board, and have formed with Holborn and St. Luke's a defensive alliance in order to strengthen their opposition.

The Abergele Coroner.

Dr. Evans Pierce has again been chosen to fill the office of mayor at Denbigh, a circumstance which must be highly gratifying to himself and to his professional brethren, when we remember the vile attacks made upon his professional capacity as coroner during the long and painfully arduous inquiry over which he presided, investigating the causes of the melancholy railway disaster of last summer.

H.M.S. "Ariadne."

The screw frigate "Ariadne," which is being fitted out at Portsmouth, with every sanitary improvement the authorities can suggest for the use of their Royal Highnesses the Prince and Princess of Wales during their impending tour to the East, will be in charge of Staff-Surgeon J. Ruddall Holman, M.D., M.R.C.S., &c., late surgeon to H.M. Dockyard, Chatham, and Assistant-Surgeon Henry Hadlow, M.R.C.S., late Assistant-Surgeon to H.M.S. "Conqueror," and R. S. P. Griffith, M.R.C.S.

Death from Hydrophobia.

Mr. Jesse Greenwood, the landlord of the Woolsorters' Arms, Halifax, has died of this terrible disease. This is the third case in Halifax within a few weeks. He was bitten on the mouth by his pointer dog eight weeks ago, and, though he applied caustic to the part at that time, last Wednesday he became ill, and died with all the marked symptoms of hydrophobia.

Hints on Quackery.

Advice on the art of humbug from one of its most successful adepts—hints on quackery from one of the most ineffable clerical quacks which even America can boast—is worthy of record. Henry Ward Beecher has recently published an amusing piece of advice to young doctors, and as an instruction what to avoid, and a literary curiosity, we transfer it to our columns. The quack clerical thus advises the quack medical:—

> It is nature that cures. The less a doctor does, the better for his patient. It is the doctor's business to take the credit of what nature does. Cultivate a look of mystery. Every mother of a sick child studies the doctor's face. Come in softly, but with the air of a mild conqueror. Look piercingly at the patient. Then look from one to another of the persons present. Say to the nurse in a low tone, "I think you have a right view of the case;" and, before you leave, say to the mother, "I could not have done better for the case myself than you have done." If the child gets well, as it will, nine times in ten, if you let it alone, you will have the credit in that family of extraordinary skill. If it dies, it will only bring out the moral view, "We must all die. When one's time comes no skill can cure," &c. But if you really mean to try the medicine dodge, you must choose your school. If you are to be an allopathic you need but three things: opium, calomel, and antimony. Anything that cannot be reached by them ought not to be cured. With these three swords you can slay all diseases or all the patients; and, in either case, there is an end of suffering. If you select the homœopathic treatment, you have only to buy a manual and a box, about as large as a cigar box, of pilules or tinctures. After a little time, you can put pill to symptom as rapidly as the post-office clerk can distribute to names and boxes. If silence and mystery are not your *forte*, you may have equal success by judicious talking. Many people can be talked out of anything. If laudatory words do not abate symptoms, they may increase reputation. The patient may die, but, if those that still live think that you are "the most knowing doctor they ever met" (and it's your fault if they do not), then you are sure of being called again. Always have an eye to the future. Whoever dies, see that the living like you. Dead men furnish no practice.

The New Pharmacy Act and the Dispensary Practitioners.

We called attention lately to the operation of the new Pharmacy Act, which by an alteration of the word "Apothecary" for "Medical Practitioner" had been made to include all medical men who dispense medicines to their own patients in the prohibition against the sale of poisons. Mr Sandford, the president of the Pharmaceutical Society, has lately addressed a letter to the *Express* in refutation of this view. He thinks that the dispensing of medicines to private patients could hardly be held to be a "sale" of poison within the meaning of the Act. He says:—

> "There are in London and many large towns medical practitioners who are not licentiates of the Society of Apothecaries, keeping open chemists' shops, and in Scotland, there being no such licentiates, such men are numerous. Now how will these men be affected? Are they not apothecaries as much as if their diplomas bore the seal of Apothecaries' Hall? Section 31 of the Medical

Act gives all persons licensed to practise medicine power to recover payment for their attendance, and the cost of such medicine and surgical appliances as they may supply to their patients; the diploma of the University of London authorises an M.D. to practise 'Pharmacy'; or a Licentiate of the College of Physicians can do so; and within the last few days the Lord Advocate, after searching the charter of the Edinburgh College of Surgeons, has announced that 'pharmacy' is one branch of medical science therein enumerated, and that according to his opinion men graduating under that charter must be regarded as the apothecaries of Scotland, and consequently entitled to all the exemptions accorded in the Pharmacy Act to the apothecaries in Great Britain. It is quite certain, as you state, that the promoters of the new act intended to leave all duly qualified medical practitioners in full possession of their privileges, and the bill when it left the House of Lords was worded accordingly; therefore the Pharmaceutical Society must be acquitted of any wish to grasp all the right to deal in poisons."

The profession is, we are confident, perfectly confident, that the Pharmaceutical Society, which has merited the public thanks for their efforts to pass the new measure, were entirely innocent of any desire for a monopoly of the trade in poisons. It is unfortunate that the phraseology of so important a measure should be ambiguous in so important a respect, but the probability of its wording being interpreted as a restriction on medical men would appear so remote that it need excite no anxiety within the profession.

The Health of Dublin.

THE deaths *registered* during the week were 152—81 males and 71 females. The average number in the corresponding week of the previous four years was 159. Nine deaths resulted from fever. Eight deaths were caused by scarlatina, showing a decrease of 13 as compared with the preceding week. The mortality from croup amounted to 7. Convulsions proved fatal in 15 instances. Twenty-four deaths were referred to bronchitis, and one to pneumonia or inflammation of the lungs. Six deaths were ascribed to heart disease and one to aneurism. Sixteen deaths resulted from phthisis or pulmonary consumption. Cancer was the cause of three deaths. Five deaths were attributed to apoplexy, and a like number resulted from paralysis. Old age was the assigned cause of eleven deaths.

Thames Purification from the Sewage of Oxford, Eton, Windsor, and Abingdon.

THE up-river towns which have been for all these years sending their decoctions and excreta through the channels of their London friends lower down have been brought to an account by the Thames Navigation Act of 1866, which has peremptorily told them to get rid of their sewage by other means, and gives them only thirteen months to do it in. In their dilemma they went to Government for advice, and Lieutenant-Colonel Ewart was sent down to settle the difficulty. It seems that these towns are all close to the water's edge, and have had, therefore, no fall to help them in distributing their sewage, and the very remedy which they did not want to pay for is that which Colonel Ewart advises them to try. In his report, which has been just issued, the Colonel recommends that the sewage shall be kept separate and utilised by irrigation, while the rainfall may be discharged into the river.

We published in our issue for the 21st of August, 1867, the very important evidence of Dr. Letheby on this point, which goes very strongly to controvert the necessity (as far as Londoners are concerned) for this sewage diversion scheme at all. Dr. Letheby, in his evidence before the Select Committee, deposed as follows:—

> "Firstly, he is of opinion that the peaty water is not objectionable in any respect but colour, which, however, will prevent its use for drinking purposes; secondly, that the most sparkling and agreeable waters which have been drunk with avidity, in spite of all remonstrance, are generally the most dangerous; thirdly, that there is no evidence whatever that the present London supply is any way objectionable; fourthly, that water contaminated with one-twentieth of its weight of ordinary sewage, becomes, after twelve miles transit in a river bed, as far as can be ascertained, perfectly innocuous; lastly, that the outbreak of cholera in the east end of London was totally irrespective of the water supply."

Dr. Letheby is no mean authority, and his facts and figures, of which we have now only space for a summary, referring our readers to the date named, are so decisive that it would appear unreasonable to force these towns into an enormous expenditure, if nothing or only a chemically inappreciable gain in the purity of the water is to be obtained.

If, however, the sewage is to be utilised by irrigation (and this is incomparably the best possible means of disposing of it), it would seem to the *un*engineering mind that his proposal of a double system of sewerage for the separate accommodation of the soil and the rainfall must be inordinately expensive and very immense.

To save a cost of about a farthing a ton for pumping this intricate system is proposed, and this, although the rain water itself would almost pay, in the fertility which it gives the land, for the cost of raising it to the necessary level. We speak with much diffidence on a subject not within our scope; but the principles which we enunciate are quite within the medical comprehension and the commonest degree of knowledge.

Royal Medico-Chirurgical Society.

AT the meeting of this Society on November 24th, a most interesting paper, by Dr. Althaus, was read, giving an account of a case of complete paralysis of the fifth nerve on both sides. The patient had been a large sheep farmer in Australia, and the affection arose from exposure to severe cold wind. The paralysis, for a time, extended even to the motor branches of the fifth, so that the masseter and pterygoid muscles lost their power, and the jaw dropped like that of a corpse. The loss of sensation in the tongue was so entire that this organ had been bitten in all directions during the mastication of the food. During the period of paralysis of the muscles of the jaw, just alluded to, the patient was fed, for as long as sixteen months, on minced food, which he swallowed as well as he could.

For numerous other matters of the greatest interest in connection with this remarkable case, we must refer our readers to a more detailed account of the case. Under the influence of treatment with the continuous current for three months very great improvement was reported to have taken place, so much that the patient had become able to follow a light employment.

The author was complimented most highly upon his paper by the President, Mr. Savory, Dr. Reynolds, and others who joined in the subsequent discussion.

Payment of Medical Officers.

AT the annual meeting of the Newark Improvement Committee, Dr. Welby was elected honorary officer of health, but at the last monthly meeting he declined to accept the office. He gave as his reason that the question whether or not the commissioners would pay a salary had not been fully considered and determined upon, and if they decided to pay a salary he would not stand in the way of any medical man who was willing to undertake the office. It was decided to make the next meeting special for the purpose of considering the whole question.

Killed During the Elections.

MONDAY, Nov. 16th.—C. Tettmar, thrown down and crushed at the nomination for the Tower Hamlets. Nov. 17th.—Thomas Whittaker murdered at Blackburn by an infuriated mob of opposite political views. Mrs. Grant, death from bayonet thrust whilst the military were clearing the streets at Newport. Also on same day, at Cambridge, the University College porter, named Lofts; death a few days after from concussion of the brain, caused by a large piece of granite thrown by the mob through the college gates. Nov. 20th.—During the riots at Sligo, Captain King shot dead; also a man named Hill, death from fracture of skull; and on same day, at Drogheda, a man named Woods died from gunshot wound received during the riot. Nov. 23rd and 24th.—Donovan shot by a police constable during an affray at Kilbrittain, near Bandon; also the steward to Colonel Bernard, during a riot at Cork; and Mr. Clarke, of Monaghan, who was shot by a man named McKenna for an expression used by deceased which annoyed him; and on the 25th, Mr. Edmund Miles, a medical student in Dublin, who received a thrust with a stick, during an altercation, through the eye, which lacerated the brain, causing almost instantaneous death. These are all we have been able to glean to the time of our going to press. There are still several dangerous cases which may yet be added to the records of death. Moreover, the elections have not yet been concluded, but we hope that the publication of this formidable list of killed may exercise a deterrent influence upon those who are disposed to stimulate the angry passions of the mob in times of political or party excitement.

St. Andrew's Medical Graduates' Association.

THE second anniversary session of the Association will be held in London, at Willis's Rooms, King street, St. James's, this day and to-morrow (Thursday). The programme for the session is as follows:—Wednesday, December 2.—7 p.m.: Election of new members; election of officers; report of Council; discussion on restriction of number of M.D.'s to ten annually. 8 p.m.: Report on the Parasitic Theory of Disease, by Dr. Sedgwick; and such other papers as time will allow. Thursday, December 3.—2 p.m.: Report on the Criminal Responsibility of the Insane, by Dr. Harrington Tuke, F.R.C.P.; On the Influence of a Moist Atmosphere in the Production of Phthisis, by Dr. Edwards Crisp; On the Relative Value of Symptoms in the Diagnosis and Treatment of Disease, by Dr. W. H. Day; On a Case of Imperforate Anus, by Dr. Lloyd Roberts; On Strychnia in Diphtheritic Paralysis, by Dr. Maund; On Fracture of the Sternum, by Dr. Beverley Bogg, R.N.; On the Physiological Effects of Chloroform, by Mr. Whitehead; with other papers by Drs. Bower, Harrison, Hughlings-Jackson, Wynn Williams, O'Connor, Spencer Thompson, &c. 4½ p.m.: The Annual Address, "On the World of Physic and the World," by the President. 7 p.m.: Anniversary Dinner.

INTELLIGENCE was received at St. Petersburg on the 23rd from Persia, which states that cholera has broken out at Astrabad.

A FEW days ago a hairdresser at Salisbury poisoned himself accidentally by taking strychnine. It had been ignorantly recommended as a tonic, and he took it "to steady his hand." The amount taken was three grains.

THE *Western Morning News* remarks that if the medical men sitting in the next Parliament can make their voices heard "amidst the roar of railway directors, merchants, and lawyers," it will be so much the better for national interests.

A TELEGRAM respecting the health of the Prince Royal of Belgium, whose life has for some weeks been despaired of, states that several serious symptoms have diminished during the week, and that the general state of health of his Royal Highness is more satisfactory.

ON the day of our present issue, Sir W. Jenner, Bart., M.D., is announced to preside at the second annual meeting of the Victoria Hospital for Sick Children, to be held at Willis's Rooms at three o'clock. Ladies and gentlemen interested in the welfare of this valuable institution are invited to attend.

DR. LUSH, M.D., St. Andrew's, has been elected M.P. for Salisbury. He is to be proposed for member of the St. Andrew's Medical Graduates' Association at their next session, and is going to dine with them as a guest. Dr. Lush is the first M.D. of St. Andrew's who will have a seat in Parliament.

WE refer our readers to a letter in our correspondence of to-day from Dr. Hearne, of Southampton, in reference to the Royal South Hants Infirmary. It appears that there has been a series of mismanagement there for years, which we have before noticed, and shall notice again when we have more time and space at command.

A NEW medical society has been formed for Salisbury and its neighbourhood, and the following officers have been appointed for the first year:—President: J. A. Lush, M.D., M.P. Vice-Presidents: J. M. Cardell, F.R.C.S. Eng.; W. G. Davis, M.R.C.S., L.S.A. Committee of Management: W. Martin Coates, M.R.C.S., L.S.A.; J. Winzar, M.R.C.S., L.S.A.; E. Young, M.D. Treasurer: F. R. P. Darke, M.R.C.S., L.S.A. Hon. Secretary: H. J. Manning, B.A. Lond., M.R.C.S.

SCOTLAND.

UNIVERSITY OF EDINBURGH.

ELECTION OF CHANCELLOR.

BY a majority of 210 for the Lord Justice-General, Mr. Gladstone's election to the Chancellorship of the above University has been defeated—a circumstance, in one view of the subject, much to be regretted. He has been the Rector for six years, and as a scholar and statesman no one can deny his claims to the office held by the late Lord Brougham. On the other hand, Mr. Inglis has exerted himself greatly on behalf of the Scottish Universities, and may be considered as the author of the Medical Reform Act of 1858. The result is, that the University of Edinburgh has thought fit to show its appreciation of the services he has rendered them by making him Chancellor.

A meeting of the students of St. Andrew's University was held on Thursday forenoon, when Mr. J. A. Froude was chosen Rector by a majority of fourteen over those who voted for Mr. Disraeli.

The election of Member of Parliament for the Universities of Edinburgh and St. Andrews commenced on Monday. The result will not be known soon enough for our present issue. That for Glasgow and Aberdeen, we understand, will commence to-morrow.

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Correspondence.

STATISTICS OF SCARLATINA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In the existing prevalence of Scarlatina the following official returns, taken from the published reports of the Board of Superintendence of Dublin Hospital, may be of some benefit, or must be matter of some medical curiosity. The returns from the Hardwicke Fever hospital, the Cork street Fever hospital, and the fever wards of the Meath hospital, show that from March, 1858, to March, 1867, 336 cases of scarlatina were admitted into the Hardwicke, 226 into the Cork street, and 103 into the Meath, and that 36, or 10·71 per cent., died in the Hardwicke, 45, or 20 per cent., died in the Cork street, and that none died in the Meath.

Assuming, as we must, that all the physicians of these hospitals are equally capable to attend scarlatina patients, and that the same medical and nursing attention is paid in each hospital, this difference in the results appears to be unaccountable, that none should die in one institution, when 10 per cent. and 20 per cent. die in others in the same city. In the London fever hospital 793 cases of scarlatina were admitted in four late years, and 84, or 10·66 per cent., died.

This difference in the results would seem to imply that the medical officers of the Meath possess some mode of treatment which is not known to any others (in which case it is to be hoped they will publish it), or that the disease is year after year milder in the district from whence patients are admitted (which district is nearly the same as that from which the Cork street hospital admits). As these returns are made by the hospital authorities, their accuracy may be relied on.

26th November, 1869. D. Phelan.

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SIR D. J. CORRIGAN'S CANDIDATURE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I must take exception to a statement made by Dr. Mapother in his letter, published in your last issue, as calculated to lead to a very erroneous impression of the feelings and sentiments which actuated those who refused to support Sir Dominic Corrigan at the late election. Dr. Mapother alludes to "votes which were recorded against him for one political reason." Now, I deny that the reason for the votes having been thus recorded was a *political* reason. We would have gladly waived any one or all of our *political* views for the promised advantages to the profession; but we were not prepared to sacrifice our religious convictions, and join in a bigoted raid on the church whose principles we have learned to syllable with our infant breath and revere with our matured reason. Faithfully yours,

A Medical Elector but no Politician.

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TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

In a recent issue you gave prominence to the vacancies in connection with the physicianship of the Royal South Hants Infirmary. Some of our professional brethren at a distance will probably expect further information relative to vacant offices which should unquestionably be associated with everything that can be regarded as honourable.

I might content myself with referring to the numerous leading articles published in the Medical Circular over a series of years, as well as to two articles honestly written in the *Lancet*, dated respectively December 18th, 1858, and January 8th, 1859, for a truthful record of the proceedings of this so-called Royal institution. The facts therein adduced are so strong and equivocal that I venture to urge on my professional brethren who take the smallest interest in the reform of medical charities the propriety of consulting the articles named. So far as my own inclinations are concerned the past would be buried in oblivion, could it have been shown that a genuine endeavour to improve had been even attempted. Unfortunately, the present position of the institution in question demonstrates that the opposite policy continues all powerful, so much so, that this, conjoined with other accomplished facts, causes Southampton to be universally regarded as the pool of obstruction, for, whilst many other places have accepted the broad principles on medical questions which a few pioneers stood nearly alone in advocating more than twenty years ago, my adopted home has even retrograded in that as well as in almost everything else, and dearly has it already expiated its wretched shortcomings by the most marked degeneration and stagnation in everything which characterised a once thriving community.

Charity of all things should be above suspicion, yet, in fallen Southampton, with the exception of that noble work the ragged school, evil influences have largely operated in counteracting the benevolent efforts of our philanthropic ancestors, which only the vigorous use of the probe and knife will effectually eradicate.

The institution I have specially referred to, has long been denounced as a sink of corruption, for have not the destitute been compelled to accept the services of infirm physicians! whilst those of men with unimpaired senses, and proved equality in mental power, could have been provided for them?

Let some of our interested, liberals who have so warmly supported this abominable hotbed of impurity, tell us frankly what they now think of favouritisms, plurality of votes, and the securing of special efficiency in a professional staff by necessitating a three years' residence on the muddy banks of the Southampton water?

The names of such men as doggedly persist in refusing to exclaim *peccavi*, should be engraved on the hardest stone, and transmitted to the latest ages, as a protest against cant and hypocrisy. We are living in stirring times, and you as one of the safeguards of the profession, must be outspoken if you determine on increasing your power, and doing all that can be done to deserve the confidence of the majority of its members.

Such questions as I am about to suggest would have been irrelevant when men of my own age commenced their medical studies; consequently, as a body, we have not kept pace with the advancing spirit of our age, but, in many respects, have undoubtedly receded, and, therefore, have afforded grounds for the designation of the 'Tory Medical weekly,' "That we are a disorganized rabble." The medical men of Southampton especially merit this rebuke, for you are aware that even in our degraded town a few active spirits, stirred by the efforts of the Medico-political Association, have within a comparatively short period exerted themselves strenuously to secure a fair remuneration for medical club labour, and that those disinterested exertions, attended by many sacrifices, were mainly defeated by charity-mongers, by those self-denying creatures who affect to give their gratuitous services to the helpless poor! by one of the physicians, and two of the surgeons who adorn our renowned institution! One of the blessed fraternity is an *extraordinary surgeon*, and I believe they denominate him surgeon extraordinary!

I appeal to my brethren throughout the world, and I know that, through the medium of your excellent periodical, the appeal will reach them, whether it is not worse than degradation for physicians and surgeons to (Royal) medical charities to accept 10s. 6d., and even less, for midwifery fees, in addition to underbidding their brethren, and thereby obtaining club practice appointments at from 7½d. to 1s. per member a quarter. This is the position of *distinguished* medical men at Southampton, as recently demonstrated by the untiring efforts of well-wishers to the community; and a larger revelation of a like character would have been made did I not feel that I had already trespassed enough on your space. Yet permit me to add that the archives of this, we may hope, incomparable *Royal* charity will hand down to posterity some of the most glaring absurdities and blunders, elicited by special public inquiries, and endorsed by local obstructives, which the most flighty imagination could have conceived, although in thorough accord with the whole history of this unfortunate and misapplied establishment.

I am, Sir, yours faithfully,
EDWIN HEARNE, M.B., F.R.C.S.Eng.

Southampton, Nov. 27th, 1868.

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LARGE FAMILIES AND PUBLIC HEALTH.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—If Lord Amberley and others were wrong in attributing poverty and overcrowding in great measure to large families, Mr. Stuart Mill, the greatest economist of this day, is also in error. In that error, if error it be, I also humbly share. Will you favour me greatly by giving the following a place in your columns, and believe me, yours most faithfully,

C. R. DRYSDALE, M.D., M.R.C.P., F.R.C.S.

London, Oct. 28th, 1868.

"PRINCIPLES OF POLITICAL ECONOMY. By John Stuart Mill. Ed. 1866, pp. 591 (cheap or people's edition).

"CHAPTER XIII.

"*The Remedies for low Wages further considered.*

"1. By what means, then, is poverty to be contended against? How is the evil of low wages to be remedied? If the expedients usually recommended for the purpose are not adapted to it, can no others be thought of? Can political economy do nothing, but only object to everything, and demonstrate that nothing can be done?

"If this were so, political economy might have a needful, but would have a melancholy and a thankless task. If the bulk of the human race are always to remain as at present, slaves to toil in which they *have* no interest, and therefore *feel* no interest—drudging from early morning till late at night for bare necessaries, and with all the intellectual and moral deficiencies which that implies—without resources either in mind or feelings—untaught, for they cannot be better taught than fed; selfish, for all their thoughts are required for themselves; without interests or sentiments as citizens and members of society, and with a sense of injustice rankling in their minds, equally for what they have not, and for what others have; I know not what there is that should make a person with any capacity for reason, concern himself about the destinies of the human race. There would be no wisdom for any one but in extracting from life, with epicurean indifference, as much practical satisfaction to himself, and those with whom he sympathises, as it can yield without injury to anyone, and letting the unmeaning bustle of so-called civilised existence roll by unheeded. But there is no ground for such a view of human affairs. Poverty, like most social evils, exists because men follow their brute instincts without due consideration. But society is possible, precisely because man is not necessarily a brute. Civilisation in every one of its aspects is a struggle against the animal instincts. Over some even of the strongest of them it has shown itself capable of acquiring abundant control. It has artificialised large portions of mankind to such an extent, that of many of their most natural inclinations they have scarcely a vestige or a remembrance left. If it has not brought the instinct of population under as much restraint as is needful, we must remember that it has never seriously tried. What efforts it has made have usually been in the contrary direction. Religion, morality, and statesmanship have vied with one another in incitements to marriage, and to the multiplication of the species, so it be but in wedlock. Religion has not even yet discontinued its encouragements. The Roman Catholic clergy (of any other clergy it is unnecessary to speak, since no other have any very considerable influence over the poorer classes) everywhere think it their duty to promote marriage, in order to prevent fornication. There is still in many minds a strong religious prejudice against the true doctrine. The rich, provided the consequences do not touch themselves, think it impugns the wisdom of Providence to suppose that misery can result from the operation of a natural propensity; the poor think that 'God never sends mouths but he sends meat.' No one would guess from the language of either that man had any voice or choice in the matter. So complete is the confusion of ideas on the whole subject, owing in a great degree to the mystery in which it is shrouded by a spurious delicacy, which prefers that right and wrong should be mismeasured and confounded in one of the subjects most momentous to human welfare, rather than that the subject should be freely spoken of and discussed. People are little aware of the cost to mankind of this scrupulosity of speech. The diseases of society can, no more than corporal maladies, be prevented or cured without being spoken about in plain language. All experience shows that the mass of mankind never judge of moral questions for themselves, never see anything to be right or wrong until they have been frequently told it; and who tells them that they have any duties in the matter in question, while they keep within matrimonial limits? Who meets with the smallest condemnation, or rather who does not meet with sympathy and benevolence, for any amount of evil which he may have brought upon himself and those dependent on him, by this species of incontinence? While a man who is intemperate in drink is discountenanced and despised by all who profess to be moral people, it is one of the chief grounds made use of in appeals to the benevolent, that the applicant has a large family and is unable to maintain them. Little improvement can be expected in morality until the producing large families is regarded with the same feelings as drunkenness, or any other physical excess. But while the aristocracy and clergy are foremost to set the example of this kind of incontinence, what can be expected from the poor?

"One cannot wonder that silence on this great department of human duty should produce unconsciousness of moral obligations, when it produces oblivion of physical facts. That it is possible to delay marriage, and to live in abstinence when unmarried, most people are willing to allow; but when persons are once married, the idea, in this country, never seems to enter into anyone's mind that having or not having a family, or the number of which it shall consist, is amenable to their own control. One would imagine that children were rained down upon married people, direct from heaven, without their being art or part in it; that it was really, as the common phrases have it, God's will, and not their own, which decided the number of their offspring. Let us see what is a Continental philosopher's opinion on this point—a man among the most benevolent of his time, and the happiness of whose married life has been celebrated.

"'When dangerous prejudices,' says Sismondi ('New Principles of Political Economy,' Book vii., Chap. 5) 'have not become accredited, when a morality contrary to our true duties towards others, and especially towards those to whom we have given life, is not inculcated in the name of the most sacred authority; no prudent man contracts matrimony before he is in a condition which gives him an assured means of living, and no married man has a greater number of children than he can properly bring up. The head of a family thinks, with reason, that his children may be contented with the condition in which he himself has lived; and his desire will be that the rising generation should represent exactly the departing one: that one son and daughter, arrived at the marriageable age, should replace his own father and mother; that the children of his children should in their turn replace himself and his wife; that his daughter should find in another family the precise equivalent of the lot which will be given in his own family to the daughter of another, and that the income which sufficed for the parents will suffice for the children.' In a country increasing in wealth, some increase of numbers would be admissible, but that is a question of detail, not of principle. 'Whenever this family has been formed, justice and humanity require that he should impose on himself the same restraint which is submitted to by the unmarried. When we consider how small, in every country, is the number of natural children, we must admit that this restraint is on the whole sufficiently effectual. In a country where population has no room to increase, or in which its progress must be so slow as to be hardly perceptible, where there are no places vacant for new establishments, a father who has eight children must expect, either that six of them will die in childhood, or that three men and three women among his cotemporaries, and in the next generation three of his sons and three of his daughters, will remain unmarried on his account.'"

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Gleanings.

At the Stamford petty sessions, on Saturday last, Dr. Newman introduced the subject of earth closets. He said there had been considerable doubt of the practicability of dealing with these closets, on the ground that they had been found to fail in some places. He, therefore, suggested that the scheme should be adopted for the Stamford gaol, where it would be of sanitary benefit to the prisoners, and afford an easy opportunity for any one sceptical on the point to see that the system was not only feasible but practicable. Earth closets had been introduced into several gaols with the greatest success, and he had letters from Mr. Voules, inspector of prisons, and the governors of goals in which the closets had been adopted, all of whom spoke in the highest terms of the nuisances prevented by their use. The expense, Dr. Newman said, would be comparatively trifling of adopting them in the Stamford gaol. Mr. Simpson said the scheme had not been found to answer in the Stamford Union. Dr. Newman was not at all surprised at anything not answering there. After some further discussion it was decided to bring the subject before the Town Council. —*Lincolnshire Chronicle*.

Consumption and Dyspepsia.—At a late sitting of the Imperial Academy of Medicine, Dr. Marrotte read a paper in which he advocated the use of neutral acetate of potash in gastro-intestinal affections, such as mucous fevers, dyspepsia, &c. It ought, he said, to be prescribed in the shape of a solution in distilled water of a given strength, to be afterwards diluted as occasion might require. As it has a disagreeable taste, it should be administered in separate doses four or five times a day, rather than as a continuous drink. At the same sitting, Dr. Herard read a report on the therapeutic effects of arsenic in consumption, as described by Dr. Moutard-Martin. It appears that its efficacy was recognised by the ancients, and has been formally confirmed by some modern practitioners. Dr. Moutard shows that nearly all his patients subjected to the arsenical treatment experience considerable relief after a few days. In the course of three weeks they begin to lose their extreme leanness. The happy effects of this substance are chiefly perceptible in a kind of consumption unaccompanied by fever or very serious digestive disturbances. One of the first phenomena, observed after a while, is a return of appetite. The author of the report stated it, moreover, as his opinion that arsenic exercises a direct action on the lungs.—*Express*.

Transfusion of Blood.—We find it stated in the *Amico del Popolo* of Palermo, that Dr. Enrico Albanese a few days ago performed the operation of transfusion of the blood with success at the Hospital della Concezione of that city. A youth, aged 17, named Giuseppe Ginazzo, of Cinisi, was received at that establishment on the 29th of September last, with a bad humour in his leg, which in the end rendered amputation necessary, the patient being very much emaciated, and labouring under fever. The operation reduced him to a worse state than ever, and it became apparent that he was fast sinking, the pulse being imperceptible, the eyes dull, and the body cold. In this emergency Dr. Albanese had recourse to the transfusion of blood as the only remedy that had not yet been tried. Two assistants of the hospital offered to have their veins opened for the purpose, and thus, at two different intervals, 220 gms. of blood were introduced into the system. After the first time he recovered the faculty of speech, and stated that, before, he could neither see nor hear, but felt as if he were flying through the air. He is now in a fair state of recovery.

University of London.—The following are Lists of Candidates who passed the Examinations indicated :—

Second M.B. Examination.—Examination for Honours.—*Medicine.—First Class.*—George Vivian Poore, Scholarship and Gold Medal; Wm. Alsept Richards.* Gold Medal; Tempest Anderson,* B.Sc., Frederick Taylor,* equal; John James Ridge, B.A., B.Sc.; Reginald Eager, Fred. Harry Haynes, equal. *Midwifery.—First Class.*—Frederick Taylor, Scholarship and Gold Medal; William Aslept Richards,* Gold Medal; Reginald Eager*; Tempest Anderson,* B.Sc.; Daniel John Leech. *Second Class.*—John James Ridge, B.A., B.Sc.; George Vivian Poore. *Forensic Medicine.—First Class.*—Frederick Taylor, Scholarship and Gold Medal; Reginald Eager,* Gold Medal; Charles Dorrington Batt.* *Third Class.*—Tempest Anderson, B.Sc.; George Vivian Poore. M.D. Examination.—Thomas Cole, Arthur Wellesley Edis, John Wickham Legg, Thomas Michael; Charles William Philpot, B.Sc.; Robert Shingleton Smith, B.Sc., Gold Medal; John Kent Spender. M.S. Examination.—Marcus Beck, Edward Lloyd Harries Fox,† M.D., Henry Greenway, Howse.† B.S. Examination.—Pass Examination.—Tempest Anderson, B.Sc., John Wreford Langmore, George Vivian Poore, John James Ridge, B.A., B.Sc.

* Worthy of Scholarship. † Worthy of Medal.

Literature.

Notes on the Metals.—*By Thomas Woods, Ph.D., &c.* Longman, Green and Co., London, 1868.

Dr. Woods has issued a second series of chemical notes, which we have no doubt will be found most useful for the purposes for which they are intended. The author takes some credit for the fact that he has not used the term *acid* in these notes. The writer's views are, "1. The term acid is not necessary in teaching chemistry. 2. Clearer and more accurate views on chemical subjects will be instilled into the minds of beginners without it than by using it as is done at present in most class-books and classes. 3. Its employment, even in the most limited degree, without assigning it a definite meaning, is improper, since it leaves only a hazy idea of what is intended, where clearness is one of the first objects to be, if possible, attained." There are now many points, which like the term "acid" are so used in the practical demonstration of the science that it becomes a consideration of technical convenience. The expurgation of this word, however, entails some little inconvenience. The formation of a *lecture note-book* is rather a thankless task, and certainly not an easy one. To place in a clear condensed form all the salient points of the science would be much more advantageously performed by each individual pupil for his own use, providing that they are correctly noted. There is a kind of mental short-hand, which however convenient to ourselves cannot be made graphic to others. This is the true ideal of a *lecture note-book*.

As it is, the author has succeeded in giving a connected history of the metals, shorn of as much descriptive matter as possible.

As it is intended as a text-book for a school, we would rather see gold, platinum, palladium, &c., taken out of the catalogue of common metals and put in their old place amongst the rare. Gold is certainly still our ideal of a rare metal, and although sovereigns are every day in our hands and we see diamonds by the hundred in every well-dressed company, the first is, with some isolated exceptions, the most valuable metal (from its scarcity), and the latter our most uncommon mineral.

Perpetual Almanack and Calendar for the Investigation of Dates. By John Gairdner, M.D., F.R.C.S., Edin., 2nd Edition, Edmonston and Douglas, Edinburgh, E. Ponsonby, Dublin.

The superficial extent of the Calendar very inadequately represents the labour expended upon its construction. It is pleasing to find a medical man devoting his leisure time to the amelioration of his fellow-mortals by tending to their mental as well as their bodily wants. The principal objects to be obtained by the use of the "Perpetual Almanack" is conveyed in its name. By virtue of a sliding diagram called "Table 3," the almanack for any year retrospective, present, or future can be at once constructed. The movable table representing the unknown dates is arranged according to two other tables, one of which represents centuries, and the other years. Again, a doubtful date may be determined by the use of this diagram, as the author says "a matter of no small importance to the student."

This almanack should be in the study of every man of literary taste, and therefore must interest the profession, independently of the fact that it is the offspring of one of ourselves.

NOTICES TO CORRESPONDENTS.

Dr. J.—Thanks for drawing our attention to the paragraph. The statement is a palpable falsehood, and like many others which have preceded it in the columns of the journal in question. The Medical Press and Circular is now folded and cut by new and improved machinery, at the rate of 5,000 per hour. In proof of this, 6,000 copies were printed, folded, stitched, cut, and posted in nine hours, on Tuesday, the 17th ult. As the periodical in which this gross misstatement appears, only boasts of a little over half this number, "the cutting of so large an impression as theirs would involve a delay of at least twenty-four hours," needs no further comment.

Mr. Steele is thanked for his complimentary letter.

Dr. D. Basil Hewitt.—Therapeutic Application of Heat and Cold, will appear shortly.

Mr. Rawdon Macnamara.—The whole of your Address shall be published in our next as per request.

Dr. McCormac on Ventilation published in our last issue. At the end of the first paragraph, for tender, read *render*, and at the end of second paragraph instead of *are* concerned, read *is* concerned.

Communications with enclosures received from Dr. Edward Crisp, London; C. J. Meadows, Esq., Ipswich; Mr. Brooks, Dr Sharp, Rugby; Dr. Elliot, Carlisle; L. W. Banks, Esq., Dr. Richard, Northampton;

Dr. Haslett, Lakey; Dr. Segewick, London; Dr. Duncan, Glasgow; Dr. Lory Marsh, Nottingham; Dr. Scott, Dr. Rumsey, Cheltenham; Mr. Trenchard, Taunton; Mr. Morgan, Dublin; Dr. Grimshaw, Dublin; Dr. Cameron, Dublin; Dr. Mapother, Dublin; Mr. Nelson, Leeds; Dr. Mitchell, London; Dr. Croft, London; Mr. Bennett, London; Barnard Holt, Esq., London; A. Holman, Esq., London; W. Tyler, Esq., London; Henry Steele, Esq., London; Mr. Sargeant, Mr. Squire, Dr. Carpenter, T. Hodson, Esq., Mr. Short, W. H. Sandham, Esq., Cork; B. Godfrey, Esq., Enfield; Mr. Wilson, Mr. Whitford, London; Dr. McCall Anderson, Glasgow; Dr. Lane, Bishops Castle; Mr. Owen; Dr. Llane; Dr. Martin, Blackwaterstown; Dr. Waters, Tramare; Dr. Saunderson, Edenderry; Dr. Leeper, Longhall; Dr Williams, Dingle; Dr. McGurty, Delany, Kilkenny; Dr. Knotts, Castlebar; Dr. Swayne, Ballena; Dr. Lyster, Kilkenny; Dr. Stobart, Cork; Dr. Sharkey, Ballinasloe; Dr. Stadden, Skibbereen; Dr. Rearden, Kiltarmer, Dr. Russell, Fermoy; Dr. Crennian, Monasteraboice; Dr. Davidson, Dromara; Dr. Gaussen, Belfast; Dr. Mulvany, Dundalk; Mr. Stalden, Liverpool; Dr. Standfield Jones, Dr. Johnson, Dr. Tidy, Dr. Gordon, Dr. Wolfe, Glasgow; D. Phelan, Esq., &c., &c.

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BOOKS, PAMPHLETS, &c., RECEIVED.

Economy of Life. By George Miles. London: Trubner & Co.

Half-yearly Compendium of Medical Science. Philadelphia: L. W. Butler.

Diseases of the Urinary Organs. By Sir Henry Thompson. London: John Churchill and Sons.

A Dictionary of Materia Medica and Therapeutics. By Adolphe Wahlsuch, M.D. London: John Churchill and Sons.

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Comparative Anatomy and Physiology of Vertebrates. Vol. III. By Professor Owen, F.R.S. London: Longmans, Green, & Co.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 9, 1868.

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Introductory Address

DELIVERED AT

THE MEATH HOSPITAL, DUBLIN,

By RAWDON MACNAMARA, F.R.C.S.;

Vice-President Royal College of Surgeons in Ireland.

Mr. President and Gentlemen,—At the request of my colleagues I have undertaken the duty of opening our winter session here this year by what is generally termed an introductory address; and at the very outset, like a greedy schoolboy, I rush at what should, perhaps, be reserved as my *bonne bouche*, and in their name, as well as on my own part, discharge by far the most pleasing portion of my task in bidding old and young, one and all, a right hearty welcome within these the time-honoured portals of our good old Meath Hospital and County of Dublin Infirmary. Lectures such as these have latterly been decried as being trite and of but little interest, inasmuch as they must of necessity be but the repetition, not of a thrice told, but of a frequently told tale—a tale which from frequent repetition must have lost all point and zest, and to which more honour would be paid in the breach than in the observance. I am not, however, of those who think so, else I should not be here before you this morning; but I can readily conceive that such should be the sentiments of the veterans of our art—men who in their youth and manhood have borne the heat and brunt of the battle, and who in their old age yearn for repose—forgetful of the fact that an eager phalanx of raw recruits are pressing on in their rear, who must in the natural course of events, more or less worthily as the case may be, occupy their places, and to whom such lectures would present all the charms that novelty can impart them. Trite and worn out, then, as lectures such as these must be to the distinguished visitors who honour me this morning with their attendance, the young student may well ask himself the cause of their presence, and wonder why, by their gracious attendance, they inflict upon themselves the tedium of listening to such crude remarks as must of necessity be comprised in an address, in my opinion, suited for an occasion such as this. To such a question, gentlemen, the answer must be two-fold. The first reason, and that for which I now tender them my grateful thanks, is, I flatter myself, some anxiety on their parts to pay your lecturer every compliment in their power, and by their presence to cheer me on in the discharge of my duty towards you. The second, and by far the most important, is to read you a practical lesson, to prove to you by personal demonstration the successes, the honours, the dignities, that may await each one and all of you, should you merit them by a diligent and conscientious discharge of the duties which, doubtless, many of you have undertaken here this day for the first time. Not one of the gentlemen present here this day, who by their labours and researches have enriched the literature of our profession, and who have won for themselves social and professional distinction, that did not as students, and that in many instances at no very remote period either, occupy seats upon benches such as you fill here this morning. Is there, then, gentlemen, no word of encouragement to you in their presence here to-day? Can you fail in hearing the "God speed" which their very attendance here, as it were, wishes you. In your name, then, gentlemen, as in my own, I thank these visitors for the inconvenience to which they have put themselves by coming amongst us this morning, and I feel that I am but expressing their sentiments when I assure you that the best tribute you can pay them, the very best thanks you can return them, will be that hereafter they shall witness or hear of your success, a success which can only be insured by following the bright examples they in their studious and laborious lives have set you.

Such of you, gentlemen, as were in attendance upon this hospital in the past session must recognise, and recognise with pleasure, some important changes in its present appearance. The most striking of these changes are the greatly improved means of access afforded you by our new carriage drive, the enlargement of our grounds, the vastly improved appearance of our entrance hall, the increased size of our previously miserably small accident wards, the new entrance to the very lecture theatre in which we are at present assembled, together with many other minor alterations to which it is unnecessary upon the present occasion more particularly to allude. For these alterations and improvements we are mainly indebted to the exertions of our Standing Committee, who, without fee or reward, exert themselves indefatigably for the best interests of the institution; and I think, gentlemen, I may add, without fear of exciting invidious comparison, that no member of that committee has worked more earnestly in carrying out these improvements than my valued colleague, Mr. Collis. I understand that our Standing Committee were much encouraged in their efforts to carry out these improvements by the liberal addition made to our annual income by the Corporation of our city, for which they are entitled to the best thanks of all who feel for suffering humanity, and who, at the same time, interest themselves in the progress of our profession; but in an especial degree are we, to whom the prosperity of this hospital must be so dear, deeply and earnestly grateful to them for their well-timed liberality. I regret, however, gentlemen, to have to add that with our extended sphere of usefulness, so also have increased the demands upon our resources; and at the present moment the Standing Committee are sadly hampered from want of funds to meet their engagements. It therefore behoves all sincere well-wishers of this truly valuable institution to redouble their efforts on its behalf, and to co-operate heart and hand with its governors in their efforts to extricate it from its present difficulties. Whilst upon this theme, I may be permitted to throw in a word in season, specially addressed to the students of the hospital, and it is this—that, individually, they should exert themselves amongst their friends and relations to increase its funds, and thereby extend its usefulness. It cannot be expected that all should follow the bright example set them by that fellow-student whose name, I remark, has recently been inscribed upon the tablets which set forth the list of our governors, "Edward Percival, a pupil of the hospital, £21." But each of you can do something in your immediate circle, and the old Scotch maxim should not be lost sight of that "Every little makes a muckle," and you may depend upon it, gentlemen, that to a true-hearted physician or surgeon no pleasanter feeling can exist than that his *Alma Mater*, the institution in which first his eyes were taught to distinguish between darkness and light, should prosper and flourish.

Passing from these material changes in our hospital I have next to draw your attention to the introduction of a new name amongst our surgical staff, in the room of our former colleague, Dr. William Stokes, junior, and here at once I may be permitted to congratulate all true workers in our vocation that this change has not been necessitated by any more untoward occurrence than a natural desire on his part to shift the scene of his labours to an institution which early associations had rendered more congenial to his tastes. He still lives and labours in our midst, and I trust will long be spared to enhance the reputation of a name distinguished in our medical annals now to the third generation. In his place we have secured for you the services of Mr. Stronge. Had this gentleman's appointment been but of a few days' duration, I should have felt it my duty, as my privilege, to enlarge upon his qualifications for the post—qualifications vouched to us by a most successful professional career, by a most distinguished provincial reputation, by a life professionally and otherwise irreproachable as to honour, integrity and the nicest sense of what becomes the Christian and the gentleman. But as circumstances have so eventuated, it is quite unnecessary for me here to enlarge upon his merits. His appointment now dates back so far, that you yourselves are competent to decide upon the point. He has been working now amongst you for some months. You are witnesses to his zeal, skill, urbanity, and courteous demeanour. To you, gentlemen, with confidence, I leave the decision, and I am sure that your sense of justice and keen appreciation of all that should characterize a conscientious, hard-working, and able clinical instructor, will ratify the decision of the Medical Board. (Great applause.) Gentlemen, I accept your verdict, and shall see that it be recorded in Mr. Stronge's favour. I regret that, owing to severe indisposition, he is not here personally to receive it at your hands.

Of late years the question has been rather keenly debated, whether medicine has or has not any right to claim for itself a position amongst the exact sciences. I here employ the term medicine in the most comprehensive sense of the word, and wish to be understood as including in it all the many collateral branches into which the healing art has, in modern times, been subdivided. Those who claim for it such a position do so, doubtless, with the best intentions, and with a laudable anxiety to elevate its status. But, in my opinion, they who claim for it such a position, ignore the essential principles upon which medicine must unalterably be founded, and do injustice to the vast difficulties which attend upon the successful pursuit of the healing art; difficulties far greater than attend upon the study of any of those sciences which have their claims freely admitted to the term exact. To illustrate my meaning, let us for one moment reflect upon what would be the position of the mathematician who attempted to solve any problem, taking for the basis of his calculations the labour of some preceding mathematician into whose calculations some fundamental error had inadvertently crept—no matter how accurately his portion of the problem may have been worked out, a radical error such as this must vitiate his conclusions, and leave him no other resource than to commence his calculations *de novo*, to establish the principles upon a sounder basis, when he may expect more accurate results. Medicine, gentlemen, is precisely in this position. So far as she herself is concerned, she may be the most exact of all the sciences, but thanks to the follies, the sins, and the hereditary curse of man, in her case the preliminary calculations are of the most uncertain, of the falsest character, and consequently the results are but too frequently of the most disappointing nature. And yet withal, how noble, how imposing is the superstructure which its votaries have erected upon these shifting quicksands! How arduous, how meritorious must have been the labours of those who in spite of all such almost insuperable difficulties have advanced medicine to its present proud position. Gentlemen, it will be yours still further to advance the reputation and utility of your art, you must see to it that you fittingly qualify yourselves for the task even now, at the very threshold of your studies. Medicine may well be described as a tripod, the legs upon which it rests being anatomy, pathology, and chemistry. No doubt, in the course of the next few days, you will have sufficiently impressed upon your minds the all-importance of the study of anatomy, and of its eldest born, physiology, in the opening addresses which will be delivered to you at your respective schools of medicine. I shall content myself with observing, that the importance of these portions of your medical education cannot be too strongly enforced upon your attention, inasmuch as that whilst now every facility will be afforded you for the pursuit of your anatomical studies, hereafter such facilities will not be forthcoming, and should you neglect your present opportunities, in time to come, believe me, gentlemen, that you will bitterly regret such neglect. Shortcomings in almost every other branch of your studies may be supplemented by diligent application during your future professional career; not so with anatomy. In the words of Professor Hargrave, so lately enunciated to you in the able address delivered by him at the opening of our session, at the College of Surgeons, this study on your part must be "Nunc aut nunquam." Were further argument required, to carry conviction to your minds, it would be found in the devotion shown by the great master minds of surgery to anatomical pursuits. In the very zenith of their professional successes, it is well known to us all how John Hunter and Sir Astley Cooper found their greatest pleasure and relaxation in renewing and perfecting their anatomical knowledge. Admittedly all important then as is to you the study of anatomy, perhaps not much less so to the science of our profession is an intimate acquaintance with the facts and laws of chemistry. Each day does its wondrous bearing upon vital problems become more apparent, and more and more is it pressed into the service of physiology. Were our present knowledge of chemistry no more accurate than it was in the days of Paracelsus, then indeed the claims of medicine to rank amongst the sciences would be poor indeed, but to discuss this subject further would be foreign to the scope of an address suited for an occasion such as this. I must rather hurry on to the consideration of the third leg of my tripod, pathology, which intimately concerns us here, inasmuch as its study must be most beneficially carried on within the walls of the institution where during life the symptoms of the disease which, in spite of our best directed efforts, at last has proved fatal had been observed. In pathological investigations we will frequently find the solution of the enigma which during life had perplexed and baffled us; and it is as much your duty, gentlemen, to attend in our mortuaries the investigation into the nature of the disease, and the cause of the failure in our efforts to cure it, as it was your business to watch in our wards the symptoms presented during life by the patient. Every such investigation is attended with special instruction, and no one can predict how soon the information so acquired may prove of incalculable service in the treatment of a suffering fellow-being. Day by day is the value of pathological study becoming more fully recognised, and it is a proud boast for the Dublin School of Medicine to be enabled with truth to assert that years before a similar society existed either in the London or Edinburgh schools, the Dublin Pathological Society had attained a high rank amongst scientific associations. And here permit me to impress upon such of you as shall be allowed the high privilege of attending its meetings, to be punctual in your visits and earnest in your study of the various diseased structures which will be brought under your observation. To the industrious and intelligent student this society holds out many attractions, prominent amongst which may be enumerated the gold and silver medals annually awarded at the termination of each session to the authors of the best theses on some pathological subject, the nature of which is specified at their first meeting. An inspection of the shields which hang above our heads in this theatre, gentlemen, will show that a goodly number of these most honourable distinctions has fallen to the lot of former students in this hospital.

Not many more than twenty years have elapsed, gentlemen, since the majority of your present staff occupied, as pupils, seats upon the benches which you now fill. It is not much more than that number of years since your present senior surgeon, the President of our College of Surgeons, my distinguished colleague, Mr. Porter, was, as you now are, a student within the walls of this hospital. Twenty years, gentlemen, may be a long time for you to look forward to, believe me it is but a short time for us to look back to. Yet, what changes in the history of surgery have come to pass within these twenty years. Science within this period may boast of telegraphy and photography, yet, a strict sense of honesty would entitle us to claim these modern marvels of science to be placed to the account of medicine, inasmuch as they are the offspring of one of its branches—chemistry. We shall let that pass, however, and confine ourselves now to matters purely surgical. Twenty years ago, doubtless, all of us thought then, as probably you think now, that there was room but for little improvement in our art, and little indeed could even the most sanguine amongst us have dreamt of the vast strides surgery was destined to take within the next twenty years. At the period to which I allude the severest operations in surgery had to be performed upon the conscious patient writhing and screaming with agony. I well remember the strong man grinding his teeth to keep down the groan that he fancied would disgrace his manhood. The terrified and agonizing cry of the child vainly calling upon its "mother, mother," to save it, still rings upon my ear, and dwells upon my memory. Even still, I can see the poor, wretched, all but heart-broken mother sitting in our waiting-room, sobbing convulsively, with head wrapped up to exclude the sounds of her darling's agony—impotent to give it relief, and knowing well how essential to that darling's life was all this seeming cruelty. These, gentlemen, were harrowing scenes, now, blessed be the great and good God, for ever banished from our operating theatres by the wondrous, priceless gift of chloroform. The inestimable boon that chloroform has unquestionably proved to suffering humanity cannot be overstated; and, like all other immortal discoveries, its illustrious prophet must look for the due appreciation of the value of his labours to generations yet to come. It is an ungrateful fact to have to state, and, perhaps, to the ardent mind of youth, a discouraging one to boot, that all experience justifies me in thinking that to the words "a prophet has no honour in his own country," may well be added, "nor in the century within which he lives." This, however, is a theme upon which I shall no longer dwell. I shall leave it, at all events, for the present, and resume the thread of my discourse. That occasionally, though rarely, we meet with cases in which the exhibition of chloroform, from some mysterious and hitherto undisclosed cause, is attended with fatal results, is now-a-days a fact so admitted that the well-informed surgeon naturally hesitates to recommend its use unless in cases the gravity and severity of which imperatively demand its administration. I say advisedly "the well-informed surgeon hesitates," for in this, as in many other instances, "fools rush in where angels fear to tread." Hence it was that until the past year or so we frequently considered it more prudent to permit patients to suffer transitory pain, intense though for the moment it might be, than to subject them to the extra chance of death, infinitesimal though that chance admittedly is which the exhibition of chloroform, even in the most skilful hands, involves. Now, however, it is no longer necessary that even in these trivial cases patients should suffer pain, thanks to the laborious and scientific labour of Dr. Richardson of London. In local anæsthesia we find an admirable substitute for chloroform in cases of the character to which I allude. Tumours can be excised, whitlows incised (perhaps for the time it occupies by far the most painful procedure in surgery), abscesses opened, and many other similar operations carried out by the surgeon, whilst all the time the patient calmly looks on, perfectly unconscious of the agony which otherwise he unquestionably should have suffered. At the time to which I allude, gentlemen, limbs were ruthlessly sacrificed which now-a-days are saved. Resection of joints has in many instances taken the place of amputation of limbs, and at the present moment people are walking about on legs which twenty years ago would have been removed, and are feeding and supporting themselves with arms which then would have been consigned to the tender mercies of the amputating knife. To this important development of conservative surgery Irish surgeons have contributed their full quota.

. . . . At the period to which I allude, the patient suffering under popliteal aneurism had no other alternative afforded him than to submit to a difficult and dangerous operation, deligation of the femoral artery—an operation which frequently, from causes independent of the operator, terminated fatally. Now, thanks to the labours of our Dublin surgeons—foremost amongst whom must be named the late lamented Doctor Bellingham—ligature of the femoral artery, with all its concomitant dangers, is an operation rarely in this city called for; the treatment by external compression proving eminently successful. A strange feature in connection with this mode of treatment is that, even to the present moment, our Irish surgeons seem to enjoy a speciality in it—it not having even as yet taken its legitimate position amongst surgeons on the other side of the Channel. What I should say is the characteristic feature in Irish surgery is, that it is pre-eminently eclectic. No sooner do we hear of a novelty in practice than it becomes to us the subject of thoughtful consideration. Not rashly taking it up because of its novelty, we view it with all the lights which modern science can throw upon it, and, if weighed in this manner, the procedure seems to have merit, we practically test it, and the result of our experience we honestly communicate to our fellow-labourers. By such means only we conceive can our profession be advanced; to act otherwise would be but to apply drags to the chariot wheels of surgical science, to deprive those who consult us of the advantages of modern improvements in our art, and in the end sensibly to affect the proud position now enjoyed by our Irish School of Surgery. Intimately connected with the treatment of aneurism by compression, must always be ligature of the femoral artery, inasmuch as in cases of failure by the former plan of treatment, the latter must be the surgeon's last appeal. In studying the history of deligation of the femoral artery, it is interesting to remark how the progressive tendency of the surgical mind is to apply the ligature at increasing distances from the site of the disease. Thus Hunter applied it in the centre of its course, in that space which still bears his name. Antonio Scarpa, selecting a site higher up, gave his name to the space in which now it is most frequently deligated. But within the period to which I am confining these remarks, that surgeon of whom we in this hospital are so justly proud, the late Professor Porter, selected a site still higher up, in which, as he proved, the artery could be reached with greater facility, and secured with greater safety to the patient's life. Had he been born an Englishman, or even an Italian, this space would long ere now have been described in the annals of English surgery as Porter's space. But, gentlemen, unfortunately in this particular for himself, though fortunately for the reputation of our Irish school of surgery, he was Dublin born and bred; and inasmuch as it takes a long time for facts in surgery of Irish origin to travel eastward, we must only console ourselves with the truth of the maxim, "Magna est veritas, et prevalebit." In a communication which I had the honour of making to the British Medical Association at their meeting here last year, which communication will be found in the pages of the Journal of the Association for the year 1867, I entered somewhat fully into this subject in connection with a case in which I successfully delegated the femoral artery in Porter's space; and, as I flatter myself, proved to the satisfaction of all present that so far as our present statistics go, this operation most justly claims a foremost rank amongst the great advances made within the past twenty years in the science and art of surgery. Were a surgeon some twenty years ago consulted by a patient labouring under ovarian disease, what line of treatment could he adopt? what amount of hope as to ultimate recovery could he honestly hold forth? At that period, gentlemen, his treatment could only be palliative, and as to hope of ultimate recovery, little, indeed, could he afford the wretched sufferer. It is true that some temporary relief might have been afforded by the trocar ; but only that in the vast majority of cases her sufferings should speedily return, and her doom was but too surely, at no far distant period, a grave. How now are matters with us? I suppose, gentlemen, that I am by no means overstating the results of the modern operations for ovariotomy, when I assert that the number of patients thus rescued from all but certain death can now be counted by hundreds, whilst in former times the most skilful treatment could only boast of its units.

Let us consider, gentlemen, how within the past few years that most formidable disease, stone in the bladder, has been to a great extent deprived of its dangers and robbed of its horrors by the substitution in suitable cases of the operation of lithotrity for lithotomy, a substitution which has been brought about within the period to which I allude. Again, gentlemen, when I was a student, cases of urethral stricture required a period of from six to eight weeks for their successful treatment. How often have you not now-a-days, within the walls of this very hospital, seen such cases effectually cured in a fewer number of minutes? From the earliest records of operative surgery down to the days of Ambrose Pare, and even later, the descriptions we have of surgical operations were but one page of sickening horrors. To the student looking over the historical records of our profession no subject can present greater or yet more painful interest than the methods adopted in the older times for the arrest of hæmorrhage after surgical operations. To a person possessed of a vivid imagination and of a humane disposition, nothing can be more harrowing than the calm way in which is described the employment of a knife, heated to redness, with which to make the incisions, and, at the same time, staunch the bleeding. In spite of ourselves we cannot avoid reproducing in our imagination the heart-rending screams of the patient, struggling fiercely, but ineffectually—for he is firmly bound, and anæsthetic agents are unknown; the hissing of the poor creature's flesh as the glowing knife traverses it, the sickening odour that arises from the cauterised tissues, the screams, at last, become hoarser, as they issue from a throat parched with agony, and weaker, as they are emitted from a frame exhausted by physical suffering and the unavoidable loss of blood; the subsequent application of red-hot cauteries, more screaming, more hissing, more odours; and, as if all this were not sufficient, agony is piled upon agony by the occasional additional application of boiling oils, boiling pitch, boiling turpentine, melted lard, melted sulphur, &c., according as the individual predilections of the operator prompted him. Whilst the subsequent dressings of the stump of such of those as survived the operation bring up equally painful associations; the grim list of digestives employed not being one whit more merciful, "Oyle of Elders boiling hot," being that most in vogue during Ambrose Pare's earlier experiences. All honour, then, to that Ambrose Pare who delivered us from all such cruel necessities by the heaven-sent inspiration—I can scarcely content myself with calling it invention—of the ligature; an invention which apparently gave such relief to the minds of surgeons, as a calm succeeding a storm, that until within the past few years they have rested satisfied with it, notwithstanding its numerous and frequently acknowledged drawbacks and inconveniences. Believe me, gentlemen, that no conscientious surgeon sleeps upon a bed of roses, so long as the ligature which he has tied upon one of the principal arteries has not come way. No; the sword of Damocles is suspended over his head until that event happily arrives, and then how deep is the sigh of relief which at last he draws! Thanks to the energy of that great man, Sir James Simpson, surgeons at last are being aroused from their state of lethargic contentment, and acupressure is upon its trial. Whether it will fulfil or not all our requirements, I am not as yet in a position positively to state. As you are aware, gentlemen, I am subjecting it to the crucial test of experience in every suitable case, but important problems such as this require extended clinical investigation; anything short of that would be but to betray the trust confided to our charge. That acupressure has proved eminently successful in many of the cases, and those of great gravity, in which I have employed it, is true—that in the hands of other surgeons, especially those of Aberdeen, in severe surgical cases, its reputation has even been more signally upheld, is also true; and that it may yet eventually to a great extent, if not altogether, dethrone its long-established rival, the ligature, in the hands of all unprejudiced surgeons, may be probable; but even should all these anticipations be disappointed, should it utterly fail in realizing the hopes of even the least sanguine amongst us, it will have done one good service to the progress of scientific surgery—it has roused us from apathy, it has opened our eyes to the imperfections of the ligature, it has set our minds to work; in one expressive word, it has put us upon our mettle; and as the result, gentlemen, I feel convinced that the days of the ligature, if not actually numbered, are decidedly shortened. In my early days patients suffering under fractured legs were confined for weeks upon weeks to their beds. Now, within a few days of the accident, we meet them walking about our wards. Formerly silk, hemp, or some other organic substance, was our only form of suture; now iron and silver wire occupy their place with resulting advantages too numerous here to enumerate, but which a few months spent in our wards will enable you to appreciate. Even at the moment at which I speak operative surgery is threatened with being completely revolutionised as to its results by the carbolic acid treatment of Professor Lister. Vesico-vaginal fistulæ no longer consign their wretched victims to a miserable life, to which in many instances death itself is preferable. Fissured palates no longer are dependent upon mechanical means for their relief. Deformities now more rarely offend our eyes, and surgery, as Alexander of old, bids fair soon to have to sigh for new worlds to conquer. I have considered, gentlemen, that a retrospect such as this of the events that have occurred in surgery within my own recollection, cursory and incomplete though of necessity it should be, cannot be unattended with some advantage to you. It must tend to prove that if such strides have been taken in the comparatively few years that have elapsed since I, like yourselves, was a student, what may not be looked for before the next period of twenty years has expired? You have physical aids to investigation absolutely unknown to the student twenty years ago, or inaccessible from their price. Then a *savant* would feel proud of the possession of the instrument which at the present day, in consequence of its moderate price, is termed the Students' Microscope. Our only means of examining the throat and windpipe was the spoon, with which we depressed the tongue; you have the laryngoscope. Visual examination was the only means we had of ascertaining the nature of diseases of the nostrils—a method by which we were utterly at fault when the posterior aures were the seat of the disease; you have the rhinoscope. For diseases of the rectum and vagina it is true we had specula of various forms; but, in addition to those, you have now the endoscope, whilst the osteoscope and the ophthalmoscope give you great advantages in the study of diseases respectively of the ear and of the eyes. Of a verity, gentlemen, much is now intrusted to your charge; see to it, that hereafter you will be able to give a good account of your stewardship. My time here, gentlemen, is rapidly drawing to a close, and yet would I fain say a word more to you, not so much about your professional as your extra-professional studies. As yet, none of our licensing bodies demand of you proofs of having studied hygiene, and yet, perhaps, it is the one subject of all others most important to the public weal, that to the value of which the public generally are becoming more alive. Upon a thorough acquaintance with its principles the health not only of individuals, but of communities, depends. And here again, at the risk of being considered vainglorious, I will venture to assert that Irish surgery has taken the lead. Years since, in 1844, our College of Surgeons established a professorship of hygiene; the lectures are delivered during a comparatively unoccupied period of your year, in the summer session; no fee is exacted for attendance upon them; they are open to all comers, lay or medical, male or female; the reputation of the professor, Dr. Cameron, is sufficient guarantee for the manner in which the duties of the chair are discharged. Let me, then, most earnestly impress upon you the importance of taking advantage of this opportunity afforded you of becoming versed in a subject which hereafter will prove of such importance to you in your professional relations. "All work and no play makes Jack a dull boy," is an old, and, I believe, a true adage; and what is true of the boy doubtless is true of the student. You cannot—nay, more, you ought not —employ all your hours in the study of medicine; you must have some relaxation. In spite of what has been frequently urged elsewhere, I believe that the preliminary education of medical students has been much improved of late years. I believe, also, that much of this improvement is due to the steady enforcement by our College of Surgeons of an amount of information on the part of those who pass our preliminary examination, equivalent—to state it in the mildest manner—to what would enable the student to pass the entrance examination in Trinity College. Whilst, therefore, I cheerfully acknowledge this improvement in your preliminary studies, still I fear that, as a rule, there is a sad deficiency upon your parts, so far as an acquaintance with modern languages is concerned. Now, gentlemen, if you but knew the amount of absolute pleasure of which you thus deprive yourselves, I think you would make some exertion to remedy this state of things. When tired of professional work, if, instead of seeking questionable haunts of so-called pleasure, you would only attend some of the numerous evening classes carried on in our city for the study of modern languages, you would unbend the bow, and at the same time discover that for which the profligate and effeminate monarch of old sought in vain—a new pleasure. At the present period of your life it would be impossible for you to estimate at its just value the future importance to you of a moderate knowledge of even one of the continental languages. In conclusion, gentlemen, permit me to remind you that it is in the wards of your hospital that you are to study disease, that there it is you will see carried into practice all the theoretic precepts inculcated upon you elsewhere, that disease is Protean in its character, daily, nay, hourly, changing its features, and that hence will it demand of you the closer study; that to miss one day's observation of the case in which you take an interest is, as it were, to lose the thread of a discourse, and may render all your previous attention of but little avail. Let me advise you to be punctual in your attendance here each morning. In your intercourse with the sick entrusted to your charge, be kind, be forbearing, be gentle, be humane, remembering that they are your fellow-men, God's creatures, in but too many instances, sadly and sorely afflicted. Upon your return to your homes each evening, reflect over the observations you have heard made upon their cases by the surgeons in attendance, contrast these observations with the phenomena of the disease which your own powers of observation have enabled you to collect, read concurrently the works of authors of standard reputation upon the subjects of your morning's study, preferring as much as may be monographs to manuals, and in your reading let the words of Bacon ever influence you—"Read not to contradict and confute, nor to believe and take for granted, nor to find talk and discourse, but to weigh and consider." If with all this you cultivate the habit of accurately recording the cases entrusted to your charge; if you seize every opportunity of practically familiarising yourself with such details of minor surgery as usually falls to the lot of students in an hospital, you will have done much to qualify yourselves hereafter to discharge with credit the duties which may devolve upon you. Gentlemen, I have done; but before we part I have a solemn message to give you—a message the more worthy of your attention, inasmuch as ages ago it emanated from the lips of the wisest human being who ever lived—it is contained in a few words, and is simply this—"The fear of the Lord is the beginning of wisdom."

Original Communications.

ON A NEW SPHYGMOGRAPH.

Invented by M. Longuet.

Translated by **Thomas W. Grimshaw**, M.D.,

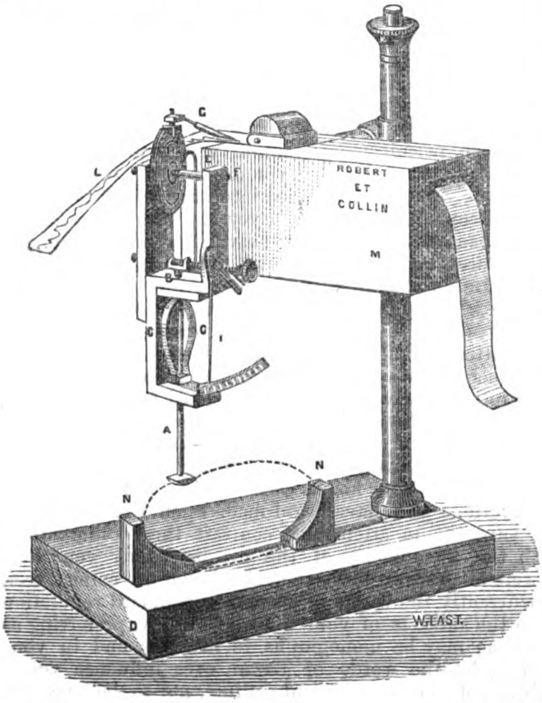
One of the Physicians to Cork Street Fever Hospital; Lecturer on Materia Medica in Steevens' Hospital.

M. Behier exhibited at the Académie de Médécine, on the 10th of November, a new Sphygmograph, the invention of M. Longuet, of which he gave the following description :—

The essential part of the instrument consists of a vertical stem A, (see fig.) terminating above in a crutch-shaped

extremity B, to which is attached a thread, which is wound round a moveable axle, and its lower end terminates in a plate and button, which presses upon the skin covering the artery to be examined.

A spring C presses against this stem which it depresses, after the stem has been raised from below by the shock of the artery. Upon the moveable axle is fixed a wheel H, which by each movement of the artery is made to describe an arc of a circle proportional to the force communicated to the vertical stem by the shock of the arterial pulsation.



The principal stem also transmits to a moveable needle I, a motion which indicates the amount of pressure exercised upon the artery, as also the power of the arterial pulse. An ordinary pen is held by an articulated stem G, attached by a clamp to the wheel, the motions of which it follows, describing a horizontal tracing where the principal stem makes a vertical movement.

The paper upon which the tracing is described, is set in motion by two cylinders moved upon one another by clockwork. The length of the paper should be one metre and four centimetres. The motion of the rollers is quicker than that of the slide of Marey's instrument.

The apparatus is worked by clockwork M attached to a sliding support K, fixed in a wooden stand D; upon this stand are two moveable wooden supports which serve to maintain the arm in proper position. Without this last arrangement the arm should undergo pressure sufficient to derange the circulation.

The mode of application is as follows: The arm is placed between the two supports on the stand, in such a way that the artery shall be placed under the plate and button. The whole instrument is now brought down by means of the sliding arrangement until the terminal button presses upon the skin covering the artery; immediately the needle describes an arc of a circle indicating the pressure, and at the same time the wheel also makes a partial revolution.

By a few repeated trials we arrive at the maximum of oscillation, when the instrument is in proper position. The pen is now placed upon the wheel and maintained in position by the clamp; the point then marks the paper by a to-and-fro movement, which by the motion of the paper is converted into an undulating line.

The instrument has the following advantages over that of M. Marey. 1st. The arm does not experience any pressure except at three points of little extent, namely, the two supports and the terminal plate. This pressure is not sufficient to obstruct the venous circulation.

2nd. The mode of support of the arm permits the application of the instrument to children, thus supplying the want pointed out by M. Siredey in the examination of young subjects.

3rd. The pressure upon the artery is made perpendicularly and is much more limited, the tracing is consequently more precise.

4th. The pen is much more manageable than that of M. Marey; it is not only capable of being removed without changing the position of the instrument, but also its holder can be lengthened or shortened, by which the described arc can be increased or diminished, the result being that the tracing from the same pulse can be rendered more or less ample according to the object of the experiment. The indications given by the instrument remain, however, comparable with one another.

5th. The dynamometer not only indicates the general presence (as the dynamometer adapted to Marey's sphygmograph by M. Béhier), but also the force exercised by the pulsation.

6th. The movement of the clockwork lasts longer than in Mary's sphygmograph, allowing the employment of a longer band of paper, and permits the registration of peculiar (intermittent) varieties of pulse.

7th. Enamelled paper is not required; the endless bands used for telegraph purposes may be used.

8th. The apparatus can be arranged and applied without the stem making any pressure upon the artery, (an improvement already introduced into Marey's instrument by M. Béhier).

9th. The sliding rest, upon which the whole apparatus is supported, is moveable in such a way that the terminal plate and button can be moved outside the stand by giving the apparatus a turn, thus making the instrument available for examining the pulsation of the heart, the femoral, &c., by applying the stand upon the chest, thigh, &c.

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Hospital Reports.

MERCERS' HOSPITAL.

CALCULUS IN THE BLADDER WITH REFLEX PARALYSIS—LITHOTRITY.

SUCCESSFUL ISSUE.

By Mr. Morgan, F.R.C.S.I., Surgeon to the Hospital.

M.B., æt. thirty-eight, a musician and ex-pensioner in the army, and father of four children, was admitted July 10, 1868, being sent from the country as an aggravated case of paraplegia. He gave the following history:—About eight months previously he suffered from pains in the lower limbs, the legs were œdematous, and he was troubled by incontinence of urine. The lower extremities became completely paralysed, alternating with spasmodic contractions at intervals. An extensive slough formed over the sacrum, and he suffered much from pain and great prostration. The urine was constantly flowing away, and there was excessive irritation about the bladder. This condition had existed for six or seven months without mitigation.

On admission he was in a most pitiable condition, suffering greatly from spasms and pains in the lower limbs. The urine constantly dribbling away, the penis being nearly always retained in the urinal. The prepuce is partially sloughed away, and the fæces are passed involuntarily. The lower extremities are wasted and the legs œdematous. Sensibility is perfect. There is constant irritability of the glans penis, and pressure over the pubis causes considerable pain. The urine is alkaline, with a large quantity of pus and phosphates. A catheter was introduced, and on its passing into the bladder violent contractions of the limbs took place, and the rectum emptied itself at once. Very little urine was drawn off, and a calculus could be detected close to the vesical orifice.

The bladder was washed out with warm water and emptied by Clover's apparatus, which was extremely serviceable and convenient. The prepuce being in a semi-sloughed condition it was divided freely, and the glans exposed. Nitro-muriatic acid and Pereira brava were administered, and the parts carefully dressed with chloride solution.

Looking on the paralysis as reflex, and depending on the irritation caused by the calculus, I determined on breaking down the stone by lithotrity, as the case was otherwise favourable, when the general health and the condition of the urine was improved. On the 23rd July I passed in a Charriere's lithotrite, and after some manipulation I succeeded in seizing the stone, which I crushed successfully and without causing any pain to the patient. A warm poultice was put over the lower part of the belly, and a free anodyne administered. There was no irritation or pain caused by the operation, which occupied four minutes.

The bladder was not washed out, but left quiescent, and shortly small portions of detritus were passed.

3rd August. Since last report several portions of calculus have been passed, including one large fragment which had been partially impacted in the urethral orifice for a few hours.

The paralytic symptoms had visibly improved, the pain in micturition abated, and considerably more power of retaining urine had been gained. On careful examination with the lithotrite, at a sitting this day, a rather large fragment of stone was found and crushed. The treatment was continued.

August 11th. Another sitting was held to-day, and the remaining fragment of stone seized and crushed. As these portions were small I washed out the bladder with warm water.

From this date the symptoms steadily improved, the detritus gradually disappeared, till on the 20th August the patient suddenly found great difficulty in passing water. On introducing a small catheter a fragment could be felt at the orifice of the bladder. I then passed the Clover's catheter, and withdrawing the stylet the fragment fell into the large eye of the instrument, and so I removed it—measuring about the size of a large pea and irregular in outline. No further fragments were passed or could be detected after this date.

The patient gradually improved now from day to day, the power of retaining urine increased, and the pain in micturition almost disappeared by the first week in September, when he was able to sit up, but with difficulty, as unfortunately an extensive slough had formed over the sacrum, corresponding to the cicatrix of the original one. This retarded his recovery very materially. On the third week of September the patient was able to stand a little, and gradually improved in walking and power over the limbs, when he was discharged cured, being able to go home to Athlone by himself, and to walk steadily with the help only of a stick.

He passes urine but once or twice a night, there is no calculus of any kind to be felt on most careful examination, and the limbs are increased fully one-fifth in size.

The instrument of Charriere's I first used was a combination of catheter and lithotrite. At the second sitting there was some difficulty in withdrawing, and on examination I found that the hollow rod had partially given way, and that this was at a welding point. I subsequently used the instrument with the solid rod, which I found serviceable and I am sure more reliable, unless for a very soft stone. This stone was soft, phosphatic, and nearly measured 1¼ by 1½ inch, and was so broken up that I could obtain but three fragments of any size; the rest passed as copious detritus.

In this case the condition of the lower limbs was very marked, and the spasms on passing an instrument or moving it in the bladder were so severe that the students present had to steady the limbs by pressure; and it was very interesting as proving the high degree of reflex irritation, that on passing along the urethra there were no spasms till entering the bladder, and when entered they were excited by the slightest touch to the interior, and this to a very violent degree. The progress of the case towards cure, once the stone was well crushed, was most steady and satisfactory, the patient walking home an apparently sound man, who had some time before been carried into hospital in extreme misery and prostration.

CASES FROM MELBOURNE.

By Mr. Henry Lee, of St. George's Hospital.

We are indebted to Dr. Bird, of Melbourne, for the following cases. The first is interesting from the obstinate resistance which it offered to all remedies; and the second from the perfect manner in which the cure was effected by means of the colonial vapour baths.

Case I.—*Intractable case of Communicated Constitutional Syphilis.*

Mrs. ——, æt. thirty-seven, atro-bilious temperament, came under my care in 1862, suffering from neuralgia of the face and head, not decidedly intermittent, nor apparently dependent on any of the usual local or constitutional causes. She was treated with various remedies, both external and internal, for about four months, without any marked benefit, when the pains changed their character, and became decidedly periosteal with tenderness of the scalp, the clavicles, and sternum, and sometimes of the ulna. I at once gave her iodide of potassium, which rapidly produced its usual good effect. She continued it for four months, got fat and well, and lost all her pains. Some two months afterwards, she began to get thin, spat a little blood, and had decided tubercular click in the left supra-spinous fossa. I put in a little seton in that locality, and gave her cod oil and iodide of iron. The symptoms gradually subsided, and have never recurred; but with the subsidence of the chest symptoms the old periosteal pains began to return with greater violence than ever, and now the system was absolutely unable to bear iodine in any form; even the one-tenth of a grain of iodide of potassium caused violent vomiting, and a herpetic eruption on the skin. She began to have remarkable *fugitive* nodes on the head, which would appear at night as large as half a pigeon's egg, and apparently filled with fluid, and intensely tender; these would disappear in 24 hours, to reappear on the other side of the head; similar swellings occurred on the sternum. The iodide and biniodide, or bichloride of mercury, or even grey powder in the minutest doses, caused violent mucous irritation and vomiting. I used Lee's vapour bath, both with calomel and cinnabar; this was borne well, but did no good after a lengthened trial. After a year of intense suffering she got into the habit of taking opium regularly, about ʒij of Battley in the day. Despairing of the anti-specific treatment, I gave her tonics of all kinds, which were borne well enough, but did not affect the pains in the least. Full diet and low diet were equally inefficacious. She tried hydropathy and homœopathy; the first did rather harm, the latter no good, as it is hardly necessary to state. Her history is this: she has been married fifteen years to a gentleman, who allows that he had suffered very severely from constitutional syphilis, from which he was, however, decidedly cured before his marriage. He bears, however, several decided scars of rupia, and had undergone very severe treatment at the hands of many physicians and surgeons on the continent. She had one miscarriage a few months after marriage, and has never been pregnant since. The womb is perfectly healthy.

Neither he nor she have had any primary symptoms since marriage, nor has he had any return of the tertiary symptoms from which he had formerly suffered so long. About a year ago she was persuaded to consult a quack, who has a really valuable cholagogue nostrum with which he treats rheumatism and liver disorders. This did her more good than anything since the first use of the iodide of potassium, but has now entirely lost its effect; the pains are as bad as ever, not limited to any time of day, not affected by weather or any external causes. She seldom has the nodes on the head now, and never on the clavicles or sternum. Four months ago the left eye began to bulge, and she began to lose the use of the left cheek. She is now (June, 1868) unable to close the left eyelid, and the mouth is drawn to the right side. There is a large periosteal tumour on the right brow and side of the head, but no other swelling of any kind perceptible about the head or face, nor any further symptoms of paralysis than the above. The sight is not affected. I have used at one time or the other every sedative I could think of, either in or out of the pharmacopœia, both by the stomach and subcutaneously, without more than a very slight benefit. Sal ammoniac both in large and small doses, quinine, iron, zinc, aconite, arsenic, galvanism, acupuncture, sarsaparilla by the gallon; numerous medical men have met her latterly in consultation, but (with the exception of an eccentric Frenchman, who proposed to cover her with dry cups from head to foot), no treatment has ever been proposed which I had not tried previously without effect. I have no doubt of the case being one of communicated constitutional syphilis, which I believe is now attacking the brain. I may mention that the liver is rather contracted than otherwise, and that at the times when the pains are most severe, she is liable to have bile in the urine, but never jaundice. I have endeavoured to introduce iodine endermically by means of iodized soap made of iodide of potassium and white curd soap; this when rubbed into the skin is absorbed very readily, but causes the same bad symptoms as when the drug is given internally; of course, I have tried the rubbing in of mercurial ointment till the gums were gently affected, but with equal nullity of good result. She now takes no medicine beyond her daily allowance of opium.

CASE II.—*Syphilitic Stricture of Lower Bowel treated by Mercurial Vapour Bath.*

A gentleman consulted me some months ago with the following symptoms. A hard base of an old chancre on the prepuce, and scattered coppery scaly eruption about the trunk. These symptoms dated for some months, and were avowedly syphilitic. Latterly he had found increasing difficulty in passing his fæces, which came away in thin pieces about the diameter of the little finger. When he had neglected the bowels for some days he was liable to a hard collection in the cæcum, which required repeated enemas and doses of oil to dislodge. The gut could be felt as a hard round cord externally, as the sigmoid flexure dipped into the rectum. The finger failed to reach the constriction, but with a little care a rectum bougie was introduced into it, and so tightly gripped that considerable force was required for its extraction. He had suffered a good deal from dyspepsia, was very low-spirited, and had the faded look common to these cases. He had a horror of taking mercury, because another medical man had given him ¼gr. doses of the bichloride, which had produced violent mucous irritation and had aggravated the symptoms. I made him use a Lee's lamp with ℈j of calomel every other night, and take 10 grs. of ox gall with gr. j of extract of aloes every night. This made the fæces so soft and homogeneous that they passed readily without the necessity for enemas. The treatment was persevered in for four months, at the end of which time he had no trace of syphilis visible, and passed large healthy stools without any trouble. He is now in better health than he has been for many years.

CORK STREET FEVER HOSPITAL.

Under the Care of DR. GRIMSHAW.

THE two following cases are of interest on account of the peculiar nervous lesions accompanying them. Unfortunately no *post-mortem* examination was obtainable in either case.

CASE I.—Kate K—., aged thirty years; eight days ill before her admission into Cork-street Hospital on August 2nd, 1868, when she presented all the symptoms of typhus except maculæ, which appeared on the following morning. Ordered nitro-hydrochloric acid, and four ounces of wine.

August 3rd.—Maculated; doubtful ptosis of left eyelid; running all right; continue treatment.

4th.—Worse in every way; did not pass water from visit time yesterday until catheter was used in the evening. Ordered eight ounces of wine.

5th.—Worse; pulse very weak, little chance of recovery; ordered wine twelve ounces, and blister to back of neck.

6th.—Paralysis of left side of face; no paralysis elsewhere; continue treatment.

7th.—Got a little better yesterday, but is now worse, quite insensible; paralysis of face continues; doubtful paralysis of right leg; bowels confined; ordered turpentine enema. Got somewhat better after the enema, but died in the afternoon.

Paralysis in connection with typhus fever is rare, but less so as a sequela than as a complication, as occurred in this case.

CASE II.—Thomas C—., aged twenty(?) years; married; a shoemaker; eight days ill before his admission into hospital on July 28th, 1868. Has Pot's curvature of the spine, for which he has been treated in Mercer's Hospital. Has paralysis of the lower limbs; cannot or will not speak except in occasional monosyllables; great hyperæsthesia of legs; cuspes on the right side of the penis and scrotum; tongue dry, and lower extremities cold; pulse pretty good. Ordered heat to extremities; chloric ether; and two ounces of whiskey made into punch.

July 29th.—Maculated; passed urine and fæces involuntarily; pain and stiffness of arms; cut part of his shirt. Ordered blister to nape of neck; calomel three grains, wine six ounces.

30th.—Maculæ numerous and distinct; delirious and dangerous during night; pulse 102, very weak; arms very stiff and painful; respiration, 32; temperature, 102·8; some bronchitis. Ordered blister to chest, leeches to temples; repeat calomel.

31st.—Decidedly worse; pulse 108, very weak; respiration, 36; temperature, 132°; retention of urine, a small quantity of urine was removed by the catheter; blister did not rise on chest. Ordered wine sixteen ounces, whiskey two ounces; continue cantharides to head and chest; continue calomel.

August 1st.—Worse; pulse, 120; very weak; tongue black; respiration, 42; temperature, 102·4; continue treatment.

2nd.—Died at 4 A.M.

The above case is of interest on account of the previous diseased state of the spinal cord, the membranes of which were evidently attacked by fresh inflammation during the attack of typhus fever.

KING'S COLLEGE HOSPITAL.

Cases under the care of Dr. BEALE, F.R.S.

(From notes by Dr. TONGE.)

ERYTHEMA NODOSUM.

Kate B., æt. twelve, admitted February 23, discharged March 23; in hospital thirty days; recovery. Never strong; fourteen days ago had rigors, loss of appetite, vomiting, and headache; three days ago circumscribed red painful swellings appeared on legs. On admission thin, and scrofulous patches of erythema nodosum above condyles of hameria, and over front of legs; frontal headache, tongue furred, pulse 120, respiration 50; no fresh patches after three days later.

Grey powder, rhubarb, and magnesia; dilute muriatic acid and chloric ether; cod liver oil; fomentations to legs.

Ellen L., æt. three, admitted June 26, removed by father June 27; in hospital one day.

Quinine, iron, dilute sulphuric acid, and chloric ether.

CHRONIC ECZEMA.

Georgina P., æt. twenty-two, servant; admitted July 6; discharged November 4; in hospital 121 days; recovery. (Dr. Beale, vol. 7, p. 209.) Eczema three or four times yearly for last six years. Never quite free from it during that time. Previous illness seven weeks, Commenced on face, then on neck, front of chest, axillæ, abdomen, buttocks, lower part of back, and inside of thighs. Skin of these parts red, moist, and covered in places by incrustations. Much smarting and itching.

Bicarbonate of potass and sulphate and carbonate of magnesia; afterwards bicarbonate of potass, aromatic spirits of ammonia, and liquor cinchonæ, cod-liver oil. Locally, glycerine lotion, benzoate of zinc ointment, tar ointment, alkaline lotion, ointments of oxide of zinc, and of nitric oxide of mercury. Wet packing.

T. B., æt. fifty-two, dockyard labourer; admitted June 24; discharged August 20; in hospital 57 days; very much relieved. During last four months has had œdema of both legs, and an eczematous eruption on left leg. On admission lower half of left leg and upper part of right calf red and shining, and partly covered with crusts. Has had gout.

White mixture o.m.; spirit lotion; lead lotion.

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SCOTLAND.

SCOTTISH HOSPITAL IN LONDON.

On the evening of St. Andrew's day the 204th Anniversary Dinner of this Hospital was held at the Freemasons' Tavern. The Marquis of Bute was in the chair. There were several ladies in the gallery, and in the body of the hall about 350 gentlemen. "The Queen and the Royal Family" was the first toast that was drank; next, the Army, Navy, Militia, and Volunteers, which was responded to by Sir J. Hay, M.P., Captain W. M'Gregor, and Captain Lumsden; after which came the toast of the evening, "The Scottish Hospital." The Chairman, in proposing it, said that in England it was not unusual to attribute to the Scotchman a certain degree of coldness, calculation, and hard-headedness; but the history of the Charity whose cause he had the honour to advocate, would, he felt satisfied, clearly prove that Scotchmen were no less alive than others to every kindly feeling. The toast was received with loud cheers, and the Duke of Roxburgh, the President of the Hospital, returned thanks. During the dinner the band of the Scotch Volunteers played, and the strains of the bagpipes were heard at intervals. The health of the Chairman was drank with all the honours, followed by the custom of placing one leg on the table and breaking several glasses. The health to the ladies was rapturously acknowledged.

This is an institution of which we cannot speak too highly. It was founded in the reign of Charles II., and ever since that period has been the means of relieving suffering and restoring health in no ordinary degree. It was founded to assist the infirm, the aged, and the indigent natives of Scotland resident in London who were not receiving parochial relief. It has worked efficiently in carrying out these objects for years; and the last year has been as productive of good as its predecessors. Pensions have been granted to 200 persons varying from 6*l*. to 25*l*. per annum; more than 210 per month have received gifts in money, sometimes as much as 5*l*. at a time. Casual relief has been given to more than 12,000 poor people. Free passages back to Scotland have been provided for upwards of 200, chiefly mechanics, and 140 Scottish children have been educated at its expense.

SCOTTISH REGISTRARS.

In the returns for the last quarter we find the following notes which have been collected, and which may perhaps interest some of our Scottish readers:—

Huntley, Aberdeen.—"The deaths here have been regularly diminishing for two years; can the introduction of a copious supply of excellent water have anything to do with this?" Eyemouth, Berwick.—"This parish has enjoyed a longer immunity from epidemics than usual, which is attributed to the extra supply of water lately obtained and to other sanitary arrangements." Jedburgh, Roxburgh.—"Of the 52 deaths 34 resulted from Scarlatina, which, for two months, has been epidemic. Whole families of children have been prostrated at once. Had it not been for the excellent sanitary state of the town and the abundant supply of good water, the registrar has no hesitation in stating that the disease would have become a pestilence. About 1842 or 1843, when the town was not so well supplied with water, scarlatina broke out, and in the course of six weeks 60 young children died from it." St. Andrew's, Dundee.—"After a good deal of inquiry the registrar is quite convinced that the greater proportion of cases of diarrhœa and British cholera recorded in August were of a preventible type, and were caused by carelessly kept dung-stances in rather close proximity to houses in ill-aired courts and closes, and bad drainage in connection with the oppressive sultriness that prevailed." Auchtergaven, Perth.—"The ages of the 12 persons whose deaths were recorded this quarter, ranged from 54 to 89 years; the extreme heat of July appears to have been fatal to the old." Lochlee, Forfar.—"Of the 4 deaths in the return three were of people whose united ages amounted to 236 years." Insch, Aberdeen.—"The deaths in most cases were of persons considerably advanced in years." Kintore, Aberdeen.—"Half the deaths were those of aged persons." Kirknewton, Edinburgh.—"Of the 7 deaths registered 5 were of persons above 60." Milton, Glasgow.—"266 deaths; 25 were of persons above 60, one being 97." Gairloch (North), Ross.—"Three deaths registered; 2 were of persons aged 86 and 105." Barras (insular).—"Of the 17 deaths recorded six were of persons whose ages averaged 91; one was 78, one 88, two 94, one 95, one 98."

Dr. Richard, of Dumbarton, presided at a dinner given in honour of Dr. R. Buchanan, of Knoxland, who for fifty years had been a practitioner in the county. A large company of medical men were assembled, and after dinner an address, enclosed in a handsome silver casket, was presented to him by the chairman, commemorative of his high professional merits, and the esteem in which he was held by all who knew him.

THE UNIVERSITIES OF EDINBURGH AND ST. ANDREW'S.

The election of Member of Parliament for these Universities closed on Friday, and on Saturday, at the declaration of the poll, which was held in the Library Hall, Edinburgh, the Vice-Chancellor announced that Professor Playfair was duly elected. He said, that in his opinion, both candidates were equally qualified to represent the Universities, and it would have given him great satisfaction to have seen them both elected. He shook hands with Professor Playfair, and congratulated him on his election. Professor Playfair said he should bear in mind that he was the representative, not only of the majority which supported him, but of the whole constituency, and should pay unvarying attention to the interests of the Universities. He closed by expressing his gratitude to the Vice-Chancellor for the impartial and able manner in which he had superintended the election.

GLASGOW AND ABERDEEN UNIVERSITIES.

At the close of the fourth day's poll the numbers were a majority of thirty-six for Mr. Moncrieff. We shall not get the result before going to press.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 9, 1868.

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EDUCATIONAL REFORM.—No. II.

THE Report of the Council of the Medical Teachers' Association hits the main blot in our educational system when it draws attention to the fact "that there does not yet exist, either by authority or common consent, any one set of regulations which may be cited as representing the national minimum of requirement." There are no less than nineteen different corporations selling diplomas, degrees, or licences to practise, acting almost uniformly in independence of each other, and issuing separate conditions and separate schedules. The consequence is, that the student who wishes to present himself at more than one examining board has to serve two or more masters, whose conflicting rules impede the progress which they were fashioned to promote, and bewilder him into a contempt for every kind of authoritative regulation for study. Lecture after lecture is piled upon him, until he nauseates the theatre and illustrates a well-known proverb by declining to drink at the stream to which compulsion has driven him. He is compelled to attend, without any regard to common sense or common convenience, a number of different courses of instruction. Natural Science, Practical Anatomy, Lectures on Anatomy, Physiology, Surgery, Midwifery, attendance in the wards, and Clinical Lectures, are all jumbled up together in one educational period. The "pious and fostering care of the licensing bodies" has made collective provision for more days than actually exist in the given period. If the student were to attempt the impossible task of universal conformity, he would find at the end of it that passive obedience had entailed a serious risk of "reference to his studies," to use the polite phraseology which soothes the wounded spirit of rejected candidates. He is therefore driven to neglect altogether the subjects which do not bear upon his examinations, or to attend them in so slovenly and superficial a manner that attendance on them at all becomes absolute waste of time. Now, every independent thinker on these matters deeply deplores the chaotic state which is the result of allowing the student to be ruled by many masters, to none of whom can he hold and all of whom he must, more or less, despise or disregard. Every eminent medical reformer—except, perhaps, a writer in the *Westminster Review* some years ago—has urged the establishment of a single and uniform examination, or course of examinations, for the bestowal of a minimum qualification to practise. This licence to practise it would only be reasonable to require every medical student in Great Britain to obtain. There would be one set of regulations, one set of examinations, and one diploma embracing guarantees of fitness in *all* the branches of professional knowledge. Those who desired to give proof of superior acquirements in one or more of the branches of study, could still do so by taking University Degrees, or becoming by examination Fellows of the Colleges of Physicians and Colleges of Surgeons. But all the different fragmentary titles which represent the lowest present attainable qualifications would be swept away. The M.R.C.S.I. would no longer exist as a title conferred without Examination in Botany, Chemistry, Materia Medica, Midwifery, Forensic Medicine, and Hygiene. The L.S.A. would disappear altogether, to the great relief of all who advocate the dissociation, in fact and idea, of the profession of medicine from a trade in drugs. The L.R.C.P., respectable qualification though it be, would have to be sacrificed to the establishment of a general licence.

And yet, absolutely necessary as this simple measure has become for the real welfare and elevation of the profession, the obstacles in the way of its accomplishment are of a very formidable description. The interests of all the nineteen licensing corporations would, more or less, be affected, and some of them so seriously that the stoutest and most obstinate opposition would be maintained. All the vested interests likely to be injuriously affected by the change would unite and present a front of obstruction which even the English College of Surgeons, with all its efforts, has not yet been able to show. Under the existing constitution of the Medical Council it would be almost, if not quite, impossible to get a measure passed for conferring a single minimum state licence for the three kingdoms; and, even if the Medical Council should be reformed in accordance with the wishes of the profession, it is exceedingly doubtful whether the desired end could be attained in this manner. Representatives of the registered practitioner might be added to the Council, and that absolute control which it ought to possess in educational matters over the corporations might be conferred on it; but still it might be undesirable to endeavour to carry by force that which could be obtained, to all intents and purposes, by management and persuasion. We do not despair of ultimate success, but we look for its complete accomplishment through a combination of influences, concurrent or serial, originating in various quarters; not by attempting to storm the citadel, but by obtaining its surrender by negotiation and on terms advantageous to its present possessors; not by aiming all at once at theoretic perfection, but by securing the immediate redress of all practical grievances, and leaving those points which cannot be gained by a *coup de main* to the operation of those liberalising movements in the profession which are now slowly, yet surely, converging to the same central point. Into this subject we shall enter more at length in another article.

HOMŒOPATHY IN THE ABERDEEN ROYAL INFIRMARY.

By the end of this month the managers of the Aberdeen Infirmary, at their annual meeting, will be called upon to decide whether they ought to re-elect Dr. Arch. Reith as one of the Physicians of their Institution. That gentleman has, for some years past, been teaching and practising a system of therapeutics, which some consider as bordering on homœopathy, and published some papers advocating doctrines which greatly scandalised his colleagues. The case having been submitted to the managers of the Infirmary, they applied for counsel to Drs. Dyce and Kilgour, the consulting physicians, who gave their deliverance in the following terms :—"Whilst there can be no objections to any medical man following any mode of treatment he may choose to adopt with his private patients, or such as may come voluntarily under his charge, yet as homœopathy is not accepted as sound and rational treatment by the medical profession nor by the public, it is certain that a hospital in which such is practised would not possess the confidence of the one party or the other. Those for whom its benefits are intended would not likely be recommended to it by medical men or others ; and within its walls there could be no harmonious cooperation, or such a thing as a joint consultation on cases however obscure or dangerous."

In consequence of this judicious finding, the above question will be brought before the Court of Managers. We sincerely regret that such a misunderstanding should have arisen to mar the harmonious working of that valuable institution, and especially that Dr. Reith, a gentleman of such talent and promise, should be the cause of this disturbance.

It is the opinion of others equally able to form a true judgment upon the question, as well as our own, that if he is to retain his connection with the Infirmary a concession on his part should be made on a subject which, at the present phase of its discussion, is well calculated to try the temper of those who are engaged in the dispute, and who are immediately concerned in its settlement. We shall, at an early opportunity, bring before our readers the merits of the question in a scientific point of view. Our object at present is to try, if possible, at this the eleventh hour, to bring about an understanding between the contending parties. We have watched the case with deep interest from its very commencement, and it appears to us that Dr. Reith decidedly prejudiced his own case by bad pleading. Nothing was further from his intention than to range himself amongst the homœopathic fraternity. To the writers of the *Homœopathic Review*, who, on the publication of his papers, rallied round him with *empressement*, hailing him as a friend and a brother, his reply was stern and decisive enough. But it is to be proved that the blandishments of that party, on the one hand, and the severity of his colleagues, on the other, threw him off his balance, and, like Dr. Faust, in an evil hour he was betrayed by the black dog—he gave himself a bad name, and thus he is a homœopath *malgré luin.*

We are glad to see that Dr. Reith already begins to look upon this question on its own merits, apart from the heat and dust raised through temporary excitement and local jealousies ; and from what we know of the kindly spirit and temper of his excellent colleagues, we can see no reason why it should not be arranged amicably.

Whilst we thus speak of Dr. Reith we must not forget Dr. D. Dyce Browne, lately Assistant Professor of Materia Medica ! He is decidedly too young to be a homœopathic martyr.

ARMY MEDICAL DEPARTMENT REPORT FOR THE YEAR 1866.

In last week's number we gave a few quotations from this admirable work respecting the health of our home troops ; we now desire to speak about the health of those on foreign service.

And first, of the far-famed Rock of Gibraltar. It appears that the average strength of non-commissioned officers and men during 1866 was 4,585 at Gibraltar. There were only twenty deaths out of this number, or only 4·36 per 1,000 men. This great healthiness seems to be attributed to the absence from spasmodic cholera, which disease had in 1865 trebled the mortality. The ventilation of the soldiers' apartments seems to have been much improved. With regard to Malta, we find that the average number of troops stationed in that island in 1866 was 5,202. The death-rate appears to have been 12·88 per 1,000 men. Although the admissions for venereal diseases were considerably below the average of seven preceding years, and below the average of the other foreign stations, on account of police examination of prostitutes, they showed in 1866 an increase of 15 in 1,000 over 1865, entered as syphilis.

As to the health of troops in Canada, the average strength of men in Canada in 1866 appears to have been 9,519, and the deaths amounted to 96, or 10·10 deaths per 1,000. Dr. Muir states that every soldier in the command had his 600 regulated allowance of cubic feet, notwithstanding that the garrison accommodation is very limited in Canada. An excellent general hospital has been constructed in Montreal. The ill effects of impure air are alluded to by Dr. Muir as follows :—"When thirty or forty men are put into a single room, where they take their meals as well as sleep, for six or seven months consecutively, there can scarcely be a question that the seeds of grave disease, especially consumption, are laid. I cannot help thinking that the large number of men treated and invalided for chest diseases during the five years I have been in this command bear a close relationship to this impure state of barrack air." In Nova Scotia and New Brunswick the average strength of troops in 1866 was 3,247, and there were 25 deaths, *i. e.*, only 7·70 in 1,000 men. In Newfoundland, out of 287 men, there was four deaths—13·92 deaths per 1,000 men. In Bermuda, out of 1,249 men, there were 30 deaths, or 24·01 per 1,000 —a very high death-rate in 1866.

We now come to the celebrated West India Islands, a residence in which used to be considered as almost certain death to our poor troops, who were in the good old days abominably housed and treated. In the command of the West India Islands there were, in 1866, 888 men on an average, and a very high death-rate, namely, 29·29 in 1,000. This death-rate is very greatly in excess of the average of usual years of late in the West India Islands. Paroxysmal continued and yellow fever seems to have been unusally prevalent in 1866, and dysentery and diarrhœa were epidemic. In Jamaica, there were 24·71 deaths in 1,000 during the year. The prevalence of fevers during the years 1865 and 1866 is ascribed to the necessity of employing white troops at some of the stations on the plains, instead of their being chiefly quartered at Newcastle. The admissions at Up Park Camp and Port Antonio for fever were very numerous. There were 954 black troops, and their mortality was no less than 23·06 in 1,000. Tubercular diseases are important causes of death among the black troops. There is a swamp in the neighbourhood of Port Antonio.

As to the health of the troops serving in Western Africa, we find that there were only about fifteen white troops, of whom only one died of dysentery. Of 498 black troops stationed at Sierra Leone, that grave of the European, 28·12 per 1,000 died—a high mortality, and showing that the local[illegible] very fatal to our black brethren as well as to ourselves.

The mortality per 1,000 of the black troops stationed at the Gambia Lagos and the Gold Coast varied from 52·38 to 42·78. Surely the barracks must be very faulty. Miasmatic diseases have been greatly above their average at Lagos, but under it at Sierra Leone. Yellow fever was, it seems, very fatal among the whites at Sierra Leone. Syphilis was very prevalent also. Itch and Guinea worm were common at Gambia. In the island of St. Helena there were about 360 men in 1866, and the death-rate was only 8·34 in 1,000. In the Cape of Good Hope the average amount of troops was 4,135, of whom 44 died, *i. e.*, the death-rate was only 10·62 in 1,000 men. Rheumatism, as usual, appears to have prevailed greatly among the troops. There was much enthetic disease, the admissions being in the ratio of 846 in 1,000 of strength; of these 385 were classed as syphilis, and 187 as gonorrhœal. In the Mauritius the average strength of the troops in 1866 was 1,781, and 25 died, being at the rate of 14·01 deaths per 1,000. Paroxysmal and continued fevers were above the average of ordinary years. All the deaths from fever occurred in Port Louis, the classic city of Paul and Virginia.

Dr. Reid, the Principal Medical Officer, directs attention to the amount of intemperance as a source of disease among the troops. As to the Island of Ceylon, the average strength there, in 1866, was 1,177, and 19 deaths, or 21·44 in 1,000 men, took place. Paroxysmal and continued fevers were more prevalent than usual. The mortality of the black troops was not so high, being only 14 in 1,000.

Australia and Tasmania are not, like Sierra Leone and Western Africa, inimical to the life of one portion of the race; but there were only 547 troops in 1866, of whom five died, being in the proportion of one death to 1,000 men. The dry-earth latrines seem to be in fashion for the barracks near Melbourne, and the soiled earth is conveyed away every night in carts.

In New Zealand there were, it seems, in 1866, no less than 5,598 troops; but the death-rate was low, being only 12·86 in 1,000 men. Disease of the heart and aneurism are mentioned as among the chief causes of death, 26·5 per cent. This, it is said, often occurs after a harassing war of some duration, from severe exertions made during the hot weather and marches.

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Notes on Current Topics.

New Examination in Operative Surgery in the Royal College of Surgeons in Ireland.

The Council of the Royal College of Surgeons have, at their last meeting, approved of the practical details of the arrangement for the introduction of Operative Surgery into the examination for their licence, which they recently sanctioned in principle. The matter has been, since its first consideration by the Council, under the attention of a Committee, and their Report was laid before the Council last Thursday and, after some discussion adopted. It is, as amended, as follows :—

"1st. That for the future the Quarterly Examinations for the Letters Testimonial of this College shall be held in the months of January, April, July, and October; and that the Examinations for the Junior Class shall commence on the second Tuesday, and those for the Senior Class on the fourth Tuesday in these respective months.

"2nd. That the Examinations in Operative Surgery shall precede the *vivâ voce* Examination for the Senior Class, commencing on the fourth Monday in the months in which the Quarterly Examinations are to be held; that they shall be conducted in the large Lecture Theatre of the College, and that each Candidate shall be called up in alphabetical order to perform the operation required of him.

"3rd. That the Examinations in Operative Surgery shall be conducted by the four Surgical examiners, who shall meet previously for the purpose of comparing their questions; which shall then be written upon cards, to be deposited in a balloting-box, from which each Candidate, as called up, shall be required to draw his question, and to perform the operation therein indicated.

"4th. That the respective merits of the several Candidates, so far as this portion of their Examination is concerned, shall be determined by numbers, as in the *vivâ voce* Examinations: these numbers to be given to the Councillor in charge of the Candidate.

"5th. That any Candidate who fails to acquit himself in Operative Surgery to the satisfaction of the Examiners shall not be permitted to present himself for the subsequent Senior Class *vivâ voce* Examination.

"6th. That the Preliminary Examination shall be held for the future on the third Wednesday in the months of January, April, July, and October."

Superannuation of Irish Poor-law Medical Officers.

The Council of the Royal College of Surgeons of Ireland have lost no time in acting on the hint of Colonel Wilson Patten, the Chief Secretary, in favour of the immediate introduction of a superannuation bill. Colonel Wilson Patten's reply to the deputation, as recorded in the Journal of the Irish Medical Association last week, was to the effect that "he would take care to have the statements made by the members of the deputation brought before the Government, and that they should receive his warm support; he inquired if there was any Bill in preparation by any member of the House, for the purpose of providing remedies for these evils, and being informed that such a measure was in preparation, he suggested that it should be proceeded with at once, and promised to give it his best and most favourable consideration."

The Solicitor to the College attended the meeting of the Council last week and received instructions to prepare a Bill and submit it to legal counsel for approval.

The general instruction conveyed to the solicitor was that the Bill should be permissive; that no period of service should be fixed in it for superannuation, so that a Poor-law Medical Officer might receive a retiring pension at any time he might be disabled from discharging his duties. It was not decided who should be requested to take charge of the measure in the House of Commons, but it was suggested that Mr. Pim, whose name was on Sir Colman O'Loghlen's late measure, and Sir Arthur Guinness as representing all shades of political opinion, and Dr. Brady, M.P. for Leitrim, as the representative of the profession, would be likely to ensure prestige for the measure on its introduction to the Legislature.

Sir Dominic Corrigan.

A contemporary is misinformed when it states that one of the members for Meath is about to resign his seat in favour of Sir Dominic, who has rendered himself so popular with the political party to which he belongs, that he will find little difficulty in obtaining a seat when opportunity offers. We take it for granted that on matters of which he has such intimate and special knowledge he will be freely consulted by the Government which has now come into power.

Junior Surgical Society.

THE opening meeting for the seventh session of this Society will be held in the Albert Hall Royal College of Surgeons on Wednesday evening at 8 o'clock. The President of the College will take the chair, and some of the Professors will address the members; but the most interesting feature of the meeting will be the reading of an essay and of cases by the students themselves. Such efforts will be far more agreeable to their teachers and other members of the profession who may be present than the oratorical displays and laudatory speeches so often made on similar occasions.

The Last Appointment of the Late Government.

VERY shortly before the resignation of the Ministry, the Resident Superintendentship of the Downpatrick Lunatic Asylum was conferred on Dr. Tyner, who a few months since was appointed to the Clonmel Asylum. Dr. Garner, F.R.C.S.I., of Downpatrick, has been offered the last-named office.

Medical Evidence.

IN the Court of Queen's Bench an action was brought to recover damages for personal injuries occasioned by negligence on the London and North-Western Railway. We mention it in consequence of the conflicting evidence of the medical witnesses, who, it seems, were eminent medical men. The plaintiff's witnesses, including Sir W. Fergusson, were decidedly of opinion that his brain and spine were affected, while the witnesses for the defence declared as decidedly that they thought not. How are we to account for this? Are symptoms so equivocal as to justify such adverse opinion? or has the side on which a witness is called to speak any power to warp his judgment? That is, does he make his observations under the influence of a preconceived idea, ready to mark only those signs which will establish his evidence, and to disregard all the rest?

French Medical Bibliography.

THE following new additions to the literature of our Profession are announced from Paris, "Aphorisms on Venereal Diseases," with a special formulary, by Edward Langlebert, 2 francs. Syphilis—Jerome Fracastors' Latin poem, translated by the same author.

"Mexico, from a Medico-Chirurgical Point of View," by Leon Coindet, chief surgeon of the 1st and 2nd division of the Mexican Army.

"Photographic Studies of the Nervous System of Man and some of the higher Animals from Dissections of congelated Nerve Tissues," by Dr. Pierre Rondanovsky, 203 Photographs in 20 Plates, 2½ francs each.

"A Memoir on Surgical Intoxication," by M. Maissoneuve, price 1½ francs.

"The Method of Continuous Aspiration as a means of Cure after Capital Amputations," by M. Maissoneuve, price 1½ francs.

The Manslaughter of a Medical Student in Dublin.

A VERY unusual degree of excitement has arisen in Dublin from the circumstances under which Mr. Miles has come to a violent and instantaneous death. Such a catastrophe would have created strong feeling, from whatever rank the victim might have come, but Mr. Miles's position, his many personal merits, and his connexion with the medical profession, have doubly excited the public mind. The circumstances were simple and brief enough. Mr. Miles had been supping with a friend in a well-known oyster-house, and proceeded homeward. As the car was passing a group on the pavement something was said by one of the cluster which appeared to irritate Mr. Miles. He jumped off the car, and a scuffle ensued, in which he fell heavily, and when lifted up was found to be insensible, and all but dead. The only external wounds in this case were one on the back of the head, a simple scalp wound, manifestly the result of the fall, and another, about three-quarters of an inch long, at the under and inner part of the left eyelid. This had more the appearance of a lacerated than an incised wound; there was slight extravasation of blood under the conjunctiva, and a good deal of contusion about the eye itself; the patient never recovered consciousness, and died shortly after admission.

On *post-mortem* examination, the wound on the head was found simply to be one of the scalp, but that in front under the eye showed the severe nature of the injury which caused death. The instrument, which must have been almost a blunt one (and which afterwards was shewn to have been an umbrella) penetrated under the eyeball, entered the inner side of the orbit, broke through the ethmoid and sphenoid portions of the cavity, and entered the floor of the skull. Opening the side of the cavernous sinus, and penetrating into the brain fully one inch or more deep, the upper and inner part of the orbit were completely broken up, and the under part of the left anterior lobe of the brain was ploughed up by the instrument in its course; there was a good deal, but not a very excessive amount of clot about the wound internally. The course and direction of the wound indicated what is hoped and supposed to be its fortuitous infliction, by the point of an umbrella used in the excitement of the moment; the anatomical formation of the parts, and the comparatively delicate structure of the bony walls, will easily explain how a very moderate amount of force would penetrate and cause the extensive and hopeless injuries inflicted in this instance, cutting off in the full promise of manhood and vigour one of the finest young men we have seen, whose amiable character had attached to him so many friends and fellow students.

The coroner's jury, after two days' sitting, gave in an open verdict, but we believe that no doubt exists that the person by whom the injury was inflicted is known. Such a lamentable result of a common street *fracas* can hardly be laid at the door of any person, and as far as the circumstances have yet been made public there is no cause for other feelings than those of regret.

Mr. Miles was a young gentleman of the highest promise, a universal favourite amongst his fellows, a student of talent and industry in his profession, and the winner of the Carmichael prize in the Richmond hospital. He had travelled far and wide, and was almost a model of manly strength and athletic development. His death sheds a deeper shade of melancholy over his bereaved family, for he was the third son who had met with violent death in the prime of manhood. One had met his end by drowning at sea, a second had died from the effects of a fall from a tree, and now the third has fallen victim to a petty street squabble, for which, as usual, no one appears to have been to blame.

Goodsir's Anatomical Works.

THERE is always some danger lest the works of our great anatomists should be lost sight of. In our busy age men engaged in the cares of practice have not much time to bestow on Anatomy, and not a few of the busiest are scarcely aware of the progress that is being made. The *Journal of Anatomy and Physiology* will, we doubt not, do much to encourage anatomical reading, and this publishing season has been signalized by Messrs. A. and C. Black in a manner that deserves the thanks of all. They have published in two magnificent volumes the "Anatomical Memoirs of John Goodsir," edited by Professor Turner, and illustrated with well-executed plates. It would be superfluous for us to enlarge upon the value of such a work to the many men who are pursuing the branch in which Goodsir laboured so long and so well; while to analyze his contributions would take much space—more than we can at present devote to it. On a future occasion we may be able to go at length into the subject. To-day we do not pretend to criticise or review the works of our revered master. We only register the fact that his scattered papers have been collected, and are now easily accessible to all. We should be glad to think that Messrs. Black had a prospect of a return for the outlay they have made. It is certainly an encouraging thing that publishers should be willing to undertake such works as these, and we most sincerely hope the result may lead to other equally valuable works of science being produced.

Public Health.

WE give our usual quotations from the weekly returns of the Registrar-General. In the week that ended on Saturday, 28th November, 3,488 deaths were registered in London and in thirteen other large towns of the United Kingdom. The annual rate of mortality was 28 per 1,000 persons living. Small-pox continues fatally prevalent in Sheffield, and 12 deaths were referred to this disease during last week within that borough, making a total of 102 deaths from this cause in the nine weeks of the current quarter ending last Saturday. The deaths from small-pox in London during the past nine weeks have not exceeded 43 in a population more than thirteen times as large as that of Sheffield. The deaths registered in London during the week were 1,561. It was the forty-eighth week of the year; and the average number of deaths for that week is, with a correction for increase of population, 1,646. The deaths in the present return are less by 85 than the estimated amount, but exceed by 54 the number recorded in the preceding week. The deaths from zymotic diseases were 341, the corrected average number being 375. Three deaths from small-pox, 39 from measles, 99 from scarlatina, 13 from diphtheria, 30 from whooping-cough, 59 from fever, and 12 from diarrhœa were registered. The mortality from scarlatina exhibits a slight decrease when compared with the numbers recorded in seven preceding weeks. 192 deaths occurred from phthisis, 217 from bronchitis, and 110 from pneumonia. In the preceding week the deaths from phthisis were 166, from bronchitis 223, and from pneumonia 112. Diseases of the brain and nervous system proved fatal to 160 persons, and 71 persons died from diseases of the organs of circulation. The deaths of four persons from alcoholism, of twelve infants and one adult from syphilis, of seven children and two adults from burns or scalds, of five persons from drowning, of three infants and two adults from suffocation, of five persons who committed suicide, and of three persons who were killed by horses or carriages in the streets were registered.

Inquests in St. Pancras.

A COMMITTEE of the St. Pancras guardians have made a report to the board in which they say that the in-door medical officers have caused an unnecessary number of coroner's inquests to be held on persons dying in the workhouse, and the guardians broadly and distinctly charge them with doing so for the sake of adding to their income by the fees received for attending such inquests and making *post-mortem* examinations. To prevent this the board of guardians now require them to report to the clerk of the board all cases of suspicious death, instead of communicating direct with the coroner's officer.

It is thus to be left to the discretion of the clerk, and not to the coroner, whether an inquest is necessary or not; or at least whether he will consult the coroner in any particular case of death reported by the medical officer.

Testimonial to Dr. Chowne.

A MEETING was held in the board-room of the Charing-cross Hospital on the 3rd instant for the purpose of presenting a testimonial to Dr. Chowne. After thirty-three years of unremitting and well-performed services Dr. Chowne has retired from the post of physician to the Charing-cross Hospital, and the council, in accepting his resignation, unanimously passed a resolution expressing their regret at the cessation of his more active work in the hospital, and nominating him an honorary life governor as an acknowledgment of the zeal and ability with which he has for an unusually long period discharged his responsible and onerous duties; of the care and kindness he has shown to the patients placed under his charge; and for his assiduity in promoting the general welfare of the institution.

The testimonial was presented by the chairman, Mr. R. Few. In returning thanks Dr. Chowne addressed the meeting at some length, relating the history of the hospital, and congratulating those who would succeed him on its improved condition. Thanks were voted to the chairman, when the meeting closed.

Bridewell and Bethlehem Hospitals.

AT a special meeting of the governors, held on the 30th ult., the Lord Mayor (Alderman James Lawrence) was unanimously elected president. Mr. J. E. Johnson, whose sudden death occurred lately, was the former president.

Fever in London.

DR. BUCHANAN, medical officer of health for St. Giles's district, in consequence of the great increase of fever in the metropolis, has urged upon the local board of works the necessity of establishing a public disinfecting chamber for the purpose of purifying infected clothing, bedding, &c., pursuant to the Sanitary Act, 1866, sec. 23 ; and as a preliminary step the board have invited the local boards of adjoining parishes to join with them in providing such an establishment. This is a measure which the medical officers of the metropolis have long urged upon their respective boards, but without success in even a single instance.

Civic Honours to Medical Men.

THE Lord Mayoralty of Dublin, which has been held for the last year by a member of the Profession, will be this year again occupied by a medical man. The present Lord Mayor entered on his functions as Dr. Carroll, and he retires from them as Sir William, having been honoured with knighthood to celebrate his entertainment of the Prince of Wales. The corporation have nominated Sir John Gray, also a member of our Profession, for the Mayoralty of the ensuing year, but it is believed that he will decline the honour, and that Sir William Carroll will continue in office.

Dr. Babington, of Londonderry, has been also placed by his fellow townsmen in the chief magistracy. Without arrogating to the Profession any peculiar claims to civic dignities, we are gratified to see that medical men are at length stepping forward into public positions. Hitherto it has been the fashion for doctors to adopt a miserable timid policy of keeping themselves in the background. A successful practitioner has been supposed to have no mind or judgment of his own, and a discreet one was supposed never to give expression to any idea beyond his actual business, for fear it might cost him a guinea. We congratulate ourselves on the end of such a system.

A New Principle of Medical Editorship.

THE *Gazette Medicale de Lyon* and the *Journal de Medicine de Lyon* have, it appears, amalgamated, and will appear as a single periodical. In announcing this fact, the *Courrier de Lyon* took occasion to add that in future there would be no permanent editor, but that the new journal would be directed by a committee elected by the subscribers and re-chosen every four months. The editor of the *Gazette Medicale* hastens to deny the latter part of the information, and declares that such a method of administration would necessarily carry with it too many elements of instability for any sensible person to think of proposing it.

The Preservation of Meat.

ANOTHER process has been added to the multitudinous proposals of inventors for the preservation of meat in the fresh condition, and this time it is one which would at least appear to effect the desired object, whether it do so or not, "to pay." The process of Dr. Estor, the inventor, which he last week submitted to the Society of Arts, consisted simply in using two gases, *i.e.*, sulphurous acid and chlorine. These gases are not applied simultaneously, but in succession. For general purposes, and when comparatively small quantities of meat require to be treated, the most convenient form of applying these gases is that of a pastille, consisting of a clay bowl resembling that of a tobacco-pipe of large size, coated on the outside with sulphur, the interior of the bowl being filled with a paste containing chlorine. The action is this—the sulphur of the pastille, being set fire to, burns, giving off sulphurous acid gas, and by the time the sulphur is nearly burnt out sufficient heat has been generated to cause the chlorine gas to be evolved, thus effecting the object of the inventor—the subjecting the meat to the influence of the two gases in succession. The joints or carcasses required to be treated are hung in a safe or other air-tight receptacle, lined with tiles or other non-absorbent substances. A lighted match is applied to the bottom of the pastille ; the door of the safe is closed immediately the pastille begins to burn, and the meat is left in that condition till required for use. It is better to keep the meat in the safe till it is to be used ; but it may be taken out half-an-hour after burning the pastille, and hung in the open air, without fear of it suddenly going bad, even in the hottest weather. In cases where large quantities are required for preservation for a length of time, he had found from experience that with the gases he was able to keep meat in a perfectly good condition for eight weeks in the hot weather, which he said was the longest period to which his experiments extended. There was not the slightest taint of decomposition, and the only difference between that and fresh butcher's meat was that the former was excessively tender eating. He had no experience as to the results of this process in the case of meat sent from a long distance in ships. When it is desirable to keep meat for a month, or two months, the fumigation should be repeated. Sulphurous acid alone will preserve meat for a time, so will also chlorine, but the meat thus preserved is nauseous ; whereas, when the gases are used conjointly, in the manner above-described, and in due proportions, no trace of either remains.

HIS Royal Highness the Prince of Wales most kindly forwarded on Saturday week a valuable present of game for the use of the patients in Westminster Hospital.

AT an inquest lately held on the obstetric case of Mrs. Clifford, of Bethnal Green, the jury brought in a verdict of manslaughter against Mr. T. W. Popplewell, the surgeon who attended her.

THE *Boston Medical Journal* says :—"In the State of Ohio, from the 1st of October last, by a new law no one is allowed to practise medicine who has not graduated in some legally constituted medical college, and has a diploma from the same."

A BANQUET in aid of the funds of the French Hospital in London is announced for Tuesday next, under the presidency of Sir B. Phillips. The Princes of the Orleans family, Mr. Reverdy Johnson, and other persons of distinction, have promised by their presence to aid this most excellent charity.

DR. GREEN it is thought, as well as others, will resign his candidature for the appointment of Medical Officer of Health for St. Pancras, in consequence of the vestry having passed a resolution that the future medical officer is to reside in the parish.

YESTERDAY a special meeting of the metropolitan branch of the British Medical Association was to be holden, to consider the address of the committee relating to the direct representation of the profession in the Medical Council.

THE Obstetrical Society of Dublin will hold its next meeting at the King's and Queen's College of Physicians, on Saturday, the 12th, at which a communication will be read by Dr. Athill on Retroflexion of the Uterus, and Dr. G. H. Kidd will exhibit some new forms of pessaries.

THE board of guardians at Worcester have offered fifteen shillings per case to their Medical officers for attendance on parish midwifery. Two gentlemen have accepted these terms, but one, though he takes them in all ordinary cases, will expect a larger sum for long and tedious labours.

THE Pathological Society of Ireland held its opening meeting on Saturday week last, when the following gentlemen were elected to the various offices in the Society :—President : Alfred H. M'Clintock. Vice-Presidents : Joseph M. O'Farrall, Robert Adams, James Duncan, George H. Porter, Maurice Collis, Sir Dominic J. Corrigan. Council : John T. Banks, Thomas Beatty, John Denham, Christopher Fleming, Samuel Gordon, Edward Hamilton, James S. Hughes, Henry Kennedy, George Kidd, Robert Law, Robert M'Donnell, Benjamin G. M'Dowel. Honorary Secretary : William Stokes. Secretary and Treasurer : Robert W. Smith. Secretary for Foreign Correspondence : Robert D. Lyons. The subject of the prize essay for the gold medal of the society will be "The Diagnosis and Pathology of Diseases of the Tongue."

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MEDICO-SOCIAL PENCILLINGS OF LONDON LIFE AND PRACTICE.

No. 2.

THE position at table that our non-medical friend occupied was towards its centre, and between two of the most loquacious of our set, who undoubtedly taxed his patience sorely, and tickled his acoustic drums acutely with the relation of improbable and startling incidents in which they affirmed themselves to have been the heroes, and the guiding spirits ; in a word, they painted with all the flippancy of professed caterers of the improbable, and the impossible, scenes such only as the most fertile imaginations could depict. Our non-medical friend laughed heartily, and pretended to enjoy the "cataract of gargle" very much ; but at an advanced hour of the night, when he rose from his seat in order to seek the hotel whereat he sojourned—situated a considerable distance from my lodgings—the surprise given to his loquacious friends may be presumed to have been considerable, from the fact of bending his body and ducking his head, and saying with the studied gravity of an "old hand," adjusting his neckcloth as he spoke,—"I assure you, gentlemen, it is now over forty years since myself was a medical student, and I have a very vivid recollection of how *I* used to stuff with stories such as you to-night so kindly favoured me, the ears and the open mouths of the *idiots* who unsuspectingly listened to and likely believed them to be true. Accept my sincere thanks, gentlemen, and be assured that I shall have much pleasure to hear that you are more successful in the practice of the profession to which you aspire, than you have been to-night in convincing me that medical students of your day are more wise than they were, ere I substituted the ploughshare for the scalpel, and mangel-worzel for calumba root. Good night ;" and the speaker laughed heartily, and steadily regarded with keen eyes the crest-fallen "gushingtons," until the veins of his forehead stood boldly and prominently forward like whipcords, and his full face assumed the ruby glow of semi-suffocation.

They, however, assisted him with his over-coat and helped to button it too ; and so far became reconciled to their position, that they even tried to polish his hat with their sleeve cuffs, and ultimately procured a cab, into which they handed him in a most polite and a very graceful manner.

But having bid him good night, and being satisfied of his departure, they re-entered the apartment in silence, and had seated themselves for a considerable space of time, regarding each other with the undescribable looks of clever fellows more cleverly "done," before one of them remarked to his comrade in an undertone of voice—"What a rum old stick that, eh ?"

Our supper was supplied by a purveyor of note, and consisted of several cautiously selected dishes, which of course included specimens of the feather tribe, that seemed to carry their "visceral arrangements" as parish beadles carry their cocked hats in warm weather, and whose lower extremities had been "lopped off" according to no recognised surgical rule or precedent. We had sherries and champagnes, pastries and pomades, soda and "Sally Lunns ;" in fact, a very replete supper table, judged, of course, according to our crude notions of a gastronomic success.

Grace was said, operations were commenced, progressed satisfactorily, and finally concluded brilliantly. Then the fragments and their ornamental addenda were removed, to make way for the Fiery Elements, their products and *protegées*, represented by Cognac, LL., steaming tankards, latent Vesuvians, loaded pipes, and slim-looking cigars. These arrivals were evidently regarded by the company with a large amount of favour, made manifest by sundry well-marked symptoms of applause.

Preliminary arrangements being completed at length, so that "business" might proceed, the Toast-master called for silence, and the Chairman called "To business—fill up, gentlemen." What a metallic "chink," what a busy tingle, what simultaneous gingle followed this "gentle call of duty ;" so short, and sharp, and decisive, as if there was a sudden and a general "insurrection" of plated spoons and of loaf sugar pellets, and that the instantaneous demolition of all flint ware, regardless of size, shape, pattern, and condition, had been resolved upon. And, as "hot water" from time immemorial has been fancifully represented as the element into which unsuccessful rioters invariably plunge themselves, that gentle liquid entered the combat in the magic power of high pressure, and made sad havoc amongst the rioters, absorbing one section of them, and literally compelling another section to warm and to glow under its influence, and to attempt a display of that keen and that pleasing enjoyment, vanquishers with spirits up to proof, and if not bounding and elastic, certainly (in this particular instance) grateful and palatable, may assume with impunity, and nevertheless appear to the untrained eyes of the unmethodical observer magnanimously noble, and superlatively generous, possessing far, far too much of "soul" to be troubled with a particle of the morbid growth designated secret satisfaction, at the ignominious *congé* of an opponent. Bless me ! will the unmethodical observer always be a—well—a Tommy Dodd.

"Ready, gentlemen," reiterated the Chairman, playing with his right finger and thumb, and running his eyes along the steaming board as he spoke; but "Mr. Chair" need not have taken the trouble to repeat his question—medical students as a rule are not proverbially slow in taking a hint of the kind, even under far less auspicious circumstances than those in which they were then engaged. "Ready, Mister Chair," was the response.

Mister Chair stood erect, blushed in his cambric—for he was a timid gentleman, bowed to the company—for he was a polite one, and then proceeded with the "business of the evening," his oration being its starting point.

QUID NUNC.

Correspondence.

DR. MACCORMAC'S PLAN OF VENTILATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As a matter of fact, I do not think Dr. MacCormac has any right to call himself the originator of the mode of ventilation described in your journal of the 25th ult., as I know at least *two* houses in which for several years past the rooms have been ventilated by a fire-box at the back of the grate, one portion of which communicated with the external air by pipes, the other with the room to be ventilated by piping inserted in the wall, closed at the orifice by valves, regulating the quantity of air admitted. A very common and simple means of ventilation, many years known, is that of building either an iron or tile pipe in both sides of the chimney parallel and close to the flue, and terminating by small holes in the cornice of the ceiling, as described by Dr. MacCormac. This pipe or flue should communicate with the external air by pipes laid under the floor, and being warmed by the fire, a circulation of *pure warm* air is maintained in the room, without any cold-giving draught, the foul air escaping up the chimney shaft by perforations made in the ceiling or cornice.

Your obedient servant,

RICHARD GRIFFITH, Ch. M.

THE FELLOWSHIP OF THE COLLEGES OF PHYSICIANS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—At a time when even the credulous Spaniard is questioning the right divine of queens to rule badly, and when our Irish Establishment is about to fall, may I turn to you for a little information with respect to the meaning of the title of F.R.C.P., London? I am glad to be called a Fellow of the Royal College of Surgeons, because I took some pains to qualify myself for this, by attending six years of hospital practice and passing an examination in dissections, &c., for this degree. But it seems to me, Sir, that the title of F.R.C.P. is chiefly attained by the payment of a sum of money, and the being acquainted with some of the already created Fellows. And I would not complain much about this, were I not to compare the comfort and utility of the College of Surgeons' library with the bare and wretched accommodation provided for us members in our College in Trafalgar square. In the name, Sir, of modern common sense, is it not time that such invidious distinction, based on money qualifications chiefly, should cease, and examination be, as in Paris, the only way of rising a step higher in any branch of our beloved profession?

I remain, Sir,

Yours faithfully,

CHARLES DRYSDALE, M.D., M.R.C.P.L., F.R.C.S.E.

MEDICAL REPRESENTATION IN PARLIAMENT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—I have been very forcibly struck of late with three significant circumstances connected with the above subject.

The first is from a speech of Sir E. Grogan at the city election. When proposing his friend, Sir Arthur Guinness, in which he says, referring to Sir Dominic Corrigan's claims, to be returned for his native city.

"I think a medical representative in Parliament would be fatal to the profession, and *I am not singular in the opinion because the heads of the profession, including men, perhaps as eminent as himself (Sir Dominic), have pronounced against it they dislike it and they disown it.*" *(Cheers, &c.)*

Do not these words demonstrate to the most obtuse intellect, that these gentlemen in opposing Sir Dominic Corrigan, these "Heads of the profession whose confidence Sir E. Grogan it appears, enjoyed, and whose *private* reasons for their opposition to a professional brother of high character and attainments, must have been known to him when he made use of these words, as otherwise, a gentleman of his position would not do so. I ask does not this circumstance prove that the so-called "Heads of the Profession" have put forward "the Church Question" as a pretext only for their opposition; their real motive being to prevent *our* having any medical representation in Parliament, and, at all events, that Sir Dominic Corrigan should not be the man; and this brings me to the second circumstance that attracted my attention lately.

I find a reprint from Dr. Duncan's speech, made before an aggregate meeting of Conservatives in the city of Dublin, on the 12th ult., published in the Association Journal of the 25th ult., Dr. Duncan says:—"He agreed with Sir Dominic Corrigan in many of his views in relation to the improvement of the medical profession. . . . There were other views also in which he probably agreed with Sir Dominic, but there was *one* point on which he did not agree with him, *even as representative of the medical profession.*

I will not ask Dr. Duncan what that *one* point" was, but it is clear that it was not "the Church Question." For he says, it was a point that he did not agree with him on, "even as Representative of the medical profession," and yet Dr. Duncan's name is to be found attached to a document, which assigns "the Church Question," as the sole and only reason of the subscribers for opposing the only member of their profession who ever offered to become the advocate of the interests of their less favoured provincial brethren in the Imperial Parliament, and whose able aid and willing advocacy of their cause were gratefully acknowledged by over five-hundred of the profession chiefly interested on the subject.

What their verdict will be on the course adopted by those who have ignored both their wishes and their interests for their own private reasons, I will not foretell, but I opine that the empty benches at the next meeting of the Irish Medical Association will be a sufficient answer, or elucidate the problem.

I now come to the most painful of the circumstances alluded to above, I allude to Dr. Mackessy's approval certificate of the conduct of the Council of the Association on a late occasion, as published in the last issue of the journal of that body, and I verily believe that nothing has occurred yet in this strange disunion of the members of the Association more likely to be fatal to it than that "certificate." I had hoped that the veteran advocate of Parliamentary representation, if he did not think it prudent to censure the conduct of those who by the course they pursued ignored all his teachings on the subjects to the loss and injury of the parties concerned, would, at all events, have maintained a dignified silence; but I have been disappointed and I regret that I cannot accept as a sufficient cause for the censure which his letter has put on me and all the other supporters of Sir Dominic Corrigan for endeavouring to carry out what we *fancied* was the aim and object of the Association for years—*viz.*, Medical Parliamentary representation by his now saying: "I have advocated that our Parliamentary representatives should be elected by Medical Constituencies," for I find so far back as the year 1862, that the first resolution proposed at the annual meeting of that year by Dr. Armstrong and seconded by Dr. Smith was, "That the profession had reason to regret the want of (medical) representation in Parliament, &c., &c. Surely, at that time, there was no prospect of having a medical Constituency in any of the three Kingdoms, and now when we have medical Constituencies in Scotland, &c., everyone knows that the candidates, when soliciting their votes, did not confine themselves to medical subjects.

I regret therefore, and for many other reasons find that Dr. Mackessy should have felt himself called upon when defending one section of the Association, to give expression to language condemnatory of another and a more important section of the body.

I have the honour to be

Your obedient Servant,

Kinvara, Dec. 1868. DENNIS J. HYNE.

Transactions of Societies.

THE ST. ANDREW'S GRADUATES' ASSOCIATION.

THE annual Session of this Association was commenced by a meeting held this day week at Willis's Rooms, at 7.30 p.m. The chair was occupied by the President, Dr. Richardson, F.R.S.

After several members were elected associates, Professor Owen, Dr. W. Farr, F.R.S., and Mr. Froud, Lord Rector of the University, were elected members of the Association.

The report was then read, and unanimously adopted on the motion of Drs. Pike and Watson. The officers and members of the Council for 1869 were then elected, and after the usual business was completed, the consideration of scientific subjects was commenced. A report was read by Dr. Sedgwicke on the Parasitic Theory of disease. This was followed by an animated discussion, after which the meeting adjourned.

On the next day the Association met again. There was a large attendance of gentlemen and ladies. Several papers were read, the chief one by Dr. Richardson, who selected as his subject, "The World of Physic and the World." We have not time even to analyse the different topics which were discussed. He concluded a powerful and interesting lecture by expressing his belief that in time the world of physic would reveal the mysteries of life with a clearness and simplicity which would only render more wonderful the wisdom of the "uncreated, super-essential, and all-beauteous mind."

The remarkable merits of the discourse were recognised by all present, and there was much applause at its conclusion.

Then Sir Edward Belcher moved a vote of thanks to the President, which was carried by acclamation.

Dr. Richardson responded in very modest terms, and, before he sat down, proposed a similar compliment to Dr. Leonard Sedgwick, M.D., the Honorary Secretary to the Association, in acknowledgment of whose services a testimonial has been subscribed for by a large body of members. The present, which was exhibited in the room, consists, of a handsome writing table in carved oak, and a silver inkstand. It was duly made over to Dr. Sedgwick, with a complimentary address; and the recipient having returned thanks in very pleasant spirit, the proceedings came to a close.

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POOR-LAW REFORM.

THE first meeting for the present session of the Health Department of the Social Science Association, was held on the 30th of November, at the Society's rooms, Adam street, Adelphi. Dr. Brewer presided. Dr. Richardson had prepared a paper on the subject, which, in his absence, was read by Dr. Hardwick. It referred to the four propositions which had been made in respect to the amendment of the Poor-law in this country; first, that the present laws should be repealed and the Elizabethan code adopted; next, the modification of the present law; then a national instead of a local rate; and lastly, that all support of the poor should be self-support—or, as Dr. Farr expressed it, a proportion to the money which the applicant had contributed himself to the rates. The errors connected with the present Poor-law system of management were fully discussed and exposed in the paper, and suggestions were made as to the modes of future regulation, showing that the poor should be divided into classes and treated accordingly—that the helpless should have comforts and amusements—that the able-bodied should be set to work—the children educated—and that under a revised system we should not have any such word as pauper. The lecture was an able one, and was followed by a discussion, after which the meeting separated.

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Literature.

BARTON ON THE NATURE AND TREATMENT OF SYPHILIS.—Perhaps no subject has attracted so much attention, and been the source of so many essays of late years, as that of syphilis. A new work, therefore, on its "nature and treatment," must interest the profession, and especially those who are concerned in the intricate and puzzling question of the various and obscure form of its development, and constitutional manifestations. Dr. Barton, to the credit of the Dublin school, has undertaken a work in which he proposes to give the latest gleanings and information in the form, as he mentions in his preface, "of one book of moderate compass which would give a clear account of the whole matter," and one not only suited to the practitioner, but to the student especially.

We are happy to bear testimony to the carrying out of the intention here expressed by the author, the work being compact, well written, and without that craving for ostentatious book-making unfortunately so prevalent in the present day.

The introduction is devoted to a general and brief consideration of the varieties of venereal poison, the usual plan being adopted of trifold division as gonorrhœa, simple or chancroid sore, and syphilis.

Dr. Barton, admitting that he "has occasionally met with cases in which it was impossible at the first examination to decide, but these are exceptions to the general rule," proceeds to the consideration of "Syphilis," or true infecting sore in contradistinction to the chancroid; he is a believer in the duality of the venereal poison and thus characterizes the third form of venereal disease true syphilis, the name mentioned as the basis of his work, and for the elucidation of which it was doubtless chiefly intended.

"We pass from the consideration of local sores and other complications to that of a disease affecting the whole system, from which no tissue or organ of the body is exempt, a disease apparently produced by a subtle poison, which gaining admission into the blood is by it carried to every part. This virus or poison has been as yet detected by no process, but we infer its presence from its effects, which sometimes continue to be produced when twenty or thirty years have elapsed since it entered the system."

The consideration of this sore in all its bearings is then critically entered into by the author, who not only collates the most recent information on this question, but adds some results of his own experience and observations. We find him (p. 99) rather inclined to revive the theory propounded in the Dublin School by Carmichael as the result of his very wide observations that there exists a plurality of poisons, each characterised by its train of constitutional symptoms, and following the remark of Bassereau amongst the French syphilographers, who states "the benignity of a chancre announces that the constitutional symptoms will be of little severity, its malignity on the other hand tells us that the patient will be attacked with consecutive symptoms of great gravity," the author adds as his opinion "that we should be guided not so much by the amount of induration present as by the ulceration; if the chancre has a deep ulcer with a sloughing surface or high indurated edge, it is a severe case, but if there be simply an indurated nodule without any, or scarcely any ulceration, that is not a bad case." Though this proposition may hold good to some extent, we doubt if it will be generally adopted without modification; for instance, in case of maternal infection by childbearing where no primary existed, what inveterate symptoms will affect the one case and not another, or why two men contract a sore from the same woman (who never were before affected), yet one suffers pain, the other escapes with comparative immunity. We fear the ground upon which the seed is sown modifies the after crop, and that peculiarities of constitution have most powerful, if not the chief influence in the after consequences.

The constitutional symptoms are grouped and considered in an effective and simple way as "The Second Stage of Syphilis," characterized by the syphilodermata; mucous patches, and the "Third Stage of Syphilis," or stage of deposit, which are divided into the earlier or lymphy deposits, which the author names *sthenic*, and the later "gummy" or *asthenic*.

The whole history of the third stage is considered fully and practically, not only with regard to the external manifestations, but to the minute and often intractable changes that take place in the viscera and internal structures.

We would have wished for a more copious allusion to the painful and interesting class of nervous and paralytic affections, but as the book is intended to be rather a class-book, we may excuse a more detailed consideration of these cases.

As to the treatment, the author is neither a mercurialist or non-mercurialist; he uses the "two edged sword" with judgment, believing "that it may be so given as to tell upon the syphilitic lesions while the system will scarcely feel its presence," inunction being the form which seems most advisable.

The subject of syphilization is considered, and its details, which have found as yet but little favour in this country; so that, as the author laconically observes, "It is probable that Christiania will continue to be the stronghold of this mode of treatment," more particularly as the proofs of its superior efficacy should be strong indeed," before the profession or the public would overcome their repugnance.

The important question, interesting not only to the profession but to the State, of infantile syphilis is largely considered, being divided into the stages of early symptoms, intermediate stage and second stage, extending as far as puberty; the author coinciding with the practice generally adopted in this country of a careful mercurial treatment.

On the whole we may class this work as one coming up to the mark indicated by the author as "a guide and a book of moderate compass, giving a clear account of the whole matter." It shows much research and careful reflection, and will succinctly indicate the way to the inquirer in this important and intricate branch.

We regret the want of illustrations, and would be glad to have seen more of the author's own cases and results of his treatment.

◆

Obituary.

DR. EDWARD PHILLIPS, OF COVENTRY.

We have to announce the death of Dr. Edward Phillips, of Coventry. He was Physician to the Coventry and Warwickshire Hospital, and Senior Magistrate for the City of Coventry. It appears that he was highly respected, and his death will be widely lamented.

DR. HOBSON, OF LEEDS.

On Monday week Dr. Hobson, of Leeds, was found dead in his bed. Some months previously he was thrown out of his carriage and slightly injured. Another accident occurred shortly after in his own house. His foot caught the carpet, and he fell, by which his thigh was broken. He was consequently confined to his bed for some months, but had so far recovered as to be out for a drive on the Sunday before the day on which his death took place. He was advanced in life, being seventy-three years of age.

DR. CHARLES COWAN, OF READING.

It is our painful duty this week to record the death of Dr. Charles Cowan, of Reading, which took place on the evening of November the 29th. Dr. Cowan had for many years filled the post of Senior Physician to the Royal Berks Hospital, and enjoyed an extensive consulting practice in and around the town of Reading, his opinion being often sought by practitioners at Newbury, Basingstoke, Abingdon, and other places at some distance from Reading. Dr. Cowan took his M.D. degree in the University of Edinburgh in 1833, and a year after he graduated in Paris. In 1835 he published a translation of "Louis on Phthisis," which gave him at once celebrity as a thoracic pathologist, and some of his medical friends were anxious for him to establish himself in London as a consulting physician. He was not, however, one of those who find London alone to be a place worthy for the display of their talents, and after being a short time at Bath, Dr. Cowan eventually settled at Reading and soon took a prominent position there, and acquired a large practice, the experience gleaned from which was often made to serve a useful purpose by publication in the journals.

Lately, Dr. Cowan had been failing a good deal in his natural energy and vigour, and, by the advice of his friend, Mr. May, of Reading, he went for a short holiday to the Isle of Wight. From this he returned much improved; but unhappily the improvement did not continue, and soon symptoms of great nervous exhaustion and depression came on, so that, despite the kind and constant attendance of his friends, Dr. McIntyre, of Odiham, and Messrs. May and Maurice, of Reading, subsequently aided by the skilful advice of Dr. Hyde Salter, this truly excellent and accomplished physician at last sunk, and eventually was carried off, as he himself predicted, by an internal hæmorrhage.

The funeral took place in the cemetery at Reading on Friday, December 5th, and the day was quite one of general mourning in the town.

◆

O'SULLIVAN AGAINST THE LIMERICK GUARDIANS.

The trial of this case, of which we informed our readers some time since, has commenced in the Court of Queen's Bench, Dublin, and is expected to occupy many days. It is an action for wrongful dismissal, Dr. O'Sullivan having been removed from the Resident Surgery of the Limerick Union Workhouse, though admittedly a most valuable officer, because he did not succeed in maintaining harmonious relations with the Sisters of Mercy who had been placed in charge of the wards.

The reports of repeated and angry discussions in the Board of Guardians, have appeared in the Journal many months ago.

Dr. O'Sullivan has been, in our opinion, absolutely offered as a sacrifice to the narrowest religious bigotry, and we most earnestly hope that he will succeed in compelling the guardians to pay for the exercise of their grossly unjust prejudices.

OPERATIVE SURGERY.

The regulations which we publish elsewhere, as having been recently adopted by the Council of the Royal College of Surgeons in Ireland, will, we understand, apply to all students from this date.

ILLNESS OF DR. R. B. GUINNESS.

The Irish profession will learn with much regret of the dangerous illness of Dr. B. G. Guinness, of Dublin, the recently-elected Registrar of the King and Queen's College of Physicians. The malady under which Dr. Guinness suffers is aggravated erysipelas of the head with cerebral complications. On Saturday last his medical advisers had little hope of his surviving many hours, his respiration having risen to 60, and a state of semi-coma having supervened. On Sunday some amelioration had shown itself, and the respiration was at 48. On Monday, however, his attendants were of opinion that having passed a restless night he was not so well. Through the urgency of all these symptoms the patient has fortunately been able to partake of nourishment, and hopes are entertained of his recovery. Dr. Guinness is surgeon to the County Dublin Militia, and an ex-assistant physician of the Rotundo Hospital.

The New President of the Poor-law Board.—Notwithstanding many conflicting statements now in circulation, we have reason to believe the Presidency of the Poor-law Board will be conferred upon the Right Hon. G. J. Goschen, M.P. for the City of London, who held office under the Government of Earl Russell in 1865.

The Siamese Twins are reported to be on their way to Europe. Before the surgical separation, for which purpose they have undertaken the voyage, takes place, they will exhibit themselves for a few weeks to the British public, on account of the lowness of their exchequer. Those of the profession who were unable to see this monstrosity when in this country before, will now have the opportunity of so doing.

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NOTICES TO CORRESPONDENTS.

Dr. Isaac Ashe.—"Letters on Medical Reform;" see notice in "The Journal of the Irish Medical Association."

Medical Club.

To the Editor of the Medical Press and Circular.

Sir,

I hope you will allow me, through the medium of your columns, to state in reply to numerous correspondents, that it was decided at the general meeting, *not* to increase the subscriptions of the original members.

The formation of the Guarantee Fund will prevent the necessity of any increase of subscription, and if every member could, during the ensuing year, introduce one new subscriber, the Guarantors would not require to be called upon for any portion of the sums they have kindly promised to subscribe in addition to their annual subscription, should such be found necessary.

I am, Sir,
Your obedient servant,
Lory Marsh, Hon. Sec.

December 1st, 1868.

Dr. Andrew Wilson (New Subscriber).—Thanks for your note. Your request shall be attended to.

W. H. Sandham—Your paper on "Ice and Electricity" is postponed. You will receive a private note.

The name of Dr. H. MacNaughton Jones is interpolated in every second paragraph, accompanied with the most extravagant laudation, and with statements of fact which no other person than Dr. MacNaughton Jones himself could have supplied

The *Cork Daily Herald* elevates Dr. Jones to the "top of his profession," and maunders about his "headwork and long study," and the "hundreds of pounds" he has spent on this venture. A more indecent puff, or one which makes less concealment of its authorship, we have never seen, at least in any part of a respectable journal than its advertising columns.

◆

BOOKS, PAMPHLETS, &c., RECEIVED.

Bible Animals. By Rev. J. G. Wood. Part XV. London: Longmans, Green, & Co.

Hardwicke's Science Gossip for December.

The Pharmaceutical Journal for December.

The Public Health.

The Practitioner for December.

Cases in Surgery: The Wire Ligature in Compound Fractures of the Lower Jaw. By Hugh Owen Thomas, M.R.C.S. London: John Churchill and Sons.

Conspectus of the British Pharmacopœia. Second Edition. By O. Davies Owen. London: Longmans, Green, & Co.

The New York Medical Gazette.

Boston Medical Journal, &c., &c.

◆

APPOINTMENTS.

Charteris, M., M.D.—Assistant-Physician to the Glasgow Royal Infirmary Dispensary.

Dowse, T. S., M.D., L.R.C.P., M.R.C.S.—Registrar to Charing-cross Hospital.

Dunlop, J., M.D.—Assistant-Surgeon to the "Impregnable," training ship for boys.

Ellis, T. S., M.R.C.S.E.—Surgeon to the Gloucester Infirmary, vice C. Barrett, F.R.C.S.E., resigned.

Gabriel, J. T., M.R.C.S.—Promoted to H.M.S. Scorpion.

Henry, Dr.—Physician to the Suffolk General Hospital, Bury St. Edmunds, vice W. Cooper, M.D., resigned.

Inman, W., M.D.—Assistant-Surgeon to Greenwich Hospital.

Keyworth, H., M.R.C.S.E.—Medical Visitor of Private Lunatic Asylums, in the District of York, vice W. E. Swaine, M.D., deceased.

Norton, G. E., L.S.A.L.—Senior House-Surgeon at the Middlesex Hospital, vice H. Case, M.R.C.S.E.

Ringland, J., M.D.—President of the Obstetrical Society, Dublin, vice S. L. Hardy, M.D., deceased.

Salmon, J., M.D.—Promoted to the rank of Inspector-General of Hospitals and Fleets.

Sims, Mr. F. M., Surgeon to St. George, Hanover square, Dispensary, has been appointed Assistant-Surgeon to the Hospital for Diseases of the Skin, Blackfriars.

Soper, Mr. W., of Clapham Rise.—Medical Officer to the Stockwell Orphanage.

White, R. P., L.K.Q.C.P.I.—Surgeon to Meath Hospital, vice J. W. Stronge, M.B., deceased.

◆

VACANCIES.

City Dispensary, Watling street—Physician.

Hospital for Women, Soho square—Assistant-Physician.

Jervis Street Hospital, Dublin—Surgeon.

Leeds Hospital for Women and Children—Consulting-Physician.

St. Pancras—Medical Officer of Health.

South Staffordshire General Hospital, Wolverhampton—Physician.

Steevens's Hospital, Dublin—Physician-Accoucheur and Lecturer on Midwifery in the Medical College.

University College Hospital—Physician to the Skin Infirmary.

Westminster Hospital—Resident House-Physician.

◆

Birth and Deaths.

BIRTH.

Jacob.—On the 4th inst., at 23 Ely place, Dublin, the wife of Archibald Hamilton Jacob, M.D., T.C.D., F.R.C.S.I., of a son.

DEATHS.

Barrett.—On the 29th ult., T. Barrett, M.D., of Bath, aged 53.

Bayliffe.—On the 19th ult., Chas. S. Bayliffe, M.R.C.S.E., of Chippenham, Wilts, aged 35.

Cowan.—On the 29th ult., C. Cowan, M.D., of Reading, Berks.

Fraser.—On the 27th ult., at Inverleithen, James Fraser, M.D.

Herbert.—On the 14th ult., J. L. Herbert, Surgeon, of James street, Bangor, aged 59.

Hobson.—On the 29th ult., R. Hobson, M.D., of Leeds, aged 73.

Leete.—On the 2nd inst., after a short illness, John Griffith Leete, F.R.C.S., L.S.A., of Thrapstone, Northamptonshire, aged 62.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 16, 1868.

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THE INFLUENCE OF TEMPERAMENT ON THE DISEASES PECULIAR TO INDIA.[*]

By DR. S. E. MAUNSELL, R.A.

THE subject of the influence of temperament on diseases peculiar to India, which I beg to bring to the notice of the Society, is of considerable importance to medical men, whether in civil or military life. The civilian medical man is frequently, in the course of his practice, called upon to attend invalids returning from tropical climates suffering from various diseases, and in all stages of those diseases; and when his patient happily recovers, he is frequently required to decide for him how soon—or if at all—he may return with safety to the climate in which his malady originated. He has an opportunity of seeing how the native of our more temperate climate is affected by residence abroad, and to what extent, and he can judge whether the diseases thus brought under his notice are at all affected, and to what degree, by temperament. In the same manner, in military life, it must occur to medical men that soldiers are affected more or less by the diseases peculiar to foreign climates according to their special temperament. Take, for instance, an officer in medical charge of a regiment about to proceed to India. He has to inspect every man in his regiment prior to embarkation, and regularly weed it, taking from the ranks those men whom he thinks are unlikely to bear up against the debilitating effects of the climate of the East; and while abroad he has to be always on the alert, selecting such men for home and such for the different Hill Sanataria as he may in each case think most likely to be benefited by a change; and if he returns with his regiment to England after a residence abroad of ten years, he will find very few men returning who originally went abroad with him.

In going to a climate such as India for the first time the European is placed in a position which he can hardly realise—climate, mode of life, and means of exercise are all changed; there is a want of occupation such as he has hitherto been unaccustomed to, and it takes him some time to give up his English manners and customs in the matter of eating, drinking, sleep, and exercise, and to make up his mind to the fact that he must suit himself to the country or the country will never suit him.

Of the various temperaments which are mentioned in systematic works, those which come most prominently forward as influencing disease, have been in my experience the "sanguine" and "bilious," and in watching cases of "insolatio," or sun-stroke, fever of intermittent type, dysentery, and hepatitis, it appeared to me that the severer cases occurred among men of bilious temperament, with sallow skin, dark hair and eyes, and that men of sanguine temperament, light hair, light blue eyes, and fresh complexion, though very frequently attacked by the diseases of the country, yet the affections from which they suffered were of a much less severe nature, and more transient, and that among invalids from tropical climates men of the latter temperament made a much more rapid progress towards recovery in this country than those of the former—that men of a dark bilious temperament were more liable to acute dysentery, especially that sort accompanied by profuse discharges of blood from the bowels, hepatic inflammation running on to abscess, and the severer forms of remittent fever. With length of residence, I came to the conclusion that the diseases first mentioned, dysentery and hepatitis, were not influenced by temperament alone—that they are of more frequent occurrence among the older soldiers, men whose constitutions had been affected by climate (exposure), intemperance, or repeated attacks of fever—and this especially in cases of hepatitis, whereas the younger soldiers, though very subject to intermittent fevers, were more or less exempt from the graver diseases mentioned, which I explained to myself in this manner:—

The European when he lands in India has no dread of the sun. You see a young soldier lately landed from England, full of fresh blood, going about in the mid-day sun with a small cap on, or very likely no covering on his head at all: he is careless as to consequences, because he does not feel the effects. In the same way young officers spend the hot weather shooting in the district, with no protection from the heat of the sun but that afforded by the thin walls of their tents, and equally regardless of the extremes of heat and cold, as long as they have a liberal supply of beer. They come out from home with a stock of nervous energy and vital force which at first leads them to ignore the effects of heat; by degrees, if an attack of hepatitis or dysentery does not make them more careful, they find tha as each succeeding hot weather comes on they are less able to bear the exposure; the sun, which they at first thought nothing of, now becomes very irksome; they feel languid and exhausted, and are obliged to keep in-doors during the heat of the day, and find they must follow the example of the "old Indian" and take to early hours, exercise in the cool morning and evening, and light food and drink. The high temperature in which Europeans live in India takes effect in proportion to the amount of nervous energy or the inherent vitality which each possesses in varying proportion, and which has a tendency to deteriorate with length of residence; and as at first the balance is in favour of the new arrival, and the diseases which affect him are of the sthenic type, so, the longer he remains in the country, the more his nervous energy becomes exhausted, the balance is more easily turned, and the diseases with which he is affected assume a low asthenic character. Take the cases of heat apoplexy, or sun-stroke, by which name a common form of disease in India is inadequately expressed. Some authors on diseases of India mention two forms, sanguineous and cerebro-spinal; the latter form, which is one marked by intense depression of the nervous system, collapse, diarrhœa, and vomiting, I have most frequently seen—and almost every case in the older soldiers. Men whose nervous system is depressed by exposure to high temperature for a long time are very liable to be so affected in cloudy, damp, and oppressive weather, when the heat generated in the body cannot be radiated. Intermittent fever is very common among all classes of new arrivals, but I do not think that men of sanguineous temperament are so subject to the organic affections which so often follow repeated attacks of this disease, such as enlargement of liver and spleen, and that peculiar bronze or slatey colour of the skin, owing to a black pigment deposited in it from the blood, well described by Frerich as "pigment granule." I have remarked these changes more frequently among men of bilious habit, and that they retain the poison longer in their system; and whatever may be its origin, whether malarial or cryptogamic, it first attacks the nervous system, then the circulation becomes disordered, and if the disease is not checked the patient is left in a state of exhaustion and anæmia, so often seen in invalids from India in the pale sallow face and expression indicative of great loss of nervous energy.

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[*] Read before the Army Medico-Chirurgical Society of Portsmouth.

The most severe forms of dysentery which I have seen in malarial districts in India accompanied by profuse discharges of blood from the bowels occurred in men of long service, bilious temperament, and especially if they have suffered previously from intermittent fever. In the same places and at the same time I have seen the younger men suffer from frequent attacks of dysentery and dysenteric diarrhœa, but not to the extent of the older soldiers.

In none of the above-mentioned diseases, I regret to say, can I produce any statistics which would help to elucidate the subject. I can, however, in the next which I would bring to your notice—viz., hepatitis. I have got here a list of sixty-two cases admitted to hospital at different stations in India from the same regiment (H.M. 10th regiment), the admissions extending over fourteen years:—

No. of Case.		Average years in India.			Age.	Duration of Case.
		y.	m.	d.		
21	Bilious	6	7	7	28	20
41	Sanguine	6	1—6		30	82

We see in both cases the length of service has been nearly the same; there is a difference in the age, which would be rather in favour of the bilious, I think (28—30); but the greatest difference is in the duration of the cases, in the bilious averaging twenty days, in the sanguine eighty-two days, a difference which will not be accounted for, I think, by the disparity of age alone. I take it as more an argument in favour of the superior vital energy with which the patients of sanguine temperament are endowed.

It would appear to be unnecessary to draw any comparison between the two temperaments here specified, as of sixty-two cases terminating fatally forty-one appear to have been of a sanguine temperament (blue eyes, fair hair, fresh complexion, &c., &c.), and twenty-one of the opposite, or bilious; and these numbers appear in evidence against any preconceived ideas of mine on the subject, as apparently the men of bilious temperament were least affected by hepatic disease. But I do not think we can judge from these few cases what the chances are in favour of or against an individual of either temperament being attacked by inflammation of the liver, because I think that the temperament takes a conspicuous place in, and must be considered in our prognosis and treatment of this and all other diseases of India; still I think it holds a secondary place to length of residence, and if we examine this list we will see under the heading of "days in hospital" there are opposite to names of men who have been a short time in the country, *i.e.*, from *one* to *five years*, high numbers such as forty-four, fifty-two, ninety-six, and ninety-seven days, their treatment extending over a long period; while in the other cases of five and over years' service, the number of days under treatment diminishes with the length of service abroad (such as thirty-nine, twenty-three, seventeen, and even eight and four days), all cases ending fatally. Of men under five years' service we find one case mentioned as being only two days in hospital. That appears to be a very short period indeed, and was probably complicated with some other affection.

Next to length of residence I would take the history of former disease as being the most likely predisposing cause. Numbers of fatal cases of hepatic inflammation which I have seen in India, did not appear to start suddenly into existence, as we see cases of pneumonia and peritonitis, but evidently came on slowly and insidiously. The patient feels he is gradually losing health, strength, and appetite; he has a feeling of general *malaise*; he may or may not, most likely not, complain of pain in the hepatic region; he suffers from a peculiarly offensive diarrhœa or dysentery, which is very difficult to get rid of, and probably quick pulse, elevated temperature of body, and hectic fever. There may be no symptoms which he can refer directly to the liver, and so he may continue till at last the abscess which has formed makes its way through the lungs or some of the natural passages, or the patient dies, the extent of the mischief being undetected till after death. The greater number of such cases are in old soldiers who have suffered from attacks of intermittent fever, and there are very few men of any length of service in India who have not been repeatedly laid up with this affection. To young soldiers it is frequently a bugbear following them about from place to place. Take up the medical history sheet of any soldier who has returned from India invalided with hepatic disease, and you will see a long list of entries of febris inter. against him, until at last a graver affection has fastened itself upon him, and he is obliged to come home. It is difficult to suppose that a disease like feb. inter., affecting as it does to so great an extent both nervous and circulating systems, could be shaken off without causing more or less organic disease. Frerich, one of the best authorities on affections of the liver, describes a regular form of disease which he calls the pigment liver, for illustrations of which in its *post-mortem* appearances *vide Atlas of Path. Anat.*, p. 9, 10, 11 (Frerich), the peculiarities of which are certain alterations found to exist in the liver in fatal cases of feb. inter., such as congestion, softening, atrophy, and obliteration of the capillaries and cells. In these changes I think many fatal cases of hepatitis have their origin; and, as I have already said, men of dark, bilious temperament appear to me to be most liable to such changes and complications, which, when combined with length of exposure to the exciting cause, may sooner or later terminate in suppurative inflammation. In short, the diseases of young soldiers in India are not so much affected by temperament as is the case in the older soldier. In the former the good constitution, unimpaired nervous energy, and cool blood, tend to lead on the case to a favourable termination, and resolution follows. The ulcerated intestine becomes cicatrized, and the liver

resumes its normal size and functions. In the latter the blood is deteriorated, the tissues of the organ deranged and perverted, the vital energy impaired by exposure or length of residence. It is among such, I think, when the balance **is once turned, and disease fastens itself upon any organ**—especially the liver—the affection more usually runs on to a fatal issue ; and this the more quickly and more surely in proportion as the man's temperament approaches the bilious, and men of this temperament appear to me to suffer more than any other from the effects of climate and disease in India.

CASE OF MELANCHOLIA TREATED BY ICE TO THE SPINE.

By W. H. Sandham, M.R.C.S., Eng.

A. D. S., æt. seventeen, a well-looking, healthy young man, about the beginning of July last, became much depressed in spirits, and was often found by himself crying, and would sometimes exclaim "What will become of me !" "Can nothing be done for me !" &c. I put him on open air exercise, quinine and sal volatile, and a cold bath every morning. This appeared to battle off the attack, but on Monday, 14th September, he broke down again and became much worse. His mind gave way. He took it into his head he was eternally lost ; then that his family and friends were forsaking him ; and so wandered off from one silly idea to another. I found that he had not slept for nights ; his appetite good ; pulse normal and ninety-six ; tongue perfectly clean and skin natural. Bowels confined from this date to Thursday, 1st Oct. Daily and sometimes twice daily, enemas were administered with no effect whatever, further than that the first completely unloaded the rectum. From the 14th September to 4th October, there was no satisfactory alvine evacuation. On this evening I commenced treating him with a view to procure sleep. I must state he could not be got to speak during that time, and nourishment was thrown down his throat *by main force.* I gave him repeated doses of acet. morphia, tinct. opii, tinct. opii and emetic tart., and last, half dr. doses of chloroform every two hours for three or four doses, nightly, for several nights, without any narcotic effect that I could appreciate. At this time I consulted my friend Dr. Harvey. He agreed with me that the indication was, if possible, to procure sleep and to restore the healthy functions of the bowels, and recommended persevering with the chloroform, which I did. On the night, Thursday, 1st October, after having read in the Medical Press and Circular of same date, the report of three cases of delirium tremens of a severe character cured by ice to the spine, and having myself had satisfactory results from ice applications in a case of epilepsy I treated some time before, I determined on trying ice in the present case as directed by Chapman, to whom be all the honour he so well deserves ; but as it was late at night I could not then procure the ice. My patient was in a low state, unconscious, his eyes fixed and vacant, frightening myself and his family, as I feared a fatal termination of the case before morning. It occurred to me then, as a good way to cool the spine, to try Richardson's spray apparatus, which I did. He appeared to become sensible of, and roused by the ether application, particularly when applied along the lumbar region. After this I placed him in bed, for it was while on the close stool I applied the spray. He got a quiet night and considerable sleep. Next morning he was rather wild and cross, but encouraged by this result I forced him into bed and put a Chapman's twenty-two inch ice-bag along the spine for an hour and a half. In twenty minutes the pulse was lowered twelve pulsations. He soon said, "I am very hungry and would like some breakfast," though it was by force he was made to drink anything before. He of his own accord buttered his bread, and ate and drank very like a man who was some days starved. He had a perfectly lucid interval of an hour and a half, and then lapsed into his former condition. Ice in the evening again, one and a half hours ; before the bag was removed he was asleep. Had another fine night's rest. — Saturday, 3rd October. Morning, ice applied ; took another hearty breakfast ; at five p.m., without any ice fell asleep ; at half-past eight p.m. I roused him up to give him food, which he took. Applied the ice for one hour, but he was fast asleep before I removed the bag, and the act of removing it and settling him in the bed did not awake him ; he was literally "dead asleep," and he lay fast asleep in the same position as I placed him until I took his hands from under the clothes at half-past nine, a.m., on Sunday. Pulse eighty-four, full, skin perspiring profusely, tongue clean, and his face looking the picture of health. He was not more rational. I administered a dose of castor-oil and tinct. senna co., bowels not having yet acted. He took his breakfast while the ice-bag was now on for three quarters of an hour. A turpentine and assafœtida enema in the evening brought away a quantity of caked matter, the first satisfactory alvine discharge since he lay down. The enema appeared to excite him much, and although the ice was applied he only had quiet, not much sleep. Monday, treated by ice same way, another good night. Tuesday, bowels responded to (soap) enema ; intellect still astray, pulse excellent, tongue quite clean, eyes perfect, takes his food without force. Tuesday and Wednesday, slept without ice. Thursday, looks well after his sleep, took hearty breakfast, out of bed all day. Sunday, 11th September, slept every night since application of ice on Monday evening last ; intellect better ; bowels respond to enemata. October 25th, to this date my patient eats, drinks, and sleeps well ; the bowels only act by enemata. No ice applied since the day last named ; mind is better, but far from right yet.—November 25. He is very nearly mentally and bodily as well as ever. So far the treatment by ice with a view to procure sleep was a complete success, proving the ice application recommended by Chapman to be an invaluable therapeutic agent. I would highly recommend, when ice could not be procured, Richardson's ether spray application as a substitute. I used it in a recent epileptoid seizure with apparent benefit ; I applied it twice a day for three or four days, and although it was the third attack in which I tried it—having treated the patient otherwise in the two first attacks—she has not had an attack since the spray treatment, and it is eight or nine months ago. The value of cold to the spine cannot be over-estimated.

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TURPENTINE AS AN ANTIDOTE TO PHOSPHORUS.

The *Archives Gén. de Medecine* calls attention to the custom of the workmen in a match factory at Stafford, who apply phosphorus to the matches, of carrying on their breast a tin cup, containing essence of turpentine. This precaution is said to be sufficient to prevent any ill effects from the action of the phosphorus. It was previously known that the vapour of turpentine prevents the ignition and even the phosphorescence of phosphorus, but the practical application of this knowledge is not so generally adopted as it should be.

ENTOZOA IN CARBUNCLE.

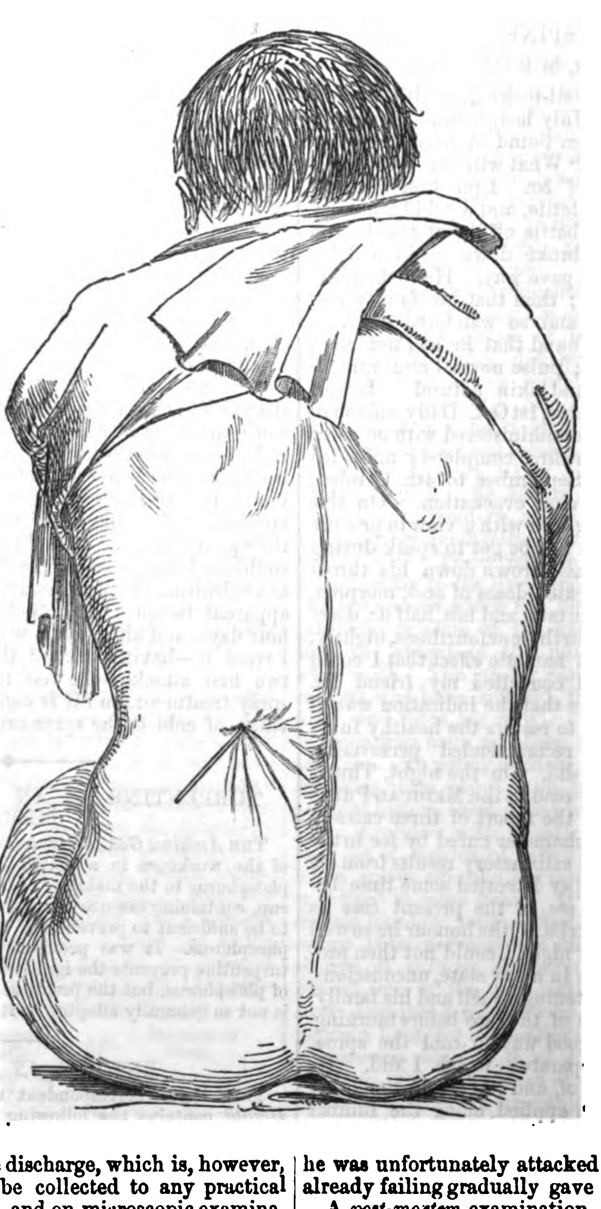
The Paris correspondent of the ***Leavenworth Medical Herald*** contains the following interesting item :—"Dr. Davaine, in a paper on Carbuncle, states that the blood of an animal that had died from this disorder was found to be filled with microscopic filiform animalcules, belonging to the *vibro* or *bacterium* kind. This is not the first time such a fact has been ascertained ; but the question is, whether the animalcules are the cause, or only the effect of the malady, or, again, whether their presence is a mere accident. From a series of experiments made in order to throw some light on the subject, Dr. Davaine concludes—1. That the animalcules in question **are constantly found in the blood of animals attacked with** carbuncles. 2. These animalcules appear in the spleen, the liver and blood *before* the symptoms of the disease make their appearance ; and, 3. The blood of infected subjects ceases to be contagious as soon as the animalcules have disappeared."

Hospital Reports.

MERCERS' HOSPITAL.

REMARKABLE FISTULOUS COMMUNICATION WITH THE KIDNEY IN THE LUMBAR REGION, AND DISCHARGE OF SEVERAL CALCULI THEREFROM.—LATERAL LITHOTOMY PERFORMED NINE YEARS AGO.

By Mr. Morgan, F.R.C.S.I., Surgeon to the Hospital, and to the Westmoreland Lock Hospital.



W. C., aged 17, messenger, admitted to Mercers' Hospital September 11th, 1868, complaining of symptoms of calculus in the bladder and much irritability of urination. Has had a venereal sore and double suppurating bubos during the last three months, and is in a cachectic condition. He gives the following history:—About seven years ago he got a fall, and in consequence a swelling "like a red lump" formed in the left lumbar region, for which he was admitted to hospital. This swelling increased, and after some months gave way, and about a quart of matter made its escape. He was discharged from hospital much relieved, but with the fistulous opening continuing: from time to time small calculi have made their way through this track. At least six in number have passed. There is no stone to be felt in the bladder after the most careful exploration, but at the loin the fistulous opening, with a puckering of the skin around, is to be seen, and on passing in a probe it passes upwards and towards the spine. On cautious examination a rough calculus is to be felt, deeply seated. There is no great uneasiness, and the chief inconvenience is caused by the discharge, which is, however, not in sufficient quantity to be collected to any practical amount. Its reaction is acid, and on microscopic examination appears to be pus and urine. There are a few tube casts to be seen in it. On September 15th, 1868, I with some difficulty extracted a small calculus which was lodged about one inch from the surface. It is rough and hard, the size of a small bean, longer than round.

The boy had been lithotomised nine years since by Mr. Bevan, and a large-sized stone removed. Mr. Bevan has also a calculus in his possession the size of a large marble extracted from the fistulous opening about four years ago. The woodcut shews the situation of the fistulous track, and the peculiar indented puckered appearance at its orifice.

THREE CALCULI IN THE BLADDER AND SEVERAL IN THE PROSTATE GLAND.

On August 26, 1868, an elderly man, aged seventy-three, was sent up to me from the country, suffering from severe irritation of the urinary organs and retention. He stated that several attempts had been made to pass an instrument, and the appearance of the patient indicated his having suffered much pain and irritation. The bladder was found to be very distended. A large pliable catheter was passed after some manipulation. On doing so it could be felt to grate over calculi in the prostatic part of the urethra, and when introduced fully, other calculi could be felt in the bladder. He was given an anodyne, and warmth was applied over the hypogastric region, procuring for him a fair night's rest.

The next day, on making a careful examination, I found the prostate enormously enlarged, and encroaching considerably on the rectum. The usual symptoms of vesical calculus in an aggravated form were present, with much debility and prostration caused by loss of sleep. A good deal of blood also had been lost from the urethra during the previous week.

The patient's strength was much broken by the continued suffering for the last eight months or more. Tonics, Pereira brava, with moderate stimuli, were given, and the bladder was washed out with a solution of watery extract of opium (two grains to six ounces of warm water), to alleviate his suffering, as the patient's strength was too low to risk immediate operation. After 10 days he was unfortunately attacked by diarrhœa, the strength already failing gradually gave way, and death took place.

A *post-mortem* examination was made ten hours after death. The prostate was found as large as a large orange, with the venous plexus around it immensely distended and varicose. On making a section into its substance as in the lateral operation, a large quantity of fluid blood escaped even at this period after death. The bladder was contracted and had been long diseased. It contained three large-sized calculi, and along the urethral portion of the prostate there were several calculoid concretions. The contracted state of the bladder and the large size of the prostate precluded the use of lithotrity, and section of the varicose and dilated veins of the prostate in the performance of the lateral operation would, I doubt not, have been a very serious, if not fatal, complication.

DROPSY AND ITS PATHOLOGY.

Under the care of E. P. Sharkey, M.B. Dub., L.R.C.S. Edin., &c.

The following cases of dropsy, differing in their etiology, treatment, and termination, may not, perhaps, be devoid of interest, though occurring in the desultory practice of a rural dispensary, in which the opportunity is not enjoyed of testing diagnosis by the results of microscopic investigation.

Mrs. T., æt. fifty-six, has been for many years an invalid, and during the seven last she has been affected with dyspnœa on walking fast, and for four years has been conscious of a "double beat" of her heart. Her bowels are habitually torpid, for the relief of which she has been accustomed to the use of drastic purgatives. Her complexion is pale and waxy, and she is much debilitated. I prescribed pills consisting of the following—viz., ext. fell. bovini, gr. ij.; pulv. rhei, gr. i.; quin. sulph., gr. ss., in each; one to be taken every third hour till bowels were affected. She derived much benefit from these; but on the 30th I was sent for, and found her labouring under great dyspnœa, preventing her from lying down.

Physical signs.—Percussion dull in lower part of chest, especially in inferior posterior right, with the crepitus characteristic of œdema. Legs and thighs anasarcous; some fluid in abdomen also; urine scanty, and high-coloured; no traces of albumen in it. Heart's action tumultuous and irregular, with evident signs of dilatation. Ordered the following pills—viz.:

℞ Mass. pil. hydrarg.,
Pulv. scillæ, ā gr. i.,
Digitalinæ* granulam, i. M.

Fiat pil., ter die sumenda.

On the 8th October there was very great improvement. Decided diuresis has been produced, with relief of the dropsical symptoms. She can now lie down with ease, and sleep, which she could not do before. Pulse 40. Ordered her to take only one of the last prescribed pills at night, and those first prescribed as occasion required, omitting quinæ. sulph. and substituting pulv. zinzib. for relief of flatulence. The report on 26th of November is as follows:—

She has continued free from dropsical symptoms generally, but when any threatening arises she takes one of the diuretic pills at night, which at once relieves them. The physical signs of hypertrophy and dilatation are well-marked. Pulse 70. Bowels regulated satisfactorily by the electuary of sulphur and cream of tartar. This patient had similar threatenings of dropsy throughout 1863 and 1864, one of the pills always sufficing to relieve them. Her disease, however, gradually gained ground in 1865, and she sank under it at last, after a protracted struggle, in 1866.

5th March, 1867.

Edward P., æt. sixty-five, a mason, has for some time past had anasarca of lower extremities. Says that before he observed this the renal secretion was *rather excessive* than otherwise. Present state: General health not much affected, except that his appetite and strength are somewhat impaired. Has slight uneasiness in the renal region. Urinary secretion diminished; specific gravity, 1020°; coagulable by heat, nitric acid, and corrosive sublimate. He was put on comp. powd. jalap, imperial drink, and the following mixture: ℞ Tinct. scill. ʒss.; spt. junip. c. ℥iiss.; aquæ ad ℥viij.

On the 11th of March the quantity of urine had increased.

March 5th.—The mixture was repeated, adding pot. nit. ʒj., and spt. eth. nit. ℥j.; and he was directed to take the following pills: ℞ Extract. nucis vomicæ, gr. x.; mic. panis oq. s. ut fiat pil. xx., quarum sumatur i. ter die; rep. electuar. These pills were repeated on the 9th.

20th.—The pills were now stopped, specific gravity of urine having fallen to 1010°; but the electuary and diuretic mixture were continued. The anasarca gradually left the lower extremities. His appetite and strength improved, the urine became normal, and I saw him engaged at his trade yesterday, looking hale and well, and expressing himself as in reality so.

October, 1868.—Has continued well up to this time.

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Correspondence.

MEDICAL REFORM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—As the subject of Medical Reform has been mooted of late by several of your correspondents, you will probably have no objection to insert a view of my own which I propounded in 1850, and which I copy from my *London Medical Examiner* and the *Faculty Journal* of that date, vol. 1 page 30. Now, let us suggest a remedy for this monstrous evil, which we venture to assert no man unconnected with the corporations dares *openly* to defend.

1. That a Faculty of Medicine shall be formed in England, Ireland, and Scotland, and that each Faculty shall be composed of all the legally qualified practitioners who belong to the Universities, Colleges or Halls of the respective countries.

2. That al who enter the medical profession shall, *after five years*, undergo a preliminary examination in mathematics and the English, Greek, and Latin languages. The examiners to be appointed by government, and not all members of the medical profession.

3. That the Medical Senate, or Examining Board, shall be at once formed of eighteen members, who shall be elected in the following manner. The six examiners in the practice of Medicine, Pathology, and Medical Jurisprudence, by the fellows, members, licentiates, and extra licentiates of the College of Physicians, and all the graduates of British Universities who *practise as physicians*. The examiners in Anatomy, Physiology, and Surgery, by the members of the College of Surgeons of London, and the graduates of the University of London. Six examiners in Chemistry, Materia Medica, Botany, Midwifery, and Diseases of Women and Children, by the graduates of the University of London, the members of the Apothecaries' Company, and all in practice before 1815, who register as general practitioners, excepting those who keep shops and openly trade in drugs.

4. That the examiners shall not be teachers, and shall receive a fixed salary.

5. That every candidate for the diploma of the Faculty shall undergo four examinations, and that there shall be an interval of six months between each. The first examination in Anatomy and Physiology; 2nd. Chemistry, Materia Medica, Midwifery, Diseases of Women and Children, and Botany; 3rd. Practice of Medicine, Pathology, and medical Jurisprudence; 4th. Surgery.

6. That no candidate shall be allowed to present himself for the first of these examinations until he is twenty years of age, and has undergone such preliminary examination and course of study, as the said Faculty shall direct.

7. That the verbal examinations shall be open to every legally qualified practitioner.

8. That all persons examined and admitted members of the said Faculty, shall receive the title of Doctor of medicine and surgery.

9. That the six examiners appointed by government for the preliminary examination, and the eighteen last mentioned examiners, shall constitute the Senate of the London Faculty of Medicine.

10. That the Faculties of Ireland and Scotland shall be elected as before mentioned, and that all members of these

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* Prepared by Messrs. Homolle and Quevenne, Paris, a form of the drug of which I cannot speak too highly for its purity, uniform strength, and facility of dispensing with accuracy.

Faculties shall be privileged to practice in any part of Her Majesty's dominions.

11. That the said medical Senate shall regulate all matters relating to the price of the diploma, the charge for attendance upon lectures and hospital practice, subject, however, to the control of government.

12. That the Senate shall be empowered by law to enforce a general registration of all legally qualified practitioners, and to prosecute all those who practise illegally.

The above is only an outline of the plan which we believe could be easily carried out. Many modifications and improvements may be effected, but let the *representative system* be once established, and the matters of detail are of little importance. Some would prefer the election of a general council who should choose the examiners; but this we think would make the matter more complicated and expensive, and might also give rise to favouritism. It is important to bear in mind, that the Apothecaries' Company agreed to relinquish their present powers as an examining body, provided their members had a proper share in the formation of the new Institute. According to the proposed plan we think they will be fairly represented.

This plan differs in many respects from that of the British Medical Association, 1837. An association that should not be confounded with the present British Medical Association, which only took this name about ten years since.

In my letter to the Medical Council on the increase of half-qualified men on the Register the report on which by the Council is mentioned in your number of July 8, p. 45. I appended the following query to my letter which I also sent with my printed plan of reform to each of the twenty-four councillors.

May I, in conclusion, beg of you to condescend to turn from this death drama, to my plan of Medical Reform, 1850, and ask yourself what a stimulus might have been given to medical science—what an amount of misery might have been averted—what a salvation of human life might have been gained, if the plan I suggested eighteen years since, and which I take the liberty of appending, had been carried out?

I am Sir, yours obediently,

EDWARDS CRISP.

29 Beaufort street, Chelsea, July 1, 1868.

HISTORICAL SKETCH OF DERMATOLOGY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Now that so many classifications and papers on skin diseases are appearing, the following brief historical sketch of dermatology may not be uninteresting.

Hippocrates divided cutaneous diseases into local and constitutional. Galen classified them according to their situation, viz., into those affecting the head and those affecting the body. Many skin diseases were described by the Greek and Arabian physicians, and some of the terms still in use are those that have been adopted by Hippocrates, Celsus, and the celebrated Arabian physician Avicenna. During the early part of the seventeenth century Hafenreffer published a rude classification, which was followed by another from Jerome Mercurialis, an Italian physician. Turner was the next writer and in 1736 published a "Treatise on Diseases incident to the Skin," this author's classification being grounded on diseases produced by internal and external causes. Lorry modified this arrangement, and was followed about 1790 by Retz. The next writer was Plenck, who classified skin diseases according to their external appearances; the groundwork of Willan's subsequent arrangement. In 1804 Derier classified these diseases into essential and symptomatic, but we must give to Willan the credit of arranging Plenck's artificial system to a tangible form. Now Willan's classification, which is based on the primitive forms of cutaneous eruptions, is extremely simple although naturally imperfect; diseases having no connexion whatever, except in external appearances, are frequently grouped together, as for example, we have *scabies* in the same order as *variola*. Again, the eruption may change its nature and character in its development, as when a vesicle by augmentation of inflammation becomes thickened and hard at its base, beginning to be white and opaque, instead of containing a clear fluid, thus being transformed into a pustule. About the year 1819, Bateman adopted Willan's arrangement.

Mr. Plumbe, in 1824, made a step in the right direction, and classified skin diseases according to the morbid anatomy of the affected parts. Dermatology found in M. le Baron Alibert one capable of elevating it to a proper station. This dermatologist arranged cutaneous diseases into natural families of which he founded twelve, as *eczémateuses*, *exanthémateuses*, *teigneuses*, *dartreuses*, *cancereuses*, *lépreuses*, *veroleuses*, *strumeuses*, *scabieuses*, *hæmateuses*, *dyschromateuses*, and *hétéromorphes.* In this classification, Alibert copied Linnæus and other botanists in their arrangement of natural history. In the family *eczémateuses* all diseases related to eczema are contained. Rayer's classification was based on that of Willan, he made, however, several improvements in the arrangement of the genera, and included such affections as neuralgia, cyanosis, icterus, &c. In the work of Cazenave and Schedel the classification of Willan is more strictly adhered to, various diseases, as purpura and syphilitic eruptions, being omitted. M. Biett and Dr. A. S. Thompson have also contributed to the study of these diseases.

Hardy, of St. Louis' Hospital, has given us a classification in which he divides skin diseases into—1*st*, *macules and deformities*; 2*nd*, *inflammations*; 3*rd*, *parasitic diseases*; 4*th*, *eruptive fevers*; 5*th*, *symptomatic eruptions*; 6*th*, *dartres or tetters*; 7*th*, *scrofulidies*; 8*th*, *syphilides*; 9*th*, *cancers*; 10*th*, *exotic diseases.* This last class includes those affections which do not occur in France, and the "dartres" contains eczema, pronasis, lichen, and pityriaris. Hebra's arrangement is founded on the pathological phenomena exhibited, and the following are the most important groups:—*hyperæmias*, *anæmias*, *hypertrophies*, *atrophies*, *&c.* Baumes, in 1742, published a classfication in which he repudiates pathological facts altogether. Bazin divides skin diseases into two grand divisions—diseases in the course of evolution and those arrested in evolution. Dr. A. B. Buchanan, of Glasgow, published in the *Edinburgh Medical Journal*, January 1863, an excellent classification of these diseases, as 1*st*, *inflammations*, including erythema, eczema, &c.; 2*nd*, *new formations*, subdivided into—1st, hornologons, including epidesmic, pigmentary, desmic, and 2nd, heterologonas pseudoplasms and neoplasms, and diseases of accessory organs, &c. Mr. E. Wilson divides cutaneous diseases into four chief groups, viz., 1*st*, *diseases of the desma*; 2nd, *diseases of the sudoriparious glands*; 3*rd*, *diseases of the sebiparous glands*; 4*th*, *diseases of the hair.* He has also published a clinical classification.

Before concluding these brief remarks I cannot pass over the name of the late Dr. J. M. Neligan, of Dublin, who by his published works, &c., contributed so much to the advancement of dermatology in Ireland.—I remain, &c.,

DERMATOLOGIST.

HISTORY OF THE LICENSING SYSTEM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—From the recent declarations of Mr. Gladstone, Mr. John Bright, Mr. Stansfeld, and other leading statesmen, it is evident that the revision of the licensing system will be one of the questions to come before the new Parliament. Everybody is of opinion that "something must be done" to remedy the evils of the ever-increasing traffic in intoxicating liquors. What is to be that remedy? Preparatory to considering proposals of a remedial character, let me review the origin and history of the licensing system.

Before the reign of Henry VII., the apothecary, I believe, was the sole dispenser of ardent spirits; and as alcohol is a poison, it is right that its sale should be regulated as strictly as the sale of opium or arsenic. Judged by its effects, alcohol is the deadliest of poisons, for tens of thousands of human beings are, by its use and abuse, destroyed annually, the majority of whom are victims of a delusive belief, or custom, and a legalised system of temptation, for which the State and those who make the laws are responsible. Hence the importance of examining this question in its legislative aspect.

For nearly a thousand years the laws of England have endeavoured to curb this traffic. As early as the reign of Edgar (A.D. 959) it was enacted that no village should contain more than one alehouse. A curious precaution was taken against drunkenness. Measuring pegs were fixed in the drinking cups, and no one was to drink more than the moderate draught of liquor between two of these pegs! We may be sure that such a law was evaded and abused, and it actually led to wagers as to who could swallow the most at a breath. This bibulous emulation disgraces Eton College to the present day.

During the middle ages the sale of liquor was not greatly restricted. Brewers were allowed to retail their ale, after it had been inspected—(a precaution required still more in those days of adulteration); and the sale was prohibited after curfew—eight o'clock. If modern tippling shops were closed at that hour, there would not be half so much drunkenness.

In the reign of Henry VII., in order to check inebriety, a surety was required from ale sellers for their good behaviour. This was the beginning of the present licensing system. It was already apparent that the free sale and general consumption of fermented liquors was dangerous to the common weal, for, in the words of a trustworthy chronicler (Hovenden), the land was "filled with tipplers," and the alehouses had become "nurseries of intemperance."

Fifty years later (1552) an attempt was made to lessen these evils by requiring a licence for the sale of ale, no person being permitted to open a drinking house without the consent of the justices. This celebrated Act (5 and 6 Edward VI.) had for its preamble these suggestive words:—"Forasmuch as intolerable hurts and troubles to the commonwealth of this realm doth daily grow and increase through such abuses and disorders as are had and used in common alehouses, called tippling houses," &c.; and justices were empowered "to remove, discharge, and put away common selling of ale and beer in the said common alehouses and tippling houses in such town or towns and places where they shall think most meet and convenient."

In the following year another Act was passed to avoid "excess of wines," by limiting the number of inns in the larger towns. The increase of taverns, and the evil practices of their frequenters, were assigned as the reasons for prohibiting the retail sale of wine, except under magisterial licence. This Act recited that not more than two wine licences should be granted in any town, with the exception of London and about twenty other places. Queen Elizabeth's Government acted with commendable vigour, and hundreds of alehouses were closed. Lord Keeper Egerton charged the judges to ascertain "how many alehouses the justices of the peace had pulled down, so that the good justices might be rewarded, and the evil removed."

In 1597 (39 and 40 Elizabeth) the justices were directed by Parliament to diminish the number of malsters, and to prevent, according to their discretion, the converting of barley into malt. Fines were also imposed upon disorderly houses.

In the reign of James I. Acts were passed to "restrain the inordinate haunting and tippling in inns," and for preventing "the odious and loathsome sin of drunkenness." It is on record that a Member of Parliament stated that the people of Bath, who desired that the inns of that city might be limited to six, complained that fourteen others had been thrust upon them.

I reserve for a future letter the history of licences from Charles I. to Victoria, and remark, in conclusion, that the more and more frequent enactment of laws to regulate the liquor traffic is proof of its inherently dangerous character, and presumptive evidence of the necessity and wisdom of the Permissive Prohibitory Bill proposed by the United Kingdom Alliance. HENRY PITMAN, Manchester.

DR. BARTON ON THE NATURE AND TREATMENT OF SYPHILIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the notice of my book upon "The Pathology and Treatment of Syphilis, Chancroid Ulcers, and their Complications," which appeared in your issue of the 9th inst., my views are so greatly misrepresented upon some points, that I must ask you to accord me a little space to set myself right with your readers.

The first point to which I wish to refer is, the statement that I am "rather inclined to revive the theory propounded in the Dublin School by Carmichael, as the result of his very wide observation,—that there exists a plurality of poisons, each characterised by its train of constitutional symptoms." Your reviewer here entirely misrepresents me, having evidently failed altogether to comprehend the nature of the question which is discussed at pages 98 and 99, where he supposes I favour the views of Carmichael. The important and practical points which I am engaged with there, is, that the characters of the syphilitic chancre indicate the mildness or severity of the subsequent symptoms, a very different matter from the theory of the plurality of syphilitic poisons, a doctrine which is referred to upon three different occasions—pages, 8, 12, and 97—each time with an express statement of its being untenable, and abandoned by its former advocates.

Aware, however, how liable those who are ignorant of the subject are, to confound together the question of the plurality of venereal poisons with that of the plurality of the syphilitic poison, I have been specially careful, and to avoid the possibility of mistake, I say at page 12—"The question at issue, it must be clearly understood, is *not* the duality of syphilis, not the eduality of veneral ulcers, some being syphilitic, others not;" so that your reviewer has no excuse for thus misrepresenting the teaching of my book.

The second point I would refer to, is the remark that "We would have wished for a more copious allusion to the painful and interesting class of nervous and paralytic affections." I have only to state the fact that these important lesions are considered under the several heads of their pathology, diagnosis, prognosis, and treatment; in the latter, from my own observation, I am led to differ from some received authorities. The subject occupies twenty-five pages, and is illustrated by ten cases, while upwards of twenty authors are specially referred to for the benefit of those who desire more detailed information.

In the third place, I have to complain that my words are twice misquoted in this short notice. Your reviewer quotes me as saying, "we pass from the consideration of local sores and *other* complications, to that of a disease affecting the whole system." What I really do say (page 60) is, "We pass from the consideration of local sores and *their* complications, &c.;" this error confounds the meaning of the entire passage. The second misquotation is from the preface, where I am made to fix the standard of my book as a "guide," a word which is not employed by me at all.

In conclusion, Sir, I appeal from your reviewer to the verdict of the members of the profession who may honour my book with their perusal,—in the first place, as to the sufficiency of the numerous original cases which appear in the book, and secondly, as to whether I am a mean copyist or an independent observer.

Your obedient servant,
JOHN K. BARTON.

VENTILATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The supply of pure heated air by means of air warmed in a chamber behind the fire, communicating with the open air, and with the apartment, was advocated, and I fancy first devised, by Cardinal Polignac, some two hundred years ago. It is fully described both by Bernan and Tomlinson, as well as by myself, page 105 of my treatise on "Moral Sanatory Economy."

By Cavendish, the chemist, it was advocated warmly, and carried into practice. I suppose I cannot have been sufficiently explicit. And yet, if Mr. Griffith had looked at the beginning of the third paragraph, he could hardly have fallen into his, I am sure, unintentional error. My expression is; "The second procedure, which may be conjoined with the first, has never *in its entirety* been set forth before." This it is—this entirety—to which I lay claim. I might, otherwise, just as well lay claim to the principle of ventilation itself as to the proposal, never, however effectively or generally carried out, of hot air ventilating chambers behind fire-places. It is so hard to convey one's meaning, even when set forth in the very plainest terms, and to avoid misconstruction from those whose habits and attainments might be supposed to place them beyond the risk. I think I must get a little model made, and send it round, then those who shall use their eyes will, I hope, be satisfied.

HENRY MACCORMAC, M.D.
Belfast, 12th Dec. 1868.

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THE weekly bulletin of the health of the Prince Royal of Belgium has just been issued, which states that the improvement which has been observed during the past six weeks continues, although his Highness's condition is still precarious.

ON Sunday morning another sad accident from paraffine happened on the South Coast Railway, whereby two guards were enveloped in a sheet of flame from the burning liquid, one of whom died almost instantly, the other being in a very critical state in the Brighton Hospital.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 16, 1868.

EDUCATIONAL REFORM.—No. III.

BEFORE entering into a consideration of the means by which the changes required in what is called by courtesy our educational system must be effected, we propose to pass in review the changes themselves. In our last article we laid particular stress upon the desirability of having one uniform code of regulations, issued by the Medical Council, for an uniform minimum examination. This is a prominent point in the Report of the Medical Teachers' Association, and nothing short of it will give general satisfaction. And what would such a set of regulations do for the student? Many things at which his heart would rejoice. In the first place, it would be a death-blow to schedules. The bare mention of abolishing schedules will inspire some with pity or scorn for our hopeful credulity, excite the antagonism of the Tories who consider schedules as "inevitable as Magna Charta," and take away the breath of others on account of the ambition of the scheme. *Cœlum ipsum petimus stultitiâ.* And yet, calmly considered, schedules are as barbarous as turnpikes. They are nuisances to everybody, a source of interminable disquietude to students, a periodical set of thorns in the sides of the lecturers, a load on the minds of Deans and Vice-Deans, and the utter despair of Beadles. Whatever plan is adopted for signing schedules, the amount of worry connected with them is enormous. Each schedule is divided into a number of certificates, and each certificate requires the signature of one, very often two, and sometimes three, persons. Each certificate represents a certain quantity of mental annoyance to the Dean, the Professor, the Student, and the Beadle. Multiplying this by the number of certificates, we get the amount of worry which *one* schedule involves; and when we think of the sum total which we should obtain by multiplying this second amount by the number of medical students, the idea becomes intolerable. Sometimes the Beadle takes the schedules round to the Lecturers, with or without the initials of the Dean; sometimes the Professors meet in a particular room, on a particular day; and sometimes no kind of arrangement is adopted, but the unfortunate teacher suddenly finds himself beleaguered by a band of importunate students, or is waylaid promiscuously when he least expects it, or has his morning practice interrupted by the applicants for his autograph. These evils, we are happy to say, will be mitigated by a recent regulation at the College of Surgeons, according to which the signature of the Dean is to be recognised as sufficient.

This improvement, however, falls far short of a still greater improvement effected by the same College, which might serve as a model of that simplification which is so devoutly to be wished in respect to certificates required by Examining Boards. Before going up to his first examination the student has merely to present a certificate that he has completed, to the satisfaction of his teachers, two winter sessions of anatomical and physiological study; and as this may now be signed by the Dean, very little trouble is involved. If this example were followed in respect to other examinations it would no longer be necessary to have attendance on courses of lectures separately vouched for, but one general certificate signed by the Dean would be presented. Such a certificate should be a guarantee of good conduct and satisfactory study on the part of the student presenting it, but there would be no occasion to embody in it any kind of voucher of attendance on lectures. Lectures are only *one mode* of instruction, and no student should be driven by central authority into an uncomfortable room, to sit upon a hard bench, to feel exceedingly ill at ease for sixty minutes, perhaps to fall into a somnolent or semi-somnolent state, perhaps to acquire mischievous habits of inattention and discourtesy, perhaps to be more bewildered on his exit from the theatre than at his entrance into it, and thus to imbibe the erroneous idea that lectures are altogether a mistake. Hence the issue of one set of regulations means the abolition of schedules, and through the abolition of schedules the second boon to the student—namely, the reconsideration, and *if* the reconsideration, the *necessary* abolition (in the present state of opinion) of compulsory attendance on lectures, as part of a central code. The question of compulsory attendance would then be thrown upon the individual schools, which would be sure in the end to adopt those methods of instruction which would do the most good to the student. Sufficient control would be kept up over the students at the schools, because penalties, in the shape of withdrawal of privileges, would be inflicted on any student misconducting himself, and because it would be impossible for a student to get his certificate signed unless he had given satisfaction to his teachers by good conduct, and had made sufficient progress in his studies to afford a reasonable prospect of success at his examination. Not that it should be *absolutely* in the power of a Dean to prevent a student going up for examination, because such a power would be open to abuse, but that there should be such a check upon the idle and vicious as would preclude their damaging unfairly the reputation of any school which might have the misfortune to be burdened with them. The statistics which would be yearly published of the number of students presenting themselves for examination from each school, with the proportion of those who passed to those who were rejected, would be liable to convey an erroneous impression of the comparative value and efficiency of the methods of instruction at the various schools, if there were no means of excluding the disturbing element to which we have alluded.

It is not uncommon for schools, from no special fault of organisation or management, to be infested with students of an inferior order of intellect and low moral character. Such men haunt neighbouring public-houses, work intermittently, if at all, go up for examination against the opinion of their teachers, who do not feel at liberty to withhold their signatures, are rejected, not once, but several times, hang about their school, setting a vicious example to the younger students, and bring unmerited ill-repute upon the educational arrangements of which they have not taken advantage, but which would have carried them safely over the ass's bridge. To get rid of such men would be an equal benefit to teachers and to students. It is, of course, impossible to exclude the black sheep altogether, but we are persuaded that the number of them might be greatly reduced by making a voucher of good conduct an integral portion of the certificate demanded before each examination. It is a sad fact that drink has many votaries among medical students, and nothing can be a stronger disqualification for the profession of medicine. We will not dwell upon a topic so painful and delicate, but we should be shrinking from our duty if we did not mention it as an evil which, as far as possible, should be rooted out.

The remaining advantages which would arise from a single set of regulations we must reserve for future consideration.

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WINTER CLIMATES.

When thousands of our countrymen seek every winter either health or recreation in the popular resorts of Southern Europe, it is rather surprising that so little is generally known of the relative merits and defects of the several towns that bid for the favour of the Englishman's patronage. Pamphlets enough have been issued, statistics without end have been accumulated, guides, large and small, are to be met with in every shop, and yet we question whether half the practitioners, who send patients to different health resorts, have any just notions of the places they recommend. This is not as it should be. It is not to be supposed that gentlemen who have never gone across the Channel can form an accurate idea of the influences that surround patients in Italy or Madeira, but they may, by a little care, avoid recommending places that are likely to do great mischief. On the other hand, it is not always safe to accept the eulogies of practitioners who, being settled in a place, are interested in its prosperity, and must be, to some extent, influenced by the continual praise that those who surround them bestow upon it.

The effects of various climates, and of mere change of air and scene, deserve to be more carefully studied, and we trust that the few independent men who have the opportunity of investigation will not be deterred from recording their observations by the apparent neglect that others have met with. But they must emancipate themselves from the tyranny of oft-repeated and long unchallenged statements, and should even be prepared to confess to contradictions in their own feelings and opinions. Experience teaches us that no two seasons are alike, nor can the mind place itself in the same conditions, so as to ensure the same sensations on any two occasions. What once produced one impression may at another time give rise to a very different one. Thus we have in ourselves, as well as in the proverbial uncertainty of the weather and the seasons, abundant reason for caution, and ample excuse for contrariety, in the evidence obtained from our own senses. How much more does this increase the difficulty of those who have to judge from the descriptions of others!

It would, perhaps, conduce to a rapid progress on such points were those who can spare the time and money, for a holiday in winter, to run away to the South of France or Italy, and see for themselves, once and again, the places to which so many invalids are sent. Of course, a three or four days' journey involves great expense and fatigue, and there would undoubtedly be considerable risk to those whose health is indifferent returning to England in mid-winter. These facts have, no doubt, prevented many from undertaking such a trip, but they add to the force of the suggestion that such persons should scarcely undertake to assist their patients in selecting a winter home. A much more easy task would be an attempt to realise some of the differences in the health-resorts of our own islands, by spending a month at several. At the same time, we are bound to say that even an intimate acquaintance with British health-resorts would be of little use in studying Continental ones, nor could it enable anyone to form a distant idea of what these latter really are. Patients would in all cases do well to ask the opinion of a physician who has actually spent a few seasons abroad, and medical men will find it wisest to give full weight to such experience.

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SCARLATINA, OR SCARLET FEVER.

The mortality occasioned by this exantheme has recently caused considerable attention to be drawn towards it. Even when there is no epidemic of the disease, it probably proves as fatal as any or all other acute fibrile diseases, such as typhus and typhoid fevers. But scarlatina has, like variola and measles, the further peculiarity that it is by no means amenable, like cholera or typhoid fever, to the ordinary means of hygiene, such as draining and attention to ventilation and cleanliness. Like syphilis, scarlatina never originates from filth or over-crowding. Like small-pox, it was once probably unknown in this quarter of the globe, having, it is said, arisen in some tropical climate.

In the Transactions of the Epidemiological Society there is a careful analysis of the returns of the Registrar-General, in which the following information is found with respect to scarlet fever :—

"The Registrar-General's returns of scarlet fever, for the whole of England, include two periods of five and 16 years respectively. The first period extends from 1838 to 1842, and the second from 1847 to 1862, inclusive. The total number of deaths registered from the disease in the 21 years was 310,720 ; the annual average mortality for the whole series of years was 14,796. If a comparison be instituted between quinquenniums, it is found that, in the first (1838-1842), the average yearly mortality was 12,582 ; in the second (1847-51) it was 15,065 ; in the third (1852-56), 16,720; in the fourth (1857-61), 14,089—or, to make a more accurate comparison, in the first quinquennium, the yearly average mortality per 100,000 population, living at all ages, was 81 ; in the second quinquennium, 84 : in the third, 89 ; and in the fourth, 74.

"Four times in the 21 years scarlet fever was epidemic. The annual average mortality, per 100,000 population, during the whole period, was 82. The first epidemic occurred in 1840, when the death-rate reached 128—the highest mortality from the disease in the 21 years. In the year following (1841) the mortality was above the average. The second epidemic occurred in 1848, when the death-rate was 118. In the year previous the mortality had risen slightly above the average. The third epidemic occurred in 1852, when the death-rate reached 103. In the three following years, 1854, 1855, 1856, the mortality continued above the average. The fourth epidemic occurred in 1858, when the death-rate was 121, the highest which had happened since 1840. In the year following (1859) the mortality averaged 97 per 100,000 population.

"The history of the progress of scarlet fever in the metropolis differs from that of the entire kingdom in this, that it shows a great augmentation of the mortality from the disease in the last quarter of a century. The annual average mortality from the malady in London during the past 26 years was 83 per 100,000 population. The average varied from 32 in 1841 to no less than 174 in 1863. In the quinquennium 1839-43 the annual average was 78; in the quinquennium 1844-48 it increased to 88; in the quinquennium 1859-63 it advanced to 115. The death-rate of 1863 (174) was more than double the annual average of the 26 years, 1838-64. Scarlet fever was epidemic in London in 1839-40; 1848 (when the death-rate reached 212, nearly twice the average), 1852, 1854-55, 1858-59, and 1862-63. In fact, the disease was epidemic in London at the same time as throughout the entire kingdom, except in 1862. In that year the mortality throughout the country was much larger than in 1861. The deaths registered from scarlet fever in England and Wales during 1863 numbered 30,475, being at the rate of 148 per 100,000 population, the greatest mortality recorded."

Scarlatina seems, then, to have augmented in frequency in the metropolis during the last twenty-five years, contrary to what has been the case in the rest of the kingdom. We apprehend that the cause of this must be looked for in the immense size of our giant city. This size gives room for new foci of this most contagious disease to keep constantly lighted; and, whilst in smaller towns and villages the contagion occasionally dies out for a time from want of fuel to consume, in London it never dies out, but at one time rages fiercely in the northern, and at others in the eastern districts, and perhaps quite as frequently in the western or wealthier quarters. Were all febrile diseases of the type of scarlatina, the Mosaic plan of sequestration would be the only feasible one, since the only chance for an unprotected person, at least when young, of escaping the contagion, seems to be summed up in not coming within range of the emanation from the scarlatina patient. How many times do we not see every child in a house, one after the other, whether belonging to the same family or not, becoming affected with scarlet fever? Indeed, have we not great reason to believe that we have ourselves, unfortunately, in some cases, after visiting the couch of a patient with scarlatina, introduced the disease into the house of the next patient we have visited? It appears to us that there ought, in all likelihood, to be hospitals set apart entirely—as the small-pox hospital is for variola—for scarlet fever. In this way alone can we imagine that the disease might be partially kept in check. A child among the poor when attacked ought, if possible, immediately to be removed to such an hospital, and not to a children's hospital, as is sometimes done. Of course, in well-to-do families, the patient is at present rigorously sequestrated from the rest of the children in the house, and even from those adults who have not been attacked by the disease. But in the dwellings of the poor the invasion of scarlatina into a crowded lodging-house is a dreadful calamity. Such diseases show us, too, the evils of the large-sized houses of Paris and other Continental cities, and make us desire that our ground-rents were only moderate enough to allow of each family living in its own house. The following provisions of the Sanitary Act, 1866, seem highly useful, but have not yet, we believe, been acted on :—

"1. The sewer authority, or, in the metropolis, the nuisance authority, may provide, for the use of the inhabitants within its district, hospitals or temporary places for the reception of the sick. Such authority may itself build such hospitals or places of reception, or make contracts for the use of any existing hospital or part of a hospital, or for the temporary use of any place for the reception of the sick.

"2. The nuisance authority in each district may provide a proper place, with all necessary apparatus and attendance, for the disinfection of woollen articles, clothing, or bedding which have become infected, and they may cause any articles brought for disinfection to be disinfected free of charge.

"3. Any persons suffering from any dangerous infectious disorder who wilfully exposes himself, without proper precaution against spreading the said disorder, in any street, public place, or public conveyance, and any person in charge of one so suffering, who so exposes the sufferer, and any owner or driver of a public conveyance who does not immediatly provide for the disinfection of his conveyance after it has, with the knowledge of such owner or driver, conveyed any such sufferer, and any person who without previous disinfection gives, lends, sells, transmits, or exposes any bedding, clothing, rags, or other things which have been exposed to infection from such disorders, shall, on conviction of such offence before any justice be liable to a penalty not exceeding 5*l*., provided that no proceedings under this section shall be taken against persons transmitting, with proper precautions, any such bedding, clothing, rags, or other things for the purpose of having the same disinfected.

"4. If any person knowingly lets any house, room, or part of a house in which any person suffering from any dangerous infectious disorder has been, to any other person, without having such house, room, or part of a house, and all articles therein liable to retain infection, disinfected to the satisfaction of a qualified medical practitioner, as testified by a certificate given by him, such persons shall be liable to a penalty not exceeding 20*l*. For the purposes of this section, the keeper of an inn shall be deemed to let part of a house to any person admitted as a guest into such inn."

Were the provisions of this statute carried out, which seems not to have been done as yet, much might be done to diminish the ravages from scarlatina. But the interference with the usual habits implied in the carrying out of the provisions above cited is sufficiently grave to make us fear that public opinion is not as yet quite ripe to make the Act anything but inoperative. Then, again, we doubt whether any medical man would be able distinctly to pronounce a decided opinion as to the epoch at which a new lodger might enter apartments in which there has recently been a case of scarlatina. For our own part, we believe the contagion lingers very long in such apartments, and we fear that the public and juries would not support the medical man in his laudable efforts to protect the public health. Meanwhile let the subject be agitated.

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Notes on Current Topics.

The New Sanitary Act, 1868.

THIS amends the former Sanitary Acts of 1865-66. A great deal has lately been said about earth-closets instead of water-closets, and accordingly we find the following clause in the Act of 1868, as also a clause relating to dispensaries for the poor in large towns :—

"The local authority are empowered, if they think fit, to substitute earth-closets for water-closets, and where the former are in use may dispense with the supply of water required by any contract or enactment to be furnished to the water-closets in such houses on such terms as may be agreed upon. They are empowered to undertake, or to contract with any person to undertake, a supply of dry earth or other deodorising substance, to any house or houses within the district; and to construct earth-closets or other such places in all cases where they might construct water-closets or privies; with this restriction, that no person shall be required to construct an earth-closet if he prefers a water-closet, or shall be put to a greater expense by doing so.

"The sewer authority, or in the metropolis the nuisance authority, is to have the like power to make provision for the temporary supply of medicine and medical assistance for the poorer inhabitants, as it now has to provide hospitals or temporary places for the reception of the sick, under the 37th section of 'The Sanitary Act, 1866,' but such power is not to be exercised without the sanction of the Privy Council."

Spanish Quarantine.

We regret to see, from the following extract from the *Times*, that our Spanish brethren, from whom we now look for so much assistance in sustaining the pure flame of liberty in Europe, are backward enough in their science to wish to keep up quarantine between this country and the seaports of Spain. It is rare, indeed, that such police regulations can effect any good to a country; but, at the present juncture, a quarantine against England is both useless and may endanger the future of Spanish affairs, both by shutting out English ideas, as well as English goods, and also by drying up the sources of revenue to which the future republic or constitutional *regime* must look to for supplies.

> "According to an official notification published at Gibraltar, Her Majesty's Consul at Malaga reports that the Provisional Government of Madrid have decreed that all the liberal measures adopted in matters of quarantine by the Provincial Juntas shall cease to have effect. The sanitary direction of the port of Malaga has therefore resolved to re-establish the quarantines which were in force previously to the revolution, and consequently all vessels arriving there from ports of the United Kingdom, Gibraltar, and Malta will henceforth be dismissed to a lazaret of observation for performance of three days' quarantine. The reason for subjecting British vessels to the annoyance of quarantine when no contagious disease prevails in the United Kingdom is, of course, only known to the Provisional Government at Madrid. Quarantine, at a time when contagious diseases are epidemic, may be considered as a questionable good; but at a period when infectious diseases are totally absent it becomes a gratuitous annoyance. Even when contagious disease is prevalent experience shows that the advantages gained by quarantine amount to very little. Neither Spain, Italy, nor France, where the quarantine has been in force, has ever escaped the destructive influences of any epidemic of cholera. These countries have suffered much more than England, and up to the latest dates the epidemics in the quarantine countries have shown no abatement of virulence. The reason is doubtless owing to the fact that quarantine absorbs all the attention of the authorities, and serves as an excuse for the neglect of extensive hygienic measures of water supply and purification."

Royal College of Surgeons of England.

There is always danger lest action that is not immediately to be followed by results should be postponed until it is useless. The general election should impress this very strongly on the whole country. Both parties have lost in different localities by procrastination. Those who hope to succeed in reforming the College of Surgeons should lay this to heart, and not let their efforts be confined to a few weeks before next July. What is half a year to organise and bring to bear any great reform? Dark as is the prospect, we believe that the Fellows really have the power in their hands to effect a great good. Let them unite and they may carry everything. There are plenty of men who would like a seat on the Council, and who are not afraid of the publicity that is essential for the welfare of the profession and the public. Let the Fellows unite to support only those who pledge themselves to vote for the reforms desired. Some will say that this would lead to too much canvassing. We have no wish to encourage anything degrading, but some mode of publicity must be attained. To elect a man to help to direct the affairs of the College, ignorant of his views, solely because he is a great operator or man of scientific attainments, is, in our view, a great mistake. Those who have the deepest interest in their College—an ambition to serve the profession, and the leisure to do so—would gladly give the pledges, without which we hope no one will support any candidate.

The St. Pancras Medical Officer of Health.

A contemporary states that—

> "The Vestry of St. Pancras, being about to appoint a medical officer of health, in the place of the late Dr. Hillier, has resolved to increase the salary from £250 to £300 a-year. It was stated by several vestrymen that they were astonished at the number of medical men of the highest attainments and position by whom they were canvassed for their support."

We presume the scales by which the "Fathers" took the social and intellectual weights of the candidates in question required super official "overseeing" and adjustment. Medical gentlemen of the "highest attainments and position," we do not for a moment suppose, canvassed the vestrymen nor sought the appointment, for obvious reasons.

Disinfectants.

The large space devoted in our last two or three volumes to disinfection shows that we have done our best to keep our readers alive to this most urgent question, and we trust that the claims of rival substances urged by different authorities may eventually lead to something like a general acquaintance with the merits of all. There are, however, points to be studied which apply to all alike. Professor Parkes has been making some experiments which tend to throw light on the apparent failures that now and again come under our notice. He found a larger quantity of the disinfectant than is usually supposed necessary to ensure its effect. Now, in our experience there has long been a disposition with medical men to rest satisfied with an inadequate system of disinfection and an insufficient quantity of the agent employed. With patients this is to be expected. Half of them seem to look upon a disinfectant as a sort of charm, and would be satisfied to see a bottle on the shelf of the sick room though it were never opened. Others have but little faith or knowledge, and use the disinfectants in a sort of perfunctory manner. Again, servants and nurses are often too lazy to take the least trouble; and finally, some people do not like the expense.

It follows, then, that the medical attendant should personally keep an eye on this matter, so as to see that it is not neglected. We take the occasion of Dr. Parkes' experiments to remark upon what has always appeared to us the unfair tests to which daily practice puts disinfectants. Were the amount consumed in most households in times of sickness doubled or trebled, we should hear of fewer cases of the spread of diseases. There are other lessons also to be learned on this topic.

Dry and Damp Soils.

It is not, according to some, always true that sandy and gravel soils are to be preferred to live upon. Pfeiffer and Pettenkofer do not always agree with each other, or with Buchanan, or Bowditch. The truth is, the facts are not so simple as some seem to imagine, and statistics require great care in handling. A clay soil has in many cases been the only difference between buildings free from cholera and others ravaged by the disease though situated on gravel. True, in these cases, the clay has frequently been of no great depth. On the other hand, gravel or sand seem to be the best soils, and dryness is of the greatest importance in reference to consumption. It has been suggested that a layer of some impervious substance might advantageously be placed over the whole surface occupied by our houses. We have seen asphalte thus employed, and are of opinion that the practice is a good one. In London we too often see refuse and rubbish of most improper kinds thrown into the foundations of houses. Who shall say how much disease may not thus be caused? Hot rooms will draw out exhalations from such a soil as may bring disease and death in their train. To remedy such iniquities on the part of speculative builders the strong hand of the law is required. The poor need protection from such evils engendered by reckless covetousness. The rich may do well to take the precaution, even with the finest concreted foundations, of a thin layer of asphalte. Between this and the boards of the floor the outer air ought to be allowed freely to circulate.

Twice Lord Mayor of Dublin.

THE unprecedented honour of being called for two successive years to the civic chair, has been conferred on Sir William Carroll, M.D., Sir John Gray, M.D., M.P., having declined the office for the ensuing year.

Prevalence of Scarlatina.

IT appears from a report by Dr. Mapother to the Dublin corporation, that fifty-five fatal cases of scarlatina occurred in that city during the last four weeks. Another zymotic would seem to be banished, for no death by small-pox has been recorded for more than a year. The hot-air disinfecting chamber should be of immense service, but owing to apathy on the part of the public very little use is made of it. Unless arrangements are made for compelling the poor to send infected articles, and unless hospital authorities cooperate, the erection of public disinfecting houses will be futile.

The Evils of Sewing Machines Prevented.

THE objections to the general adoption of the sewing machine in preference to the needle through the prevailing impression—which experience has but confirmed—that much harm is done by these instruments, solely for the want of some proper motive power by which the operator may be relieved from the excessive labour of working the treadle, are now likely to be removed. Our transatlantic neighbours, ever as ready to improve as to invent, have just hit upon a contrivance which Mr. Abbot, in the *Boston Medical Journal*, describes as an ingenious invention just patented by Dr. Spencer, a dentist of Providence. This contrivance he calls an "improved mode of producing a rotatory motion from the treadle;" and the effect of it is that the motion is kept up by the slightest movement of the foot. In the case of ordinary treadles acting upon a crank, the foot of necessity must move with each revolution through the same distance up and down; and the effect of this monotonous repetition of the movement is most wearisome and exhausting. By Dr. Spencer's improvement the machine is kept constantly in action whether the foot moves through a longer or shorter distance, giving the operator a chance of varying as often as is desired the muscular effort necessary to run it.

Dublin Hospital Reports.

WE have pleasure in announcing that Dr. W. Thornley Stokes, M.D. Queen's University, and Demonstrator of Anatomy in the Royal College of Surgeons, has undertaken the recording, for the MEDICAL PRESS AND CIRCULAR, of cases in the Hospital Practice of Dublin. We anticipate that this arrangement will prove much more effective than any we have yet been able to effect for this object, and that we shall be able to offer our readers more valuable clinical contributions than have yet been available.

The Under Secretaryship.

WE give as a current, and in some quarters a credited, rumour that Sir John Grey, the representative for Kilkenny, and a member of our profession, will succeed to the office of Under Secretary for Ireland, vacant by the resignation of Sir Thomas Larcom. If this intention should be carried out, of which we are rather sceptical, Sir John Gray will enjoy very great opportunities of advancing the views of the profession in his intercourse with the Government, and we believe he would avail himself of them with hearty good will.

Infirmary for the Sick Poor.

MR. WYATT, the Chairman of the St. Pancras Board of Guardians, laid the foundation stone of this Infirmary on Thursday last. This is the first of those which are to be built by the metropolitan workhouses under Mr. Gathorne Hardy's Act of 1867. Before laying the stone he explained the circumstances which led to the passing of the Act, and referred to the site chosen, and the accommodation which would be provided. In replying to some objections which had been made, he said:—

> "They had 350 cases of acute illness in St. Pancras Workhouse, with only really good accommodation for 150, and their outdoor medical officers reported another 150 cases that ought to be sent to an infirmary, rather than be treated at their own poor miserable homes. The principal and interest, required to pay the cost of the new infirmary would only amount to three farthings in the pound for 30 years, so that the parishioner rated at £50 would pay something less than 3s. per annum, with the knowledge that while he did so he was conferring an inestimable benefit on the suffering poor."

Health of Dublin.

THE following official returns bear a somewhat unfavourable comparison in the death-rate with some preceding weeks:—The births registered during the week ending Dec. 5th, amounted to 141—69 boys and 72 girls. The average number in the corresponding week of the years 1864 to '67 inclusive, was 151. The deaths registered during the week were 173—82 males and 91 females. The average number in the corresponding week of the previous four years was 160. Thirteen deaths from scarlatina, and one from diphtheria, were registered during the week: the deaths from the former disease during the preceding six weeks were, respectively, 9, 12, 7, 21, 8, and 20. Fever caused 9 deaths: the average number of deaths from this disease registered in the corresponding week of the previous four years was 10. Croup proved fatal in 6 instances. Twenty-three deaths resulted from phthisis or pulmonary consumption. Twenty-seven deaths were caused by bronchitis, and 2 by pneumonia or inflammation of the lungs. Sixteen children were carried off by convulsions. Three deaths were referred to apoplexy, and 2 to paralysis. Cancer was the cause of 7 deaths. Four deaths resulted from heart disease, and a similar number from disease of the liver. In as many as 16 instances death was attributed to old age; of this number, 6 were of persons who had passed their 80th year. This latter is a remarkably favourable return, and speaks well for the climatic influences of this city.

Turkey and Greece.

IT seems more than possible that the breach existing between the Governments of Turkey and Greece will, after all the humane exertions of the Great Powers, end in war. We trust these forebodings may not be realised, but should hostilities unfortunately break out, there will be a wide field thrown open for the junior members of our profession, and an exodus similar to that which happened in the Crimean War may take place from these shores. It is well known that in neither country is the science of surgery on a very exalted basis at the present time, and we happen to know one or two young men who have resolved to proffer their services to one or other of the expectant combatants, should occasion require.

The Registrar Chief of the King's and Queen's College of Physicians of Ireland.

THIS office has again fallen vacant by the untimely death of Dr. B. G. Guinness, who has only held it for a couple of months since his succession to it on the resignation of Dr. Athill. The title of Registrar is fixed by the Act of Parliament, but the duties are rather equivalent to those discharged by the Secretary of Council of other kindred Colleges than to those fulfilled by the Registrars. The salary attached to the office has hitherto been £100 a-year. We believe that Dr. Little, Physician to the Adelaide Hospital, and Secretary to the Medical Society of the College of Physicians, and Dr. Belcher may probably offer themselves to the Fellows for the office, and it is believed that if Dr. Little offers himself for the appointment, that he will meet with the most favourable consideration of the Fellows.

WITHIN the precincts of the queenly residence of the Isle of Wight, we are told, the sanitary conditions of the humbler class are all that can be desired. If the same inspection and care were exercised elsewhere, disease and death might be diminished to an appreciable extent. But then, who can penetrate the dismal and crowded abodes of the metropolitan poor?

A FEW days ago, her Majesty the Queen, accompanied by the Princesses, visited a sick woman in the neighbourhood of Clewer, and, at the same time, took the opportunity to visit the Convalescent Hospital, and to inspect the wards and other internal arrangements of the hospital, which met with her Majesty's approval.

AT a meeting of the governors of the infirmary at Teignmouth a few days ago, a suggestion from a lady residing in London as to the desirability of appropriating a portion of the building for convalescent patient, was brought forward for their consideration. The close proximity of this institution to the sea was adduced as an argument in favour of the suggestion.

THE days on which the various examinations in the University of London will be held, during the ensuing year, have just been determined upon: full particulars will be found in our advertisement columns.

THE name of Earl Spencer, the new Lord Lieutenant of Ireland, is by no means strange to scientific ears. His name appears more than once in the standard works on physiology, in connexion with important experiments in reference to the breading of cattle, and as a member of the Cattle Plague Commission, Earl Spencer's scientific position and valuable judgment in stock management received a just official recognition.

THE vacancy in the Midwifery Chair of Dr. Steven's Hospital, Dublin, caused by the lamented death of Dr. S. L. Hardy, has been filled by the election of Dr. Isdell, of Hardwicke Place, Ex.-Assistant Physican to the Rotundo Hospital.

In consequence of his election, Dr. Isdell intends, we learn, to vacate the office of examiner in midwifery in the Royal College of Surgeons, for the succession to which Dr. Kirkpatrick, Assistant Physician to the Rotundo Hospital, will, we understand, present himself as a claimant.

IN the neighbourhood of the Houses of Parliament an application of the signal system for the regulation of street traffic is being practically tested. For a considerable time past they have "managed" and regulated the street traffic of Paris on the principle just illustrated at Westminster, and, it is said, successfully.

SCOTLAND.

EDINBURGH ROYAL INFIRMARY.

THE site of the proposed new building appears to be a subject of much discussion and considerable difference of opinion. The views of the medical authorities ought certainly to have some weight. In coming to a decision it is to be hoped that all party feeling and inferior motive will be laid aside, and that a building will be prepared every way adapted to answer all the important purposes for which it is designed, and worthy the great city to which it will belong.

We understand that the fund in the Royal Bank is upwards of £47,000 towards the accomplishment of this object.

GLASGOW AND ABERDEEN UNIVERSITIES.

NEITHER Mr. Moncrief nor Mr. Gordon were present at the official declaration of the poll. The former gentleman carried the election by a majority of 47, and is now in the house, where he has been deputed, in the absence of Mr. Gladstone, to offer the congratulations of the House to the Speaker upon his re-appointment.

EDINBURGH UNIVERSITY.

The annual meeting of the Association for the better endowment of this University was held on Monday week, under the presidency of the Chancellor, the Lord Justice-General. The statement of funds showed an annual sum of about £250 at the disposal of the Association. The report was adopted. The urgent necessity of endeavouring to extend the resources of the University was strongly urged by the various speakers, and a resolution was passed setting forth the importance of a public subscription being immediately commenced for the purchase of the sites in North College Street for the erection of additional University buildings.

EDINBURGH ROYAL SOCIETY.

On Monday, the 7th inst., the first ordinary meeting of this Society for the session of 1868-9 was held. The President, Professor Christison delivered the opening address. He referred particularly to the aurora borealis. It was, he said, usually considered to indicate bad and stormy weather when it first appears in the autumn. He had often mentioned to his friends the observation he had made that, after a series of fine weather, the aurora was sure to be followed by a storm of wind and rain the second day afterwards. This was noted by him so long ago as 1834, and often since, as well as by several of his friends. He was the means of saving the corn crop of a friend on one occasion, who, but for the warning, would never have thought of ordering his steward to cover it in.

EDINBURGH MAGDALENE ASYLUM.

The annual meeting of this institution was held on Monday week, in the Craigie Buildings. The chair was taken by the Lord Provost. Among the charitable and benevolent efforts of the present day, the object of this society ought not to be overlooked. To rescue the fallen and degraded of the sex, and afford them medical aid, is a worthy effort. As well as the good effects produced upon them as a class, it benefits the neighbourhood in which they are found, by shutting up their houses, and so lessens the opportunities of vice. The report shows that during the past year, seventeen of these unfortunates were sent to situations, two to the Lock Hospital, and 46 were still in the asylum in November last.

THE WEST OF SCOTLAND.

A meeting was held in the Religious Institution Rooms, Glasgow, to take steps for assisting in the movement, inaugurated by Miss Beatrice Clugston, to raise funds for the purchase of two properties at Dunoon, at a cost of £6,000, with the view of forming them into Sea-Side Homes for the sick among the working classes.

HOMŒOPATHY IN THE ABERDEEN INFIRMARY.

This subject, to which we called the attention of our readers in a previous number, has been considered by the Medico-Chirurgical Society at a late meeting. From the accounts which we have seen of the proceedings we find that some strong feeling was shown by the members who introduced the different motions, as well as by all who took part in the proceedings, and nothing was settled when the meeting closed. It is, however, to be hoped that eventually by timely concession, where concession should be made, and by considerate and gentlemanly conduct on all sides, the affair may be amicably settled.

QUARTERLY REPORT OF THE REGISTRAR-GENERAL FOR SCOTLAND.

In the third quarter of the year 1868, there were registered 16,662 deaths, or 2·09 per cent. Both births and deaths were high above the average. In the largest town, Glasgow, the death-rate was as high as 3·01 per cent.

Heat, with intense drought, following June, with a scanty fall of rain, characterized the first half of the quarter; heavy rains the latter half. Diarrhœa, dysentery, and cholera were very prevalent and fatal, and largely increased the general mortality; but the numbers have not at present been ascertained. Scarlet fever was also very prevalent and fatal during the quarter, especially over the southern half of Scotland; but, unlike the bowel complaints, it seems to be subject to the usual law of diseases in Scotland—viz., it increases in prevalence and fatality with the fall of temperature. Thus, in the eight towns, scarlet fever caused only 72 deaths during July, the warmest month; but 100 deaths in August, and 185 in September. It is still the prevailing epidemic, and in many places was of a very malignant type, cutting off two, three, and even five members of the same family. Much typhoid (enteric or gastric) fever prevailed over Scotland during the quarter; while measles would appear to have been the prevalent epidemic among children over the northern half of Scotland. Inflammatory affections of the respiratory organs were much less prevalent than during the previous quarter, but diseases of the brain were more numerous during the very warm weather.

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MEDICO-SOCIAL PENCILLINGS OF LONDON LIFE AND PRACTICE.

No. 3.

The speech delivered by "Mister Chair" was of the usual laudatory kind. He extolled the time-honoured profession of which he had just become an "unworthy," yet a legally registered member—billions of miles above the upper heavens. He radically ran over its history from the earliest age of the pre-Christian period to the present age of enlightenment and of Christian patience. He eulogistically "machined" my humble brow, and finally wreathed it with a fanciful garland, culled from a good knowledge of ancient and modern classics, aided and promoted by "gentle" stimulation, and influenced by a very fanciful temperament indeed. He was of opinion that I should at no distant period of time become celebrated as Harvey, Hunter, Abernethy, or Liston, honoured as Brody, Ferguson, or Simpson, and successful as Graves, Watson, Corrigan, or Paget. He spoke of the snows on mountain peaks; of verdant sunlit valleys; of home, colonial, and foreign climes; of time, space, and opportunity; of fellowship, universal brotherhood, peace and goodwill; of poverty and the poor-laws; of Church and State; of science and its advantages; and finally concluded his "few remarks"—which lasted over an hour in delivery—by proposing my "health, happiness, and successful professional career," parenthetically adding that I possessed the "elasticity of wrist, the firmness of grasp, the courage of heart, the steadiness of eye, the penetrability of observation, the bold decisiveness of character, the intellectual acumen, the well-stored mind, the humane sympathy with the afflicted, the force of will, the strictness of discipline, and every other known or likely to be discovered faculty that he considered essentially necessary, or likely to be advantageous in placing me 'above the capital and on the pinnacle' of fame—the head of a glorious profession of which I was already an (china) ornament."

The toast was duly honoured. It was honoured in the usual "on your legs" manner. It was honoured with the usual flowing bumper and the time-revered fraternal clink of glasses, accompanied by the celebrated yet *scarcely* expressive old refrain to that Bacchanalian national anthem—"For he's a jolly gay fellow, which nobody can deny"—during the "execution" of which refrain the heads of the entire company "ducked" towards me over and over again. Being at last apparently satisfied, silence was restored, and the company "resumed" the sitting posture.

I rose to return thanks. It was the first time that I attempted a display of the kind—I faltered and failed in it, resumed my seat, got up again, said a few more words, brought down the house with thunders of applause, during which I finally "knuckled under," feeling as if I had stratagetically eluded the agonies of strangulation, caused by reason of a highly-rigid shirt-collar and a neckcloth villanously inflexible; and although the gay little world present, I have reason to believe, expressed and employed words to the effect that I retained my former splendour as its superb sun and as its attractive centre, my own opinion on the point—confused as my senses undoubtedly were at the time—was, and is even as I write, that, if the gay little world was really serious in considering me its sun and its centre, the gay little world then laboured under the influence of a solar eclipse, although it did not appear to be aware of the phenomenon nor of a kindred one, namely, the fleeting velocity with which, to my mind, it appeared both to oscillate and to spin.

Digitalis followed. "He begged to be pardoned for obtruding himself thus prominently. He came to the lodgings of his friend—not for the purpose of speech-making—not for the purpose of making an exhibition of himself before his friends and associates—not for the purpose of partaking of the sumptuous repast and the "flow of soul" that met his view on all sides—not, in a word, to make a d—n fool of himself. Did He find himself amongst the cherished friends of 'Auld Lang Syne?' No, he came there on principle; he came there in vindication of one of the noblest attributes of mankind; in vindication of one of the grandest old dictates of the soul; in vindication of one of the most sublime promptings of the mind. He came there to do honour to him considered worthy of it! and he would traverse the earth from pole to pole, and round them in a spiral manner, from Bethlehem to Bethnal green, from Ringsend to Gravesend, from earth to sky, to accomplish the task.' "We live, gentlemen," continued Digitalis, "in no ordinary age of the world; ours, gentlemen, is an extraordinary age, producing extraordinary men in religion, science, law, and police. Our host is the production of this age extraordinary to a degree, clever to a fault, talented to within a single line of the Brim's edge of perfection; noble as the forest king, without his viciousness, but possessing his bravery; gentle as the mythical dove, without its passiveness, but possessing its sympathies; sincere in friendship, truthful in love; trustful, hopeful, confiding, and unchangeable in both; a friend in need, *a man* indeed, such as heaven originally intended all of us should be. Therefore, gentlemen, having said what I intended to say, and having for so far faithfully discharged my duty as 'Steward and what not,' I sit down happy at heart, and I sincerely hope *there may be no more wine-glasses broken*, as you know we're accountable to the kind landlady for all damages."

Palmaris Brevis proceeded in the same strain. He considered these dominions oversupplied with medical men; laughed at the very idea of a fellow becoming an army assistant-surgeon; scornfully made a passing allusion to the naval service; and finally, consigned to Rupes Fergusii dispensary and workhouse appointments, where "a fellow as old age comes on, you know, has nothing to look forward at but beggary and water-gruel." Believed that South America was the medical "hunting-ground" for those who wished to "go-ahead." Produced and read portions of a letter from a medical friend now located there, wherein that wiseacre pithily said—"My dear Palm, get qualified and come here at once! This is the country for a fellow. An ounce of gold for extracting a single tooth, and payment for all other operations in proportion. But the natives here seldom lose teeth, mutton being killed when young and tender, and beef being first class; and you know, fish and fowl may be masticated with impunity when their bones have been previously removed. The principal other operations here are slitting fellow's windpipes, performed by rather unscientific and decidedly unqualified operators, who neither use nor require saws, bone-forceps, clamps, nor silver wire, and who leave the cure to be accomplished according to the broad old rule of non-intervention, so I have taken to stock-breeding. "For my part," continued Palmaris Brevis, "London is to be my starting-point, where medical men in carriages are thick as blackberries, or bees in a rosary, during the summer months; where there is a fee in every chimney-pot if a fellow could only hit on a ready method to smoke them out, and where guineas are picked up as easily as pence in a pie-shop." But Palmaris Brevis was quite ignorant of the fact that carriages may be hired in London by the hour, by poor and puffy doctors with great expectations; and that some of those who ride in carriages receive guinea fees in fractional argentine parts, appearing not only pleased, but highly delighted to visit and to dose a full dozen times any unlucky patient desirous to receive *full* value for "money down," at the stipulated sum of one shilling per visit, and "a bottle in."

Thus the evening sped, each member of the entire company "toasting" his fellow. Absent friends and "the profession" were not overlooked; politics and the press were, for the gathering was a simple and a social one. So after a vocal display of comic, heroic, and sentimental songs, "The Ladies," "The Cooks," and "Mister Chair," (second time) were "gridironed," and the evening's ceremony brought to a close, each guest happy with himself and with his fellows, and vowing never-dying fraternity to all. Closed did I write? Yes—the "business of the evening" closed, but the caudate end, or rather the bottle end, of the party "resumed," and only retired under the full influence of the jolly god, thence to seek repose, if not rest, amidst the extremities of the room's furniture; and with fender and irons amiably performing the hospitable yet scarcely soothing offices of pillows, and the folds of a mahogany dining table aspiring to the grateful and subtle duties of blankets and of coverlids.

Quid Nunc.

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Literature.

WATER ANALYSIS: A PRACTICAL TREATISE ON THE EXAMINATION OF POTABLE WATER. By J. ALFRED WANKLYN, M.R.C.S., Professor of Chemistry at the London Institution, and ERNEST THEOPHRON CHAPMAN. London: Trübner and Co. 1868.

THERE has been no subject that of late has provoked more discussion amongst chemists than questions concerning the analysis of water, and consequently the practical treatise mentioned above, "the first book published on water analysis," derives an importance which otherwise would not be attached to it. The authors are very well known to the Fellows of the Chemical Society, for their frequent reference to a new method for estimating organic matter, and their very confident assertions of the unfailing action of that method.

It is not called "a complete treatise," and certainly it is not so. The determination of the dissolved gases (a matter, we conceive, of the highest importance); the action of the water on lead; are never as much as hinted at; and all the preliminaries—preliminaries, we mean, of such vast importance as the appearance of the water, its odour, its colour, and so on—are all dismissed in one brief paragraph of five lines.

We have but little to say about the first chapter. The authors recommend for the determination of the total solid residue the evaporation of but a very small quantity of the water. We confess that using, as they recommend, a platinum capsule capable of holding 100 c. c., we think the chances of error are very much greater than when evaporating down a larger quantity. A very fractional error in a weighing, when multiplied over and over again, becomes very serious in the long run.

Chapter II. is devoted to the determination of the hardness of water, and is made up largely of extracts, but at the same time of many original, good, and practical hints.

The subject of Chapter III. is the determination of the chlorine. And here we feel bound to ask, Did the authors ever make one single satisfactory experiment with the quantities such as are mentioned and recommended. We are compelled, much against our wish, to state our firm conviction that they cannot have done so. We have tried experiments over and over again, and have come to the conclusion that it is positively impossible to arrive at a single satisfactory result with the potassic chromate of the strength they recommend. "Add," say they, "a drop of a solution containing half a millegramme of neutral chromate of potash to the water, and then the standard silver solution, until a permanent red colour begins to form." Did Professor Wanklyn ever see this permanent red colour form in an ordinary water, upon adding the silver solution after the addition of the amount of potassic chromate he recommends? At any rate, we never have. The authors remark the determination of chlorine by this process is very delicate. But at least it requires that the water under examination should be somewhat deeply tinted with the chromate solution (say one or two septems of a saturated solution of the salt), and then it is true the results are remarkably accurate. We deeply regret that the authors should place before the public such an unreliable and worthless mode of conducting this beautiful experiment. We regret much that it is not the only illustration in Professor Wanklyn's treatise of a want of accuracy and patient investigation.

The first part of Chapter IV. is devoted to Schulz's plan of estimating the nitrogen existing in water as nitrates and nitrites, by their conversion into ammonia, by acting on them in a strongly alkaline solution with metallic aluminium; and further, the estimation of the quantity of ammonia thus generated by the Nessler test. The latter half of the chapter is taken up with Frankland and Armstrong's modification of Crum's process for estimating the nitrates and nitrites (as published in the *Journal of the Chemical Society*), and remarks thereon. That this method is a deal of trouble we at once admit, but we feel convinced, that, for large quantities, the results obtained from it are far more satisfactory than we can possibly obtain from the method of Schulz, with the proper working of which, it seems to us, so many things interfere. Again, we must say, that upon working in the way pointed out by the authors, with solutions of known strength, we are rarely able to obtain more than half the amount of nitrogen that we had originally introduced. Perhaps our failures may be due to an error in the strength of the solution recommended, or the omission in the description of some important points in its working.

In Chapter V. is described at great length the estimation of the ammonia and organic matter. They are, as the authors remark, of vital importance. We agree with them in the little dependence that can be placed on "loss by ignition." We agree with them further, in condemning Frankland and Armstrong's combustion process, which we have experimented with largely, and which is certainly very troublesome and very inaccurate. We agree, also, that there are many objections to the employment of permanganate of potash for calculating the organic matter, though, on the whole, we consider the results obtained are fairly accurate, and tolerably constant. And now follows a long account of the special, and we must add, most ingenious process introduced by the authors, depending on the curious reaction that occurs when a strongly alkaline solution of potassic permanganate is brought into contact with nitrogenous organic matter. But, unfortunately, the whole process is put forward, as we find, upon careful experiment, in such a crude and undeveloped form, that the delight we felt when we heard at the Chemical Society for the first time of the marvellously accurate results obtained by a process so simple and so easy, were doomed to almost utter disappointment. Perhaps we ought not to be surprised at the delight of Messrs. Wanklyn and Chapman, running a little wild in the first instance when they brought before chemists the results of their labours; but we do regret most deeply that they had not striven to render their method more trustworthy, and capable of giving more definite and certain results. We have tried the process now a great many times, and whilst it is fair to say the results we have obtained by this process are more reliable than those we have obtained by the method of Frankland and Armstrong, still it has many drawbacks, which, however, we certainly venture to hope may ultimately be overcome. There is one point we may venture to mention where we have found some difficulty. We have distilled, say from half a litre of water, to which we have added the potassic permanganate, a certain quantity, until all the ammonia has come over. The following day we distil again some few ounces from what remains in the retort, although we had obtained all the ammonia possible the day before, when we again obtain a considerable quantity of ammonia. And again, we carry the distillation on until no more ammonia is produced, and yet, if we distil again the following day, we obtain more ammonia still. And where does it come from? May we suggest the probability that the action of this alkaline solution of potassic permanganate on nitrogenous organic matter is very much slower than the discoverers of the process seem to suppose.

We have read this book with very considerable care and interest. Though we have thought it right to review it, it may be somewhat severely, still, with some alterations, it may prove of considerable value.* We must add, however, in conclusion, that it supplies us with one more illustration of the unfortunate love that some people who live in glasshouses have of throwing stones.

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* Certainly considerable credit is due to the authors for the care with which they have collected together a mass of information, and for which we feel much indebted to them.

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Gleanings.

LENGTH OF THE COLON IN YOUNG CHILDREN.

At a stated meeting of the N. Y. Obstetrical Society, a specimen of hemicephalus or anencephalus was presented by Dr. Jacobi. The child weighed nine pounds. The viscera were well developed, and the colon was unusually long in this case. Dr. Smith made the remark that he had measured the colon in thirty cases of children under six months, and discovered that from one quarter to one third of the large intestine lies below the brim of the pelvis. Dr. Jacobi stated that the descending portion of the colon in the young infant was nearly twice the length of that of the adult. It crosses over diagonally towards the right side, instead of lying parallel to the long axis of the body. There is no proper sigmoid flexure as in the adult, but on account of the great length of the colon a number of flexures are found.—*Am. Journal of Obstetrics.*

FRACTURES OF THE ELBOW-JOINT.

Dr. Henry J. Bigelow, of Boston, Mass. (Boston *Med. and Surg. Journal*), holds that in simple fractures of the elbow, except of the olecranon, *passive motion*, as laid down in works, is radically wrong and unnecessary; it occasions excessive pain during the operation, and begets active inflammation, besides injuring severely the part under repair, which nature in her own good time will restore better without than with it.

Case of Alleged Poisoning.—A strange case of alleged poisoning has just come to light in this locality. A young woman, named Bridget Lynch, who was in the service of a Mr. Baldrick, in the district of Buncrana, gave birth to a child about three weeks ago. Shortly afterwards the woman died, an inquest was held, and the body was buried in the new cemetery, near this city. From information given to the police by a Roman Catholic clergyman, who alleged that she had been poisoned, Mr. Baldrick was arrested, and the body of the deceased was exhumed in presence of Mr. Hill, County Inspector, Dr. Hunter, Dr. Browne, Head-Constable Parkinson, and two sisters and a brother of the woman. A *post-mortem* examination of the body was then held by the medical gentlemen, and a portion of it was given in charge to a police constable, who was directed to proceed with it to Dr. Hodges, of Belfast, in order that that gentleman might ascertain if there were any traces of poison in the stomach. Mr. Baldrick is still detained in custody. We understand that the authorities have refused to release him upon substantial bail.—*Derry Sentinel.*

Transactions of Societies.

THE JUNIOR SURGICAL SOCIETY OF IRELAND.

THE above Society held its opening meeting in the Albert Hall of the Royal College of Surgeons on Wednesday last. The Chair was occupied by Mr. Porter, President of the College, and Mr. Macnamara, Vice-President, Mr. Adams, Dr. Benson, Dr. Jameson, Dr. Mapother, Dr. Jacob, and other members of the Council of the College were present. The attendance of students was very large.

After some introductory observations from the President, Dr. Mapother read the following address :—

The Council of the Junior Surgical Society have usually requested one of the professors of this College to offer some remarks at its opening meetings, and my turn now comes at this its seventh session. I find, with great satisfaction, that the President of the College fills the chair, and that the Society has become an integral part of this great institution, and meets in its hall. I will confine myself to two topics ; firstly, the advantage which such an association confers on students of medicine ; and secondly, the better prospects of students now than ten years ago. The truths in Lord Bacon's aphorism are unquestionable—"Reading maketh a full man, writing an exact man, and speaking a ready man," if therefore a member of this Society notes carefully a case in hospital, studies what authorities have recorded about similar cases, reports it here, and defends, or more fully explains, the views he has adopted, must he not have made himself full, exact, and ready ? The training which he has thus undergone fits him for the study of other subjects, while the facts he has thus laboriously acquired remain indelibly impressed on his memory. His literary education is likewise advanced, and he thereby becomes more fitted for the competitive examinations on which his success will depend. From the peculiar relations of our schools and hospitals, a students' society is more useful in Dublin than elsewhere, for pupils from several hospitals will be found among its members, and one important case in any of these institutions, if only the fact of its admission be announced, can be rendered instructive to the pupils of all the others. However, those heretofore established have been short-lived, for the most active members of one session complete their studentship before the next, and zealous successors cannot always be found. I trust the Junior Surgical Society may become as venerable as her eldest sister of Edinburgh, which has continued uninterruptedly for 130 years, and has had hundreds of members who became afterwards famous. In order to extend the benefits of the association, it has been proposed to unite the students of all the Dublin Schools in one Society. The proposal was made too late to secure amalgamation this session, but it should not be lost sight of. If the meetings were held in each of the six schools each week alternately, as is the practice in the London Students' Society, the arrangement would be most advantageous. In this society emulation is excited by the prizes which are offered for essays on special subjects. Last year I ceased to offer a medal for a physiological essay alone, but strove to combine that mode of showing my pupils' acquisitions with *vivâ voce* answering and practical demonstration, in contesting for my prizes. If an essay of merit is presented this year, I will gladly revert to my former practice. I have always thought that prizes are a necessary institution in all educational and licensing establishments, and that every student should be afforded the opportunity of distinguishing himself. It has often been said that prizemen confine their efforts to one subject, and learn that theoretically and hastily, and consequently do not become eminent in after life. If the competition test be justly and rigorously applied, these objections do not hold, and that the successful men of our profession were the prize-takers among their fellow-students appears from the records of many educational bodies. In that most admirably-devised examining body, the London University, such men as Quain, G. Johnson, Brinton, Gull, Professor Parkes, Professor Savory, Professor Turner, Lister, Sir H. Thompson, Garrod, Professor Huxley, Professor Humphrey, and Graily-Hewitt were the first men of their respective years. Again, have not the greatest statesmen of the day been University prizemen ? and they are prouder of such distinctions than of all their hereditary acquisitions. Let me cite a few examples of great though early successes : Desault, while professor in the Academy of Medicine, had a habit of calling on a student to read aloud an abstract of the previous day's lecture. On one occasion, his choice having fallen on Bichat, the great surgeon was so charmed with the student's judgment and learning, that he at once adopted him as his assistant. You are aware that although Bichat lived to only the age of 31, he founded, and greatly enriched, the science of general Anatomy. Davy was Professor of Chemistry in the Royal Institution when twenty-one years old, and Carmichael was president of this College when thirty-four. Our senior surgeon, Mr. Adams, whom I am proud to see here, was a great and renowned teacher before his years had numbered one-fourth of a century. When only twenty-three, Curling had won the Jacksonian prize for his work on "Tetanus," and had been appointed surgeon to the London Hospital. At twenty-four, Bowman had read his great papers on the Structure of the Kidneys and of Muscle, and had gained for them the fellowship of the Royal Society, and the Royal Medal, and that great work, the "Principles of Human and Comparative Physiology," was published when its author, Carpenter, was but twenty-five. One instance more of student's work. It was in the first year of Abernethy's apprenticeship, and when he was but sixteen years of age, that he discovered and recorded that remarkable fact that several drachms of opium remained undissolved in the stomach of a patient who had died of tetanus, and thus that student exposed a useless, if not fatal, mode of treating that disease.

I will now remind you of a few of the improvements in students' prospects which has taken place within the last ten years. An army assistant-surgeoncy has been made a position of honour and just emolument, and to gain it, you need beg no man's aid, but proudly depend on your brains and industry alone. The naval service has been elevated in a like degree, and for this the students have mainly to thank themselves. They refused to enter the service until they would receive the treatment suitable for educated gentlemen, and not one accepted the subsidy which was temptingly offered to those studying the profession, if they consented to enter the service when they had obtained diplomas.

The difficulties which men of the greatest talent experienced in getting assistant-surgeoncies in the navy a few years ago are well illustrated by the biographer of Dr. James Johnson, the famous editor of the *Medico-Chirurgical Review*. Johnson leaving Derry a poor and friendless young man, went to London to obtain a nomination for the service. After many disheartening failures he resolved to earn his bread as an anatomical teacher, and in partnership with Mr. Bickersteth (who, by the way, was afterwards Master of the Rolls), he had some success. As he still yearned after a naval life, Wilson, the great anatomist, furnished him with the following characteristic letter to the chief physician of the navy :—"The bearer of this, Mr. J. Johnstone, has actually lived in the dissecting-room during the last six months. Examine him and see whether he has studied in vain." This time his application was successful. Other branches of public medical service, which I feel sure will be opened to competition in a few years, will be that of the Poor-law system, and of the Public Health Department. A month ago the late Government issued a most admirably chosen Royal Commission to investigate the organization of the machinery for the preservation of the public health in the United Kingdom, and we may shortly expect to see a health officer in every county and town of magnitude throughout the three kingdoms. Ireland will especially benefit by this reform. Such appointments will doubtless have to be gained by competitive examination. Students are not to suppose that from such inducements to learning, their profession is becoming a more difficult subject of study, for although its boundaries are extending, and a more thorough knowledge of each of its branches is now required to pass the more searching and practical examination recently established, the appliances for teaching have been vastly improved.

I cannot refrain from noting how much in advance of other educational bodies this college has been in improving the examination test. Firstly, it has always refused to grant any diploma except by examination ; secondly, teachers are prohibited from being the sole examiners ; thirdly, in 1845 admirable rules were devised for the examination of Fellowship candidates by the bed-side of patients, but they did not come into force, owing to the opposition, or at least, want of co-operation of rival licensing bodies ; and, fourthly, operations on the dead body are to be made for the future part of the examination for the diploma—and so essential a part, that candidates who wholly fail at operations are not to be allowed to proceed with the rest of the examination.

Further evidence of the brightened prospects for the zealous student is afforded in the fact that among the hospital physicians and surgeons of Dublin, there are at present fifteen who have obtained their diploma within the last ten years. They have achieved this early success by the distinctions which they won while students. However, to render the position of hospital surgeon the reward of fitness alone, and to stimulate medical education as the opening of other services has unquestionably done, I will never cease to advocate the competitive principle in filling the office of hospital surgeon, or rather that of assistant-surgeon, which should be always introductory to the more responsible post.

I am convinced that the extension of competition would improve our national character, and if ever I should find in a slight degree opportunity of influencing those who govern this country, I will use that influence to prevent considerations of birth, friendship, party, or creed, from outweighing what should be the sole criterion—professional fitness as attested by competitive trial.

The President then called upon Mr. Ray, who read a paper on "Some points in the Physiology of Respiration." He was followed by Mr. Barker, who read an interesting communication on "Stiffened Bandages," and entered at length upon the relative merits of starch, glue, egg, flour, and other materials applied to a like purpose. Mr. Burnell then read two cases of Epithelioma about the lower jaw; and after several votes of thanks had been proposed the Society adjourned.

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THE DUBLIN OBSTETRICAL SOCIETY.

The above Society held its second meeting in the College of Physicians on Saturday last, Dr. Ringland, President, in the chair. A ballot having been taken, it was found that the following members were duly elected :—F. Churchill, jun., F.K. and Q.C.P.; James Little, M.D., F.K., and Q.C.P.; Wm. Roe, M.D., F.R.C.S.I.

Dr. Atthill read a paper "On Retroflexion of the Uterus," and having alluded to the frequency of the affection, and the very distressing symptoms it often gives rise to, he proceeded to state that, in his opinion, it was nearly always the result of causes slowly producing these effects, which he classed as follows :—

1st. Chronic inflammation of the uterus and its result—hypertrophy of that organ.

2nd. Subinvolution of the uterus after labour or abortion.

3rd. Tumour of the uterus.

The consideration of the latter class of cases he excluded for the present.

Dr. Atthill stated that chronic inflammation, or perhaps to use a more correct term, "active congestion" of the uterus, terminating in retroflexion, was not unfrequently met with in two opposite classes of females, namely, those of active habits, and naturally robust constitutions, and the reverse of these, females of weakly constitutions and who lead a sedentary life, such as needlewomen, &c. He illustrated these views by giving the details of a number of cases. In the first case, the patient was a healthy young unmarried woman, who had for several years past been engaged in out-door occupations. Her most prominent symptoms were, constant desire to micturate, extreme difficulty in evacuating the contents of the rectum, and great diminution of the catamenia. In the second, the patient, also unmarried, was a schoolmistress. In her case, too, the menstrual discharges had decreased greatly; for a period of two years she had suffered from attacks of vomiting, which, for some months previous to her coming under Dr. Atthill's care, had become incessant, every species of food being rejected. In the third case, the patient, a married lady, was a complete invalid, being unable to make the least exertion, as any attempt to walk caused great pain. She had suffered from several attacks of inflammation. In her case, too, the catamenia, though not actually suppressed, were very scanty. Four cases were subsequently detailed, in which the retroflexion depended on subinvolution, in all of which the menstrual discharge was profuse; in two to an alarming extent. In conclusion, Dr. Atthill drew the following inferences :—

1st. That retroflexion of the uterus is a common affection, and is met with in both married and unmarried females.

2nd. That it is a secondary, not a primary affection.

3rd. That when it is the result of chronic inflammation, or hypertrophy of the uterus, the catamenia are diminished.

4th. But that when retroflexion is the result of subinvolution of the uterus, following labour or abortion, the catamenial discharge is increased in quantity; sometimes even to an alarming degree.

5th. That in addition to the symptoms common to all forms of uterine disease, namely, pain in the back, &c., we have frequently, when the uterus is retroflected, reflex irritation of the bladder, stomach, and breasts, occurring as to frequency in the order given, and also difficulty in defication.

Dr. Atthill stated that since he had written his paper, the subject had been discussed in the Obstetrical Society of London, and that the views there propounded had in no way modified his own, and that while he agreed with Dr. Meadows "that inflammation or active congestion precedes and is a common cause of this affection," he did not agree with him "that our first care ought to be to remedy" this condition, and "that, till this is accomplished, but not before, we may resort to mechanical treatment." On the other hand, he coincides with Dr. Graily Hewitt, that "the flexion is the prominent feature of these cases, and that the restoration of the organ to its proper position is the first indication." Dr. Atthill also confirmed Dr. Priestley's statement, that "retroflexion of the unimpregnated uterus may give rise to uncontrollable vomiting," and that of Dr. Barnes, "that in secondary puerperal hæmorrhage retroflexion is often found to exist." Dr. Atthill dwelt very briefly on the treatment of this affection, as he wished mainly to consider it with reference to its pathological condition. Finally, he drew attention to the fact, that retroflexion of the uterus was occasionally met with in patients to whom it seems to cause no distress or inconvenience, and pointed out the necessity of avoiding all interference with such cases.

Dr. G. H. Kidd exhibited some new forms of pessaries, and while disclaiming any title to originality, considered that the exhibition might, nevertheless, be interesting to the Society. The first pessary was Hodge's Lever Pessary; of this there were three forms, one of which, "the open lever pessary," was unknown to any of the instrument makers. The second form had been strongly recommended by Dr. Marion Sims, on the ground it was not liable to turn round, but Dr. Kidd's experience did not confirm this view. He considered it better to use a much longer form, and he believed that Dr. Churchill's cross-bar pessary would be found effective in this way. He found that none of these forms were to be depended on to remedy retroflection, and as a precaution he always introduced a sound afterwards to make certain of the correct situation of the uterus. The next form which Dr. Kidd produced was Dr Greenhalgh's elastic pessary, which he found was much easier of introduction, and was borne with much greater comfort by a tender or inflamed uterus. The next instrument was a modification of Hodge's pessary, always used by Sir James Simpson. It had the advantage of being very easily made out of a piece of gutta percha, and was considered by Sir J. Simpson to be very easily introduced by the patient herself.

Dr. Kidd showed Dr. Graily Hewitt's rings, which were capable of being altered to any desirable shape, and converted at the moment into a Hodge's pessary, and he also showed Dr. Protheroe Smith's spring pessary, which is intended to be introduced, closed and opened after introduction. Dr. Kidd did not consider the principle suitable for cases of retroflection. The object of the Hodge pessary was rather to carry the os uteri well backwards, and allow the weight of the uterus to adjust itself. Dr. Kidd then showed the recently invented pessary of Dr. Murray of Newcastle, which was a combination of Sir J. Simpson's and Dr. Protheroe Smith's spring instruments. The last form of Hodge's pessary was one which Dr. Kidd had used in a case of very distressing prolapse of the vaginal wall with ovarian tumour and ascites. The poor woman had caused her death in the attempt to relieve herself by tapping through the vaginal wall with a knitting needle. This concluded the catalogue of *extra uterine pessaries*, and Dr. Kidd proceeded to show the extra uterine forms which he introduced with Sir James Simpson. The next was a silver ring pessary, with a moveable stem. The third was the commonly known brooch pessary, which had been widely condemned, but which Dr. Kidd considered would be useful in suitable cases. The next form was one in which the stem and body of the pessary were separate, and were supposed to be introduced separately, which, however, Dr. Kidd thought would prove to be a very difficult manipulation. Dr. Aveling's instrument was also a combination of the stem and Hodge pessaries, in which the stem was intended to adjust itself, but Dr. Kidd had had no favourable experience of its use. The next form exhibited was the galvanic pessary, of which the author expressed a very favourable opinion, especially in cases of deficient development of the uterus and amenorrhœa. He was strongly of opinion that the galvanic action was real and useful. These had the objection of being liable to fall out of the vagina, and to obviate this Dr. Beatty was in the habit of introducing a small disc pessary after the stem, which plan Dr. Kidd had modified by using Dr. Churchill's crossbar pessary, to follow stem, which he found more effective than the disc.

These were all the intra uterine pessaries, and Dr. Kidd produced several intended for the prevention of prolapse, of which the disc and globular pessaries were the most usual. He considered the disc most effective, but the central aperture should be made smaller than is usual. Some of these pessaries were made of tow, covered with some varnish, which was liable to be dissolved by the secretions, and the pessary then became worse than useless. A modification of the globular pessary was the air ball, which was introduced in the collapsed condition and then inflated. It was objectionable on account of the tube, which hung out of the vagina. The next class were the stemmed vaginal pessaries, of which the first was Sir James Simpson's, which was apparently a modification of the Butterfly pessary. Dr. Matthew's, Duncan's and Dr. Graham Weir's pessaries were also produced, but Dr. Kidd considered that those forms which were attached by straps externally were necessarily uncomfortable.

At the conclusion of Dr. Kidd's remarks,

Dr. Beatty said that retroflexion and retroversion were perfectly distinct conditions. He had long since published a paper advocating the relief of the chronic inflammation of the uterus before resorting to mechanical means; and occasionally the case might be cured by this treatment without undertaking the mechanical treatment at all. Dr. Beatty had used the Hodge pessary largely, but did not find it very satisfactory, being difficult to introduce and liable to turn round. In most cases there was a diseased condition of the fibres of the uterus at the bend, and thus mechanical means were indispensable with the view of remedying the condition. Dr. Beatty objected to Sir J. Simpson's brooch pessary, because it fixed the uterus, which was not its natural condition. He was in the habit of using the stem and disc for about two months, and then employing a ring for about two months longer, and he found the treatment often very effective.

On the motion of Dr. Sawyer, the debate was adjourned to a future evening.

ARMY MEDICO-CHIRURGICAL SOCIETY OF PORTSMOUTH.

December 2nd, 1868.

Deputy Inspector-General Dr. C. A. Gordon, C.B., in the Chair.

Surgeon Franklyn, R.A., exhibited in the microscope a Guinea worm extracted from the ankle of a soldier recently returned from Abyssinia, where he had probably become affected with the parasite.

Staff-Surgeon Roch read a paper on

Heat Apoplexy.

He expressed the opinion that Insolation or Sunstroke, and Heat Apoplexy were different diseases; that not only were their symptoms dissimilar, but so also were the *post-mortem* appearances in fatal cases, and the treatment applicable during life. Of seven cases of those affections treated by him on board the *Golden Fleece*, in Annesley Bay, in May, 1868, six occurred as secondary diseases in persons debilitated by various causes, among which were dysentery, diarrhœa, fever, and delirium tremens. He believed that the disease depended more upon a stagnant state of the atmosphere than on actual increased temperature. In one case the rise of the temperature in the axilla reached 113° F. In five cases the treatment consisted of the cold douche, the application of ice to the head and spine, mustard to the lower extremities, stimulating enemata, &c. All the men so treated died. In the sixth case the patient was bled from the temporal artery; he recovered consciousness, but was unable to articulate, had a relapse six days afterwards, and died in six hours. The seventh patient was also bled from both temporal arteries, and for a time was restored to consciousness; he, however, relapsed the following day, and died.

Dr. Elliott, late R.N., read a paper on

The Communicability of Phthisis.

He alluded to the fact that about eighteen months ago Dr. Budd, of Bristol, called attention to the idiosyncracy of phthisis and zymotic diseases, and to its capability of being transmitted from one person to another; he noticed some of the experiments that have been instituted in this country and on the Continent in regard to the subject, mentioning in particular those of Cheauveau, and expressed an opinion that up to the present time the weight of evidence was in favour of the disease being communicable. The great questions for consideration, he believed, were, whether it is not unjustifiable to allow healthy persons to be in such frequent contact with the diseased as to run the risk of becoming themselves affected; under what circumstances may such communication with the affected take place without risk; and what are the means of prevention? His own attention was first drawn to the subject in 1854, when a very strong healthy young man, without hereditary taint of scrofula or tubercle, married a woman in an advanced stage of phthisis. The wife died, and three months afterwards the husband was found to be labouring under the disease that had proved fatal in her. From that time his attention has been directed to the possibility of the disease being thus communicable, and he has met with so many confirmatory instances as now to have no doubt on the subject. This view is further confirmed by the frequency of phthisis among the nurses of Brompton hospital, and by the fact that the danger is recognised among the class who usually furnish the nurses for it and similar institutions. He did not believe that phthisis ever is cured; it may be for a time arrested, but never cured, and he questions if, in any case of reported cure, tubercular deposit had really existed. Finally he alluded to the observations lately put forward by the Registrar-General on the decrease of cases of phthisis in districts that have been recently drained; a circumstance which he believed affords some hope that by this means much may yet be done to mitigate the scourge in question.

Surgeon Lamprey, 67th Regiment, described a method of making interrupted sutures by means of fine cambric needles. These he inserted as close as possible to the margin; securing close apposition of the lips of a wound by means of a single noose of silk round the projecting extremities of each, the points being then snipped off. He introduced some cases in illustration of the readiness with which incised wounds treated in this way united.

MEDICAL SOCIETY OF LONDON.

The meeting of this Society on Monday, December 7th, was one devoted entirely to the consideration of

GALL STONES.

Some large and curious specimens of these concretions were exhibited by Mr. Hainworth, Dr. Hutchinson, and others, and Mr. Peter Marshall showed a patient from whom a gall stone had passed by ulceration through the skin low down on the abdomen, near the right groin.

The papers of the evening were by Dr. Leared and Dr. Thorowgood, and referred to several very interesting cases of gall stone.

In the discussion that followed, Dr. Thudichum, Dr. Day, Dr. Routh, and the President joined, and Dr. Routh related two cases where the agony of a gall stone was relieved, and its passage facilitated, by the inhalation of chloroform and complete anæsthesia.

The President stated that he had, on more than one occasion, in the same patient, given most efficient relief by deep freezing of the side during the paroxysm of pain.

Dr. Leared and Dr. Thorowgood having briefly replied, the meeting separated soon after ten o'clock.

ST. ANDREWS GRADUATES' ASSOCIATION.

THE OPEN EXAMINATION SYSTEM.

At the recent meeting of the above-named association, an unanimous opinion was given by several speakers, among whom we may mention Dr. Richardson, Dr. Crisp, Dr. Drysdale, Dr. Pike, and others, that the free system of examining all comers for degrees in medicine ought to be resumed as soon as possible by St. Andrews University. We have always advocated the necessity of, as soon as possible, obtaining an obligatory state degree, granted by examiners chosen, it may be, from the Medical Council, which should examine all candidates for the title of M.D., indifferently at London, Edinburgh, St. Andrews, &c. The local degree system of past times is a scandal and a disgrace to the intelligence of the day. We are tempted to say, often, that universities seem to be hindrances rather than assistants to the diffusion of learning. Let St. Andrews University and London University always insist on keeping aloof from the evil examples of more narrow-minded corporations, and renew the noble precept of "Good will to all men," by granting their degrees to all, totally independently of all residential qualifications, and only on account of proficiency and experience.

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Obituary.

DEATH OF SICHEL.

The regrets to which we gave expression a few weeks since on the death of Mackenzie, the father of eye surgery in Great Britain, might fittingly be repeated in our record of the death of Sichel, the senior of the Parisian ophthalmic specialists, which occurred late in the last month. Genuine and real in every word of the experiences which he has left to the instruction of his brethren, he separated himself by the hardly-gained barrier of industrious observation and a scientific judgment from the herd of flippant ophthalmological pretenders whose substitute for study and labour is algebraic humbug and ineffable self-sufficiency. Sichel the elder carried with him to the grave more actual intelligence on the subject to which he devoted himself than would furnish the marrow to all the pretentious effusions of the authors who affected a contempt for him. The *Bulletin de Thérapeutique* in its obituary thus speaks of him :—

"Amongst the losses which our profession has recently sustained we have specially to deplore that of Sichel the elder, the learned and skilful oculist, and the celebrated author of the *Iconographie Ophthalmologique*. The last honours were paid him with the extremest simplicity, according to his express wish, and therefore, unfortunately, in the absence of that assemblage of his brethren which would not have failed, if they had been permitted, to pay to his memory the tribute of affection, respectful esteem, and regret, which was his just due.

"Sichel was not only at the summit of the speciality which he had embraced. He attached himself to it with a real passion, as we may say, and also with the greatest success to different other branches of knowledge, especially to medical and ophthalmic archæology and entomology. He was president of the Entomological Society of France, and left behind him a magnificent collection of hymenoptera to the Museum of Natural History."

DEATH OF DR. JEREMIAH DONOVAN.

We deeply regret to announce the death, at Plymouth, of Dr. Jeremiah Donovan, R.N., the second son of Dr. Daniel Donovan, of Skibbereen. Dr. Donovan, who was educated at the Cork Queen's College, entered the navy in 1861. Shortly after his appointment he joined the Mediterranean squadron, and served there for nearly four years. After a short stay on shore he joined the Coast of Africa squadron, and returned invalided over twelve months since. Dr. Donovan's health apparently rallied after a time, and he was appointed to the Naval Hospital at Plymouth. But the seeds of fatal disease had been sown in the pestilential climate of "The Coast." The improvement in Dr. Donovan's health soon ceased to exist, and after a long and painful illness, borne with admirable resignation and piety, and cheered by the consolations of the church, Dr. Donovan passed away on Wednesday last. The deceased was a valuable and trusted officer, a skilful physician, and a young man of the very highest promise—a most amiable, high-minded, and kindly gentleman. His premature demise will cause the most heartfelt sorrow to all who knew him, either in private or official circles. He was one of those who never made an enemy, and who had a host of friends. Had he been spared he would probably have attained the very highest distinction in his profession. As it is, he leaves behind him a blameless and an honoured name. The fondest of sons, and the most affectionate of brothers. All who know them must sympathise with the sorrows of the dear ones he left to mourn his loss.

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NOTICES TO CORRESPONDENTS.

Dr. Jacob's Lecture on the Eye is unavoidably postponed to our next number.

A Subscriber.—The sulphur pastilles are made by Duncan and Flockhart, and may be had of Messrs. Bewley and Hamilton, Dublin; see advertisement.

Dr. J. W. Lane.—Enquiries are being instituted. We will endeavour to enlighten you in our next. The practice, which is strongly reprehensible, has become rather common of late, and should be stopped in its infancy.

Mr. W. R. B., London.—Thanks: your note shall receive immediate attention. We were aware of the facts mentioned, and shall not fail to utilize them on the earliest opportunity.

H. H.—The articles in question were written by one of our Scotch editors, hence the point you notice. The Scotch edition is published, like the Medical Press and Circular, weekly.

A. M. Bennett.—The question has been referred to one of the ablest physiologists, who will write an article upon it in a short time.

Dr. Bird.—The journal in question states in the paragraph to which you direct attention, what its editor has the best reason to know is absolutely without foundation.

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Birth.

Lane.—At Bishop's Castle, Shropshire, on Nov. 26, the wife of J. W. Lane, Esq., M.D., L.R.C.S.I., of a daughter.

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APPOINTMENTS.

The following have just been Gazetted.

Ward, J., Esq.—Promoted to Staff-surgeon, with Seniority of Dec. 2 1868.

Wilson, W. T., Esq.—Promoted to Staff-surgeon, with Seniority of Dec. 2. 1868.

Pottinger, R. Esq.—Promoted to Deputy-Inspector General of Hospitals and Fleets in Her Majesty's Fleet.

Rodgers, M., Esq., M.D.—Promoted to Surgeon in Her Majesty's Fleet.

Hadlow, H., Esq.—Promoted to Surgeon in Her Majesty's Fleet.

Birnie, T. K., Surgeon from the 17th Foot, to be Staff-surgeon to the same, vice W. Sinclair, appointed to the 12th Foot.

Read, C. C., Assistant-surgeon, from the Grenadier Guards, to be Staff-surgeon to the same.

Scott, J. A., Assistant-Surgeon, from the 91st Foot, to be Staff Assistant-surgeon to the same, vice T. P. Smith, M.B., placed upon half-pay.

Climo, W. H., M.D., Assistant-surgeon from the Rifle Brigade, to be Staff Assistant-Surgeon, vice A. A. Macrobin, M.B., who exchanges.

Blenkins, G. E., Surgeon-major, Grenadier Guards, who retires on half-pay, to have the honorary rank of Deputy-Inspector General of Hospitals.

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Mr. William Harris, M.R.C.S., having passed the examination on the 2nd inst., was admitted a Licentiate of the Royal College of Physicians.

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BOOKS, PAMPHLETS, &c., RECEIVED.

Transactions of the Pathological Society of London. Vol. XIX. 1868.

Nature and Art. Poems by R. Tonson Evanson, M.D., F.R.C.S., &c. London: W. Hunt and Co.

The Sanitary Aspect of the Sewage Question. By James Adams, M.D. Glasgow: James Macletrose.

The Climatic Treatment of Consumption. By John C. Thorowgood, M.D., &c. London: H. K. Lewis, Gower street.

Four Letters on Homœopathy. By Alexander Harvey, M.D. Aberdeen: Wyllie and Sons.

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WEDNESDAY, DECEMBER 23, 1868.

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Lecture.

EYE DISEASES AND INJURIES.

A Course of Lectures

DELIVERED IN THE

CITY OF DUBLIN HOSPITAL,

By ARCHIBALD HAMILTON JACOB, M.D. ED., F.R.C.S.I.,

Ophthalmic Surgeon to the Hospital.

No. 1.

INTRODUCTORY.

THE surgery of the eye and its appendages, Gentlemen, has within the last decade undergone a development so rapid, and has at the present day become so deeply involved in true and false theories—valuable and worthless propositions—beneficial and pernicious practices—that it is necessary for me before entering on my subject to explain what I mean by ophthalmic surgery, and what it is that I propose to offer to you in my course of lectures. With the remembrance before me that I am here to afford you information respecting the everyday treatment of the injuries and diseases of the eye which you will be called upon to take the responsibility of in your future practice, I shall endeavour studiously to avoid wandering into the transcendentalisms of the speciality which would require my attention if I were addressing an assembly of ophthalmic surgeons. I must therefore omit notice of many valuable suggestions which have not yet assumed the dignity of accepted practices and procedures, and are therefore unsuited to your position as general surgeons. The stimulus which eye surgery, or, as it is grandiloquently called, ophthalmology, has received has, as might be expected, produced an immense flood of theories, the truth of which has yet to be established, and of practices founded on them which have yet to undergo the test of experience. Furthermore, many of those suggestions which have received the approval of surgeons who apply themselves to the exclusive study of ophthalmic surgery are quite unfitted for the rough and ready purposes to which the ordinary run of surgeons would require to apply them, and are much too abstruse for you either to comprehend now or to make use of hereafter. Few of you can expect to possess either the special education to follow out the intricacies of ophthalmology—the *tactus eruditus* to effect its difficult manipulations—the confidence to deal with so delicate an organ as the eye, or the inclination to devote to its study the time and labour which is essential to proficiency. For all these reasons I shall aim at supplying you with such information as will enable you to give an accurate diagnosis and prognosis of eye disease, to render you independent of the aid of the oculist in your treatment of such cases as you will usually meet with, to understand and perform the most essential operations, and to add to your professional income by the practice of this amongst other special branches of your profession.

Disease as it is modified in the Eye.—The surgery of the eye, while it differs in some important respects which I am about to point out, resembles the surgery of other regions in all its fundamental characters. This fact is a necessary consequence of the physiological identity of its constituent structures, (those entering into the construction of the system generally), which, though they are apparently distinct, are in reality only varieties or modifications of the same tissues which exist elsewhere. The conjunctiva being simply a reflection of the epithelium of the surrounding skin altered into the condition of a mucous membrane, is subject to the same cuticular diseases, as in pustular and phlyctenular ophthalmia. It participates frequently in such eruptive diseases as small-pox and measles, and in herpetic and aphthous affections similar to those to which the mucous membranes of the mouth and lips are subject. Its inflammations are in great measure identical with those of mucous membranes elsewhere—catarrhal discharge, great swelling of the membrane, and the same purulent excretion as is common to the mucous membranes of the nose and bronchi. The sclerotic or fibrous coat, partaking of the same characters as in tendons, joints, and elsewhere, suffers from gouty and rheumatic diseases. The retina or nervous expansion, is also liable to the same sympathetic and functional disturbances as occur in the other organs.

In the eye we have exactly the same conditions of inflammation, exudation of lymph becoming organised and forming adhesions, or suppurating and being eliminated from the system as foreign matter; and all more or less amenable to the same course of treatment as when they occur in other organs. In point of fact, I repeat, the animal structures are in the eye modified as regards their uses, but still they are the same structures here as elsewhere, subject to the same diseases, and to be combated with the same remedial measures.

Every general principle which you will learn to apply to the treatment of local diseases elsewhere, will, with certain restrictions, be found proper to the eye, and must be borne in mind as closely in their application to ophthalmic surgery as in all other forms of disease.

But it is to be borne in mind that the eye possesses characteristics which make lesions which would be of the smallest import elsewhere of vital importance here, and which cause an inflammatory process which might be allowed to persist for weeks in other parts of the animal economy, without much consideration, in a few hours to inflict an irreparable injury.

These two qualities are transparency, and that peculiar form of nervous sensibility to light, reposed in the organ, and they are characteristics most vulnerable to all forms of disease. A pustule or an ulcer of the cornea, an exudation of lymph from the iris, or an inflammation of the retina, demand special and peculiar treatment, for if they were permitted to go on as they might do in another position, without any serious result, they would in the eye, while resolution was proceeding, imperil or destroy the transparency of the humours, or the sensibility of the retina. For this reason your treatment of eye affections must, speaking generally, be prompt while it is cautious, and vigorous while it must be judicious; and while you must be careful not to lose time by inefficient measures, you must guard against the mistake too frequently committed of overdoing your treatment, and thereby vitiating your results.

Injuries in the Neighbourhood of the Orbit.—Injuries in the neighbourhood of the orbit differ in their characteristics in no essential respect from those to other regions of the head, and I shall therefore leave your instruction in their treatment to my surgical colleagues, except so far as the result may be influenced by the neighbourhood of the eyeball itself. You will see fractures of the bones and concussion and injury of the brain as elsewhere. Amaurosis may be caused by blows outside the orbit. As the spine or brain may suffer disorganizing injury by the simple shock of violence without absolute rupture, so the optic nerve may be permanently paralysed by indirect concussion. Amongst the commonest causes of this injury are strokes on the temple or on the eyeball itself from a racket ball, or blows inflicted on nurses by the child in their arms unexpectedly raising its head. Thus may result instantaneous amaurosis, which was formerly attributed to an injury of the frontal nerve, but is now regarded as a molecular alteration in the nerve substance. It is frequently attended with dilatation of the pupil—either of the whole or a part—and may or may not present under ophthalmoscopic examination appearances of retinal injury. If the loss of vision be immediate and complete, the paralysis of the nerve may be diagnosed; and in such case, if the blindness persist for more than a few hours, relief is almost hopeless, but if any interval, however short, existed between the blow and the blindness, hope may be entertained that it is due to extravasation of blood either on the optic tract or within the eyeball, and that on the absorption of the clot vision may be partially restored.

The recollection of the existence of this lesion should make the surgeon careful of his prognosis when the retina is obscured by extravasation into the eyeball, because he may find if he succeed in removing the effused blood that the patient is permanently blind.

I have lately had a patient under my care who was struck partly amaurotic from a blow of a snowball on the forehead, but, as I have said, his retinæ present no lesion, and his symptoms of general paralysis point to the cerebrum as the seat of the injury.

Injuries within the Orbit.—It is only in the case of injuries within the orbit itself that the locality gives a special character to the accident. Proportionately as the external defences of the orbit are strong, so is its internal construction frail and liable to dangerous injury. The eyeball is so unyielding in itself, so mobile, and so much smaller than the cavity in which it is lodged, that a sharp instrument, such as the point of a stick or umbrella, is almost certain to glance off it, leaving it uninjured, and to pass deep into the orbit, where it meets only with structures of great fragility protecting the nervous centres and the ocular appendages. Internally the lachrymal sac is divided from the orbit only by the os unguis. Above, the anterior lobes of the brain are only protected by a thin expanse of the frontal bone, while above and externally is the lachrymal gland. It is easy to anticipate the result of violence from a penetrating object. So well understood was the weakness of this position, that in the day when the duel with small swords was common, fencers who wished to kill their adversary made the orbit their aim.

I need hardly recall to your minds a recent melancholy illustration of this fact which occurred in the person of one of your fellow students. This poor young man had received a violent thrust of a stick or umbrella in the orbit, and had suffered the following fatal lesions:—

On *post-mortem* examination, the wound on the head was found simply to be one of the scalp, but that in front under the eye showed the severe nature of the injury which caused death. The instrument, which must have been almost a blunt one, (and which afterwards was shown to have been an umbrella), penetrated under the eyeball, entered the inner side of the orbit, broke through the ethnoid and sphenoid portions of the cavity, and entered the floor of the skull. Opening the side of the cavernous sinus, and penetrating into the brain fully one inch or more deep, the upper and inner part of the orbit were completely broken up, and the under part of the left anterior lobe of the brain was ploughed up by the instrument in its course; there was a good deal, but not a very excessive amount of clot about the wound internally. The course and direction of the wound indicated what is hoped and supposed to be its fortuitous infliction, by the point of an umbrella used in the excitement of the moment; the anatomical formation of the parts, and the comparatively delicate structure of the bony walls, will easily explain how a very moderate amount of force would penetrate and cause the extensive and hopeless injuries inflicted in this instance, cutting off in the full promise of manhood and vigour one of the finest young men we have seen, whose amiable character had attached to him so many friends and fellow students.

Even if the brain be not injured we see the usual consequences of penetrating wounds elsewhere—extravasation of blood, suppuration or necrosis, with the complications of coma, convulsions, and strabismus, consequent on the vicinity of the great nervous centre.

It should be specially observed that even a fatal injury in this position may take place with very slight external lesion, and the prognosis of such cases should therefore be cautiously made. A careful search must be made for any missile or foreign body which might be broken off and remain in the wound, for if such be detected, it must be removed at once, before swelling sets in, if possible without destroying the eyeball, but if necessary even at the sacrifice of the eye. I shall show presently that the eye may be displaced to a great extent from its normal position without permanent injury to its usefulness, so that every attempt should be made by pushing it on one side to find the foreign body before excising the eyeball. In the cases recorded of sticks and other objects breaking short in the orbit, they have been found frequently so firmly fixed as to require great force to dislodge them. If the foreign body be small, such as grains of shot, the surgeon will, of course, not sacrifice the eye to the necessity for their extraction, as they may become encysted, or may pass away after more or less suppuration, taking often the openings of the spheno-maxillary fissure or maxillary sinus and being discharged into the fauces.

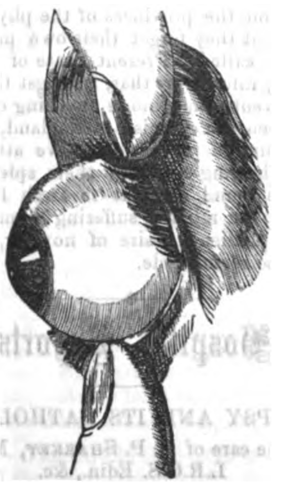
A case is related by Horstius of a man who discharged through the nostril an iron arrow-point which had been retained in the orbit for thirty years.

A penetration of the frontal or ethnoidal cells is often attended by emphysematous swelling of the lids, caused by the patient in attempting to blow his nose forcing the air into the neighbouring cellular tissues.

Treatment.—The treatment of penetrating wounds, fractures, and such like injuries will at once suggest itself, and is comprised in perfect quietude, low diet, gentle aperients, evaporating lotions, cataplasms whenever applicable, and washing out the cavity, if there be one, with the syringe.

Caries and necrosis of the bones are frequently caused by blows upon the edge of the orbit, especially in syphilitic and strumous patients, and are attended with similar symptoms and results as present themselves when these affections arise spontaneously.

FIG. 1.



In the majority of cases if the eye itself be not injured there is no loss of vision. If, however, a large body be lodged behind it, or if extensive infiltration of serum or deposition of pus take place, it may be protruded or even dislocated forwards. This displacement of the entire eyeball, which is illustrated in Fig. 1, copied from Mr. Haynes Walton's valuable treatise, is very rare, and arises when the eye is forced forwards until its equator passes beyond the palpebral opening, and when the orbicularis muscle and elastic structures close in behind it. Dr. Jameson communicated in 1853 such a case to the Surgical Society of Ireland, and I have myself seen the accident occur in the attempt to examine the posterior part of the eye when it was permanently extruded by a tumour. The tension of the optic nerve usually renders the eye for the time totally blind, but on its replacement vision is immediately restored. The reduction is effected by insinuating the thumb nail of one hand, or, if that be impossible, a curette, under the upper lid, and pressing the eye back by the other thumb placed against the cornea; but if this manœuvre should fail the outer canthus must be divided.

(To be continued.)

Original Communications.

ON THE DISMEMBERMENT OF PHARMACY FROM MEDICINE.

By M. Donovan, M.R.I.A.,
And Member of the Philadelphia College of Pharmacy.

ORIGIN OF PHARMACEUTICAL CHEMISTS.

In many of the former numbers of the Medical Press I have given sketches of the lives and practices of the chemists, or rather alchemists, of times long past, many of whom were either impostors or dupes of designing empirics. Yet their labours were productive of results which, in a succeeding age, were rendered useful to the world by men who, deriding the absurd pretensions of their predecessors, turned their discoveries to good account. Then appeared the pharmaceutical chemists, of whose origin and progress I have only been able to collect a few scattered notices, so little of their history has been recorded, and so deficient is that little of incident or interest; the important part is within the memory of the present age.

The learned Dr. James, the inventor, or rather the improver, of the powder which bears his name, about the middle of the eighteenth century, gives the following account of the origin of the pharmaceutical chemists, forgetful of the benefits conferred by them on society; but says nothing to the disparagement of quacks, of which class he himself was an egregious example. "I cannot dismiss this subject (says the doctor) without taking notice of the chymist—a word produced within this last half-century in the too rank soil of pharmacy, for want of due cultivation. For if the apothecaries had, in pursuance of their duty, taken care to prepare their own chymical remedies, this trade would never have been established as a distinct branch, nor would occasion have been given for the infinite frauds which are now daily practised."—(*Dispensatory.*)

Amongst the first who paid attention to pharmaceutical chemistry was the illustrions Conrad Gesner, an eminent physician, philosopher, and philologist, born at Zurich in 1516. Amongst the surprising diversity of his pursuits, he found opportunity to devise many new chemical processes, and amongst his numerous works we find a treatise on distillation. Boerhaave considered him a prodigy of learning; and from the universality of his knowledge in natural history he was styled the "German Pliny." He died of the plague in 1645, in the forty-ninth year of his useful life.

About this time many practical pharmaceutical chemists were to be found in England, whose province it was to make metallic medicinal preparations, and to distil quintescences and waters. George Baker, a London surgeon in 1576, says:—"I do know some excellent chemists, as one Mayster Kemmech, dwelling in Lothburie; another, Mayster Geoffray, in the Crouched Friers, men of singular knowledge in that way; another, named John Hester, the which is a paynfull traveyler in those matters, as I by proofe have seen, and used of their medicines to the furtherance of my pacients' healthes, and also one Thomas Hill."

John Rudolphus Glauber, a celebrated German philosophical chemist, born in the beginning of the seventeenth century, travelled much, as he informs us, in search of knowledge, and during his intercourse with the world seems to have acquired a hearty contempt for the generality of men, as is evinced by the continual ebullition of his misanthropic feelings throughout his works. He says:—"Because I have never aspired after vain riches and honours I might well be persuaded to leave my labours to others not yet hating the world;" yet he wrote his book "for the benefit of those who by war are reduced to poverty;" and as a reason for publishing such vast secrets, as he conceived his book to contain, he says that the burden of them is too much for him alone to endure. He denies that the philosophers' stone has the power of converting the baser metals into gold, but believes that it possesses the much more valuable property of curing "all distempers without distinction." He imagined that he had discovered an antimonial preparation which may be deservedly called an "universal medicine," so effectual is it in almost all diseases.

Glauber was an enterprising and indefatigable chemist; he was the inventor of several furnaces and other kinds of apparatus, as well as of many useful processes. That which has made him more generally known is his method of making muriatic acid, and the salt which bears his name. Up to his time muriatic acid was the most costly of all the acids, being obtained by the tedious process of distilling a mixture of common salt and potters' clay; to distil one pound of the acid occupied twenty or thirty hours, and consumed from 50 to 100 pounds of clay. He recommends this acid for a variety of domestic purposes: mixed with sugar it forms, in his opinion, an excellent sauce for roast meat; it makes meats delightfully acid, such as chickens, pigeons, and veal; beef macerated in it becomes in a few days tender, if previously tough; it preserves fruits for years, and makes raisins swell out to their original bulk as grapes. He recommends his sauce particularly tó be used with an old hen, which, he says, is thus rendered as tender as a chicken. (See his book, translated in 1652.)

The chemists of London very soon began to open shops like apothecaries, and to prepare those articles requiring fire and peculiar apparatus, of which the apothecaries had hitherto the sole manufacture. The chemists therefore named themselves "philosophers by fire;" and in several attacks made on them defended themselves with spirit and intelligence. William Salmon was one of these; he speaks of chemists' shops in 1685, his own being "at the blew balcony by the ditch near Holborn Bridge." His prices were certainly such as to return tolerable profit: for stomach tincture he charged 2s. 6d. per ounce; for tincture of iron the same; for sweet spirit of nitre and spirit of hartshorn the same; oil of turpentine, 6d. per ounce; Glauber's salt, 6s. per ounce; calomel, 2s. per ounce; laudanum (some peculiar kind of his own), 16s. per ounce. These were the halcyon days of chemists' profit.

But the chemists did not confine themselves to encroachments on the apothecaries, but soon tried how far physicians would bear an experiment. They defended themselves by affecting to believe that, as chemistry was not known in England when the Charter was granted to physicians by King Henry VIII., it is impossible that its prohibitions could have been directed against chemists; and they asked how should medicines be improved if the inventors of improvements may not use them for the benefit of the sick, and the doctors will not prescribe them because they are out of the beaten track. Nathaniel Mery was one of those chemists in 1683, and their apologist; he says, in his published "Plea for the Chemists," that the College had prosecuted him for curing diseases which they could not. They had already prosecuted others and failed. A pamphlet "On the Usefulness of Dispensaries," published in 1702, says:—"Chymists, distillers, astrologers, midwives, &c., have each their share of the practice of physic." Nay, they even made an attempt about this time to obtain an Incorporation Charter, and a privilege of exhibiting secret medicines of their own invention, but failed.

The competition of the chemists soon afforded medicines to the public at a much more reasonable rate than the apothecaries had been in the habit of charging. The pamphlet called "Calamities of the English in Sickness, &c.," 1707, says that the chymists charge but a shilling an ounce for spirits and tinctures, which apothecaries would mix and sell at five pounds.

"A Complete Course of Chymistry, containing not only the best Chymical Medicines, but a variety of useful Observations," was published in 1709 by George Wilson, Chymist, who, as he boasts, had been in business for half a century. He kept a chemical laboratory in Watling street in 1686, and published a folio sheet of advertisements containing the prices of all chemical medicines. He invented what he called his "tinctura antirheumatica," and defended himself for concealing its preparation. He says that modern physicians use chemical remedies, and their use is increasing. He describes "elixir cranii humani" and its preparation thus: put six pounds of human skulls, grossly powdered, into a retort; lute it, and distil in an open furnace; a salt, spirit, and oil come over; dissolve them after rectification in spirit of wine along with two ounces of moss of human skulls. This invaluable remedy is good against convulsions and hysterics; the dose is from five to one hundred drops.

From the same eminent authority we learn that hog-lice are good in jaundice, stone, and other complaints; and that tincture of ants creates courage, and excites the animal appetite.

This moss of human skulls, once in great repute, was called *usnea*. The celebrated Robert Boyle informs us that being attacked with a violent bleeding of the nose, which had resisted every remedy, he tried the true moss of a dead man's skull, which had been sent as a present from Ireland; by merely holding it in his hand the bleeding speedily stopped. Where and how Mr. George Wilson procured two ounces of this moss it is hard to conceive. Other writers inform us that no usnea can be relied on but that obtained from the skull of a man executed for murder.

About the commencement of the eighteenth century the apothecaries, in order to make good their losses by the encroachments of the chemist, began to invade the trade of the druggist, which was then merely the sale of simples. The druggists, determined not to submit without retaliation, immediately commenced the selling of compound medicines. The apothecaries were so busy in their own encroachments on the provinces of the physician, surgeon, and druggist, that they forgot their own proper business; and a pamphlet called "Present State of the Practice of Physic" (1702), informs us that, amongst the apothecaries, "it is one in twenty that knows anything of chemistry."

The pharmaceutical chemists of England, from small beginnings and humble pretensions, have attained to a high position in the healing art. In their splendid establishments is to be found all that research has supplied, or fancy imagined, for relief of suffering humanity, sufficient to satisfy the prurient desire of novelty, for which the present age is so remarkable.

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Hospital Reports.

DROPSY AND ITS PATHOLOGY.

Under the care of E. P. SHARKEY, M.B. Dub., L.R.C.S. Edin., &c.

Continued from page 505.

December, 1865.

Bridget M., æt. sixty, has been for a considerable time affected with ascites, which had been preceded by constipation and tympanitic distension. The constipation still continues. There is no enlargement of the liver perceptible, but an inward soreness is constantly complained of, referable principally to the epigastrium. The medicines tried in this case were acet. kali in mixture, in conjunction with pills containing powdered squill., pil. hyd. ā gr., and digitaline granul. j. (gr. 1-50), together with the use of pills of comp. coloc. mass. and res. podphyll., as a purgative to relieve the constipation. On the 26th, the accumulation of fluid was so distressing that paracentesis was performed, the operation being followed by diarrhœa for two days. A diuretic, containing tinct. scillæ was substituted for that with acet. kali on this account. The fluid accumulated again, and between this date and 21st April, 1866, paracentesis was performed, at intervals of three or four weeks, always at her own urgent request, in consequence of the distress experienced from the accumulated fluid, and after its evacuation the epigastric pain above referred to was felt more severely. After the last-mentioned date, the secretion seemed to have been arrested, and the operation never was necessary. The woman does the work of her house, carries vessels of water on her head from a distance, comes to market, a journey of three miles, and enjoys moderate health. She was tapped above a dozen times. October, 27th, 1868. She enjoys average health. The question naturally arising in connection with this case, but not easily answered is, what was the pathological condition out of which the ascites arose? And to what was the arrest of the fluid accumulation after the thirteenth tapping attributable?

A man of very fine mould, and more than average muscular development and strength, aged thirty-five, had been for some time previous to his present attack subject to attacks resembling ileus. He ascribes his present ailment to cold, caught from exposure during violent perspiration. *Symptoms:* Ascites, urine albuminous, sp. gr. ·1025. As his cabin presented few of the advantages desirable in the treatment of any serious chronic disease, with the single exception of healthy situation on elevated ground, I sent him to the County Infirmary, where he remained for a few weeks. While there he was attacked by apoplexy, as far as could be made out from his description, having been, as he alleged, "insensible for many hours, and rescued from death only by blisters to the nape of his neck and other active treatment whilst in the infirmary." The fluid accumulated so as to require tapping, which was performed and repeated there. He returned a few days ago. *Present state:* Fluid evidently accumulating again. There is no anasarca of face, limbs, or general cellular tissue. Urine passed in normal quantity; perspires freely sometimes, "especially after tapping." Sp. gr. of urine ·1025. ℞ calomel, pulv. scill., pulv. digitalis ā gr. i. M. Fiat pilula ter die sumenda.

To take pulv. jal. c. ʒij. occasionally for the relief of constipation.

July 9th.—Fluid having again accumulated he was tapped to-day, and 23 lbs. of fluid were drawn off.

The operation was repeated on the 17th, (22 lbs). The urine has changed its character, no albumen being discoverable by heat or nitric acid, although it becomes distinctly cloudy by corros. sublimate. Tapped again July 29th, to amount of 23 lbs.

℞ Acet. kali, ʒiij.
Spt. junip. c., ℥jss.
Spt. eth. nit., ℥js.
Aquæ font. ad. ℥8. M.

Hujus misturæ sumantur cochl. amp. ii. ter quotidie.

August 12th.—Tapped (23 lbs.) On 20th, a change of the character of the urine is noted, viz., it had become red and acid; specific gravity was ·1030. Rep. M. Diuret.

September 2nd.—Tapped (18 lbs.) The same treatment was continued, except that it was aided by the addition of decoct. spartaci, and pot. bitart. He was tapped for the last time, on the 12th, and died on 3rd January, 1868.

Here, I may observe, is a contrast to the preceding case, and one which would not be anticipated—a strong young man succumbing to disease seemingly not differing from that from which, after the same number of operations, an old woman had rallied and apparently recovered her health. If asked to assign a reason, I must frankly confess my ignorance. Most likely a *post-mortem* examination would have revealed the cause.

J. B., male, æt. thirty-six, habitually delicate in his chest, three weeks ago was attacked with bronchitic symptoms, viz., oppression of breathing and cough, for which he applied a blister, with the effect of promoting expectoration and diminishing the oppression. He has been always very susceptible of cold, which brings on cough, but in these intervals between the attacks has enjoyed moderate health. Has not at present any dyspnœa, palpitation, or distress, but his lower limbs have become anasarcous, and his urine is highly albuminous. A mixture containing ipecacuanha, antim. tart., and sp. eth. nitrosi, was prescribed, together with pills containing mass. pil. hydrarg., p. scill. ā gr. i. and digitaline, gr. 1-50.

June 28th.—Stomach much affected by mixture; swelling is increasing. ℞ Strychniæ gr. i., mic. panis q. s., fiat massa in pil. xx., sum. i. ter die; sum. quoque spt. eth. nitros ʒj., h. somni; imperial drink. On the 5th, the urine was tested, and found to be albuminous; specific gravity, ·1025.

℞ Acet. kali ʒiij.,
Spt. junip. c. ℥jss.
Eth. nit. ℥js.
Tinct. scill. ʒiss.
Aquæ ℥8.

The distress caused by the accumulation of fluid was so great that I scarified the legs and insteps. A great amount of fluid was discharged with great relief, and diminution in size of body and limbs; the operation was repeated on July 12th, 17th, and 20th, on account of the former cuts closing and consequent recurrence of his distress. The report on the 19th August was,—"serum has continued to run from the scarifications, and he is free from anasarca; is not taking any medicine except occasional aperients." On Feb. 7th, 1868, I noted as follows:—"The scarifications have all healed; there is no appearance of anasarca, except slight pitting on pressure of his legs, but his urine is highly albuminous. He has a comparatively healthy appearance."

Presuming, however, too much on this improvement, he exposed himself by working in his garden, and driving a couple of miles into town in a common cart; he thus brought on an acute attack, accompanied by sudden infiltration of all the tissues. When I saw him he laboured under orthopnœa and subcoma, showing pressure on the brain commencing. He died on 31st March, 1868.

This case is interesting, as showing how far a palliative measure can go in amending health and rendering life bearable. He presented a curious phenomenon for several months; like a leaky vessel, wherever he sat, stood, or moved about his cabin, even when standing before his glass, to shave, he had pools of fluid under him, and was obliged to have tubs under his feet, otherwise, to use his own expression, "his floor would have been flooded;" and yet when this leakage gradually dried up he presented a moderately healthy appearance, and comparatively enjoyed life, and would in all probability have done so for a longer period had he been in a rank allowing of more caution, care, and suitable diet.

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Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOV. 24TH, 1868.

MR. SAMUEL SOLLY, F.R.S., PRESIDENT.

Dr. **ALTHAUS** read a paper on

CERTAIN POINTS IN THE PHYSIOLOGY AND PATHOLOGY OF THE FIFTH PAIR OF CEREBRAL NERVES.

He said that the only two pairs of nerves the function of which was not yet accurately determined were the pneumogastric and the fifth, both of which were endowed with far more complex functions than the rest of their fellows, and were also less subject to disease, without simultaneous lesions of important neighbouring organs. We had been obliged, with respect to them, to trust to one of the two sources of our knowledge as regards nervous function—namely, the results of vivisections in animals; while the corrective influence of pathological observations had been wanting. He gave his reasons for considering the evidence derived from pathological cases, occurring in otherwise healthy adults, superior to that merely deduced from vivisections, and related the details of a very curious case of total loss of function of the whole fifth pair, unaccompanied by any other affection of cerebral or nervous matter, and which could be looked upon, in a certain sense, as a complete physiological dissection of the fifth nerve. The case occurred in an otherwise healthy Australian sheep-farmer, and was due to exposure to cold. There were at first symptoms of inflammation, and afterwards compression and atrophy of the nerve. The case came under the author's care about two years after the commencement of the affection. There was then total loss of muscular sensibility about the face, and a peculiar expression of the features in consequence of it. Vision was obstructed by leucoma of both corneæ; yet the patient suffered much from photophobia, although very little light could penetrate to the retina. An ophthalmoscopic examination of the fundus oculi showed the optic disk, as far as it could be seen, quite normal. The common sensation of the face and scalp was entirely lost in both sides. The sense of temperature was completely absent, and the senses of touch and locality were also lost. The conjunctiva was anæsthetic, the secretion of tears arrested, but there was pathological hypersecretion of conjunctival mucus. The mucous membrane of the nose was quite insensible, and its secretion much augmented. The sense of smell was in no way impaired. The mucous membrane of the mouth, including the tongue, was also anæsthetic. The secretion of saliva was arrested, but the flow of buccal mucus increased. The tongue had been severely bitten, as the patient was not at all aware of biting it whenever he did so. The sense of taste was preserved. The muscles of mastication were paralysed; and the patient complained of a rushing noise in the head, which was probably due to paralysis of the tensor tympani muscle, which is animated by the minor portion of the fifth nerve. The sense of hearing was normal, and there were no other morbid symptoms. The author, therefore, concluded that the pathological lesion was confined to the course of the fifth nerve between the pons Varolii and the Gasserian ganglion. It could not be more peripheral, because not a single fibre of the trifacial nerve had escaped the injury; and it could not be more central, because there was no symptom of disease of the pons. The treatment consisted in the systematic application of the continuous galvanic current. No medicine was given. After three months' treatment the patient was considerably improved in every respect, and his sight so much better that he could again guide himself in the streets, and follow a light occupation.

Dr. Althaus concluded by remarking, 1st. As to the researches of Magendie and Claude Bernard, who had endeavoured to prove that the olfactory was not the only nerve of smell, but that the fifth had a great deal if not everything to do with it, the author considered his case to prove the contrary. 2nd. Photophobia in this case had evidently little or nothing to do with the condition of the optic nerve or the retina, but was a neurosis of the corneal branches of the fifth nerve, and cured by galvanisation. 3rd. The question whether the sense of taste was dependent upon the glossopharyngeal nerve, or upon the lingual branch of the fifth, was one about which the greatest discrepancy existed amongst the best observers. The author thought his case proved that, although the special sensation of taste was due to the glossopharyngeal, yet the quickness of its perception was, in the anterior part of the tongue, materially enhanced by a normal condition of the fifth pair. 4th. The special kind of nervous influence by which the secretion of the mucous membranes of the eyes, nose, and mouth was *excited*, and by which it was *regulated*, had hitherto not been investigated. Ludwig had shown, with regard to salivary secretion, that branches of the fifth were the exciting, and sympathetic fibres the inhibitory nerves. The author thought his case proved that just the reverse obtained as far as the secretion of conjunctival, nasal and buccal mucus was concerned; and that for this latter function the sympathetic was exciting, and the trifacial inhibitory. 5th. The pathology of tinnitus aurium was obscure. The author believed it to be, if not always, at least frequently, a symptom of neurosis of the fifth nerve. 6th. The present case seemed to settle the question as to the precise way in which the continuous galvanic current acted on the nervous centres. Dr. Althaus had always thought that the galvanic impression was reflected from the peripheral branches of the fifth to the base of the brain. This was now proved to be correct; for it appeared that when the reflex function of the fifth pair was in abeyance, no cerebral symptoms could be produced by the application of a powerful current to the head or face, although the physical relations of the skull, brain, and blood-vessels had not been altered. The transmission of the continuous galvanic current to the brain was therefore effected, not physically, but physiologically, by nervous influence.

A discussion followed, in which the following Fellows took part:—Messrs. Carter, Soelberg Wells, Savory, Charles Moore, and Drs. Anstie, Broadbent, Russell Reynolds, and William Ogle.

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PATHOLOGICAL SOCIETY OF DUBLIN.

SATURDAY, DEC. 5TH.

DR. CHURCHILL, in the Chair.

DR. ROBERT McDONNELL brought under the notice of the society a remarkable tumour, which he had removed from the breast of a lady in October last: he also exhibited a drawing representing its appearance when removed. It was supposed to be of a malignant nature, and to the eye it presented all the appearance of a malignant growth; its large size, its dusky appearance, and the ramification of large veins over its surface, would at first sight warrant this conclusion. He found, however, that, notwithstanding its size, it was exceedingly moveable, that the glands in the axilla were not engaged, and that the upper portion, which was figured in the drawing as fuller than the rest, was a fluctuating cyst. The nipple was not retracted, and there had never been any discharge from it. The appearance of the lady was good, she was sixty-four years of age, but looked considerably younger. Taking all these circumstances into consideration, Dr. McDonnell arrived at the conclusion that the tumour was not of a malignant type.

Some time subsequently he punctured the cyst and drew off about two ounces of a clear but viscous fluid which came slowly through the troca. This fluid gave no trace of albumen either on the application of heat or nitric acid, but gave a copious deposit of mucin with acetic acid: on examining further he found that it was the contents of a mucous cyst as distinguished from a serous cyst. His colleague, Mr. Colles, having agreed with him that the tumour was non-malignant, it was accordingly removed on the 26th October.

The integument was so very thin and no where adherent, it was removed with the greatest facility. When the tumour was dislodged from behind, he considered it to be worthy of note, that only two vessels required to be secured by tortion; it weighed between 9 and 10 lbs. The drawing which was taken at the time very well delineated its bulk and characteristic colour: they could also see the large cyst laid open. From this the internal structure of the tumour was broken down, and the lower part only presented the original normal structure as it existed two years ago. At the commencement of its growth about a year ago, the patient received a blow upon it, since when it underwent a rapid growth, and it is probable that it is during this time that the internal structure has thus broken down.

The most interesting point in the pathology of this tumour Dr. McDonnell remarked was, its microscopic appearance, the original portion being composed of "the spindle-shaped cells of Virchow," which so closely resemble the structure of connective tissue cells.

The tumour no doubt belonged to the class of tumours which had been called cystic sarcoma by Sir Astley Cooper and sero-cystic sarcoma by Sir Benjamin Brodie, and now-a-days known as myxoma. The mucus which filled the cyst and the cells resembled that found in the vicinity of the submammary structure, and it was probable that the primary origin of the complaint was disease of the mucous tubes of the mammary gland. In this case the mammary gland was entirely gone. It was possible that this large cyst was originally one of the tubes of the mammary gland. It had in it a fluid which was essentially different from that found in serocysts, this being a mucocyst.

With regard to the diagnosis of this case, the points to be considered were the movability of the tumour, the non-retraction of the nipple, the mobility of the integument, the health of the patient, and the small amount of vascularity compared to the bulk of the tumour. These proofs of its non-malignant nature had been confirmed by the microscope, so as to leave no doubt that this tumour, notwithstanding its malignant look, really belonged to the class of benign tumours.

Dr. Bennett exhibited a specimen taken from the body of a man admitted under his care to Sir Patrick Dun's hospital, on the 9th September. This man had been caught by the handle of a broom working in a steam-engine, in the Dublin gas-works; the handle was driven slowly, but forcibly, into his abdomen over the anterior superior spine of the ilium, making a small oblique wound an inch and a half long, a simple linear incision without any ecchymosis or sign of bruising. The abdominal muscles were lacerated, and the resident pupil, who saw the case before him (Dr. Bennett), was convinced he saw the intestines protruding into the wound: the man suffered intense agony. It was remarkable, however, that his pulse was extremely good, which led him to conclude that there was no injury of any of the great viscera of the abdomen. The wound could be traced back along the transverse processes of the lumbar vertebræ to the false ribs. There was at the time of admission no paralysis, nor any indication of injury to the spine, further than the fact that the wound could be traced to the neighbourhood of the spine, and the intense pain which the man suffered: this was relieved by opium; great reaction set in. After a few days bad symptoms appeared; he had great fever, furred tongue, rapid pulse, and profuse suppuration from the wound; within the next seven or eight days he became delirious and passed urine involuntarily; still, if roused, he could move in bed and had no signs of paralysis; he rallied from this for a short time, but the case, nevertheless, terminated fatally on the 21st November.

During the first week of October he had repeated rigours, and Dr. Bennett suspected from the profuseness of the discharge that some foreign body had been carried into the wound, and a portion of his flannel vest, where the broom handle entered, was wanting. The man sank gradually from the profuse discharge. On opening the cavity he found that the peritoneum was not wounded; though the whole of the peritoneal surface was discoloured from the quantity of purulent matter outside it, there was no peritonitis. The ascending colon, where uncovered by peritoneal reflection, was adherent to the abdominal walls, but there was no appearance of any injury having happened to it. A great suppurating cavity existed between the abdominal muscles back to the spine, communicating with the wound, and as soon as this was emptied he found another fluctuating cavity in front of the transverse process of the lumbar vertebræ in the substance of the psoas muscle; between these cavities there was no communication. There was a small abscess in the left psoas muscle communicating through the body of the third lumbar vertebra with that on the right side. On opening the abscess in the right psoas muscle, he found a piece of dead bone; his first impression was that this was the result of caries following an injury of the spine. On making a section, however, he found that the body of the third lumbar vertebra was broken into two pieces. The anterior portion was detached and displaced slightly upwards and forwards, while the posterior portion of the body retained its relation to the arch of the vertebra. The two abscesses communicated through this part, and the portion of bone not dead was covered over with a lymph exudation. Inside the theca vertebralis a small quantity of lymph was found amongst the nerves of the cauda equina. The absence of any fracture of the vertebræ behind this line explained the absence of paralytic symptoms. Dr. Bennett drew attention to the mode of production of this injury, in which a direct fracture of the body of the vertebræ was produced without injury of the spinal canal, and without any wound of the abdominal cavity, by such an instrument as a broom handle which went four and a half inches into the man's body.

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Literature.

HEBRA ON DISEASES OF THE SKIN, Vol. 2nd (Sydenham Societies' Publications). London: H. K. Lewis, Gower street.

THE name of an author, when well known and appreciated, is a guarantee that his works deserve popularity, and if in addition to a home circulation of his literary labours they should fortunately attract the perusal of discriminating judges in a foreign land, and be considered worthy of translating and republishing, they must be assumed to possess unusual and marked merit. Professor Hebra has long been recognised as a diligent and successful observer in his special department. His treatise is a text-book in Vienna, and its re-publication by the Sydenham Society commands for it admission into the libraries of our profession through the British empire. To attempt reviewing such a work would be useless. Our readers' time will be more profitably employed by directing their attention to a few practical observations taken from its pages.

Professor Hebra, when describing the treatment of psoriasis, properly objects to Mr. Hunt's "summary method of procedure" in using arsenical preparations for skin diseases; at the same time he states—"It is nevertheless quite true that arsenic has a decided curative action in cases of psoriasis, and can make this disease undergo involution for a time, if not permanently." And although the remedy may be taken for months, or even years, without effecting a permanent cure, he asserts he has "never seen it give rise to any lasting injurious effects, even when given in pretty large doses." He prefers employing Fowler's or Pearson's solutions, and recommends the well-known Asiatic pill as a good formula to be tried for long-continued use. Of Donovan's solution he states:—"I have made trial of this preparation in various forms of cutaneous disease, but I have never seen it produce any very good results."

Regarding attacks of psoriasis confined to the region of the scalp, the following appears worth noting. Professor Hebra asserts he has "never failed to cure the complaint pretty quickly by having the part repeatedly washed with the spiritus saponatus kalicus, without making use of any other remedy." Such gratifying results in the removal of a troublesome and often tedious disease will no doubt lead to the adoption of this practice. We hope it may prove as successful in Ireland as in Vienna.

Our experience is altogether at variance with Hebra's statements with reference to mercurial eczema, and agrees with that of Pearson and of Sir George Alley; though fortunately attacks of genuine mercurial eczema are now of rare occurrence, still we have seen undoubted outbursts of eczema caused by the internal administration of mercurials. We quote the professor's opinion:—"As far as my own experience goes I can only admit the occurrence of hydrargyria from the local use of mercury, and may assert with confidence that no affection of the integument has ever been caused by the internal administration of any kind of mercurial drug."

The employment of sulphur and sulphuretted baths for attacks of eczema is still far too common. We fully coincide with the following observations on this point:—

"I am obliged to ascribe a very subordinate value to sulphur in the treatment of even the most favourable cases of this disease, while in many it is of no use at all, and in not a few actually does harm." "This remedy is particularly mischievous in all acute forms of the disease, in E. rubrum or impetiginosum with profuse secretion, and in all vesicular varieties. It is no use at all in milder forms of E. squamosum or papulosum, some cases of which may get well under sulphur, but without any proof that it is by means of sulphur." "On the whole, therefore, I would fain see sulphur expunged from the list of medicines for eczema, without, at the same time, wishing to dispute its well-earned reputation in the treatment of psoriasis, of prurigo, and of scabies."

In all questions relating to the history of cutaneous disease, the careful accuracy of the work deserves commendation. The descriptions of the affections are given with laboured truthfulness and minuteness. For his strong condemnation of the absurd system of attributing different forms of eruption to suppositious causes and fanciful diatheses, Professor Hebra deserves the highest praise. The remarks on treatment are always deserving of attention and respect, whilst we frankly admit that in this, the great end of all practical medicine, we cannot agree as fully with the statements of the learned professor as with the other portions of his valuable publication.

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Summary of Science.

[The Editor of this Summary wishes it to be understood that he is not responsible for the ideas, theories, or the correctness of statements made in any of the papers quoted in the compilation.]

ON A NEW SERIES OF CHEMICAL REACTIONS PRODUCED BY LIGHT.

(Specially Edited and Compiled for the Medical Press and Circular.)

By C. R. C. TICHBORNE, F.C.S., F.R.G.S.I., ETC.

TYNDALL has been performing some experiments which promise to be of great use in the hands of the chemists.

He manipulates as follows:—A glass tube, 2.8 feet long and 2.5 inches internal diameter, was supported horizontally. At one end of it was placed an electric lamp. The tube was closed by plates of rock salt, and subsequently by plates of glass. This is called by him the experimental tube. The experimental tube was connected with an air pump, and also with a series of drying and other tubes, used for the purification of the air.

A number of test tubes are then converted into *Woulf's* flasks by bent tubes, so that when partially filled, the liquid whose vapour was to be examined was introduced into the path of the purified current of air. The experimental tube being exhausted, and the cock which cut off the supply of purified air cautiously turned on, the air entered the flask through the tube of the Woulf's bottles. It then bubbled through the liquid and loaded itself with the vapour, after which the mixed air and vapour, passing from the flasks, entered the experimental tube, where they were subjected to the action of the light. The power of the electric beam to reveal the existence of anything within the experimental tube, or the impurities of the tube itself, is extraordinary. When the experiment is made in a darkened room, a tube, which in ordinary daylight appears absolutely clean, is often shown to be exceedingly filthy.

When the electric light was passed through the vapour of nitrite of amyle, curious clouds were observed to form near the place of entry. For a moment the tube was *optically empty;* but before a second had elapsed, a shower of liquid spherules was precipitated on the beam, thus generating a cloud within the tube. The cloud became denser as the light continued to act, showing at some places a vivid iridescence. The cloud, which shone with extraordinary radiance under the electric beam, was invisible in the ordinary light of the laboratory.

When dry oxygen or dry hydrogen was used as a vehicle, the effect was always the same. This effect is not due, therefore, to any interaction between the vapour of the nitrite and its vehicle. Professor Tyndall says that the molecule of nitrite of amyl is shaken asunder by certain specific waves of the electric beam, forming nitric oxide and other products, of which the nitrite of amyl is probably one. The brown fumes of nitrous acid were seen to mingle with the cloud within the experimental tube. The nitrate of amyl being less volatile than the nitrite, could not maintain itself in the condition of vapour, but was precipitated in liquid spherules along the trace of the beam.

A beam of solar light effects the decomposition of the nitrite vapour in a similar manner.

When, previous to entering the experimental tube, the beam was made to pass through red or yellow glasses, the effect was greatly weakened, but not extinguished. A blue glass augmented the precipitation. Hence the more refrangible rays are the more chemically active in this case.

The colour of the liquid nitrite of amyl indicates that this must be the case, it being distinctly yellow — in other words, the yellow portion of the beam is most freely transmitted. It is not, however, the transmitted portion of a beam which produces chemical action, but the absorbed portion. Blue, as the complementary colour to yellow, is here absorbed, and hence the more energetic action of the blue ray. The special constituent of the beam, which produces the decomposition, is shown to be arrested by the liquid.

Iodide of Isopropyl was decomposed with the separation of iodine.

Beautiful formed clouds were produced by operating on moist Hydrochloric, Hydrobromic, and Hydroiodic acids, which differed from the others. A family resemblance, however, pervaded the nebulæ of these three substances. It is said that the phenomena of the electric discharge through rarefied media could not compete in point of beauty and complexity with the appearances described in Professor Tyndall's paper.

(To be continued.)

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Gleanings.

RABBITS AND SPARROWS IN AUSTRALIA

The shortsightedness of man on this side of the world has recently become unpleasantly very remarkable in connection with one of his efforts at acclimatising English animals in this country. The rabbit, which you are aware is not indigenous to Australia, is now threatening to become a plague of almost Egyptian magnitude in the distant and thinly populated plains of the West. Only a year or two back not a rabbit was to be seen here, save as a curiosity in a hutch ; but the wild rabbit, most prolific of importations, has now so increased in numbers in some parts of the country that they threaten to starve the very sheep out of their runs. Mr. William Robertson, a large landholder and squatter near Colac, has been put to a cost of four or five thousand pounds in the as yet abortive effort to exterminate these now considered vermin, and he estimates that it will cost him 10,000*l*. in wages to trappers and killers before he will have achieved any marked success in abating the nuisance. At the same time they are spreading more or less in all parts of the country, and I have seen them scampering about even in gardens near Melbourne. As food they greatly affect some of the most beautiful of our flowers, —nothing, however, coming amiss to them, — and they are therefore becoming the terror of horticulturists. Now that the plague is on us in full force we can, of course, all very easily account for what no one foresaw. Any equally prolific animal, equally well circumstanced as to climate and feed, must become equally numerous in any country as thinly populated as ours. In England the wild rabbit meets with many destroyers ; here there are very few. In England rabbit-killing is sport ; here it is generally work to be paid for. Dead rabbits are daily hawked about the streets at 6d. each, and the market is always glutted.

The London sparrow is another importation against which we should also take up arms—so abundant are these birds now in every direction — but for a common belief that he earns his living by keeping down the caterpillars and noxious insects of our fields and gardens. Even he, however, has been "disputed on" in a paroxysm or two of a newspaper correspondence. One class of writers, led to the assault by a wrathful Presbyterian clergyman, sentences the sparrow without benefit of clergy as a wholesale thief and glutton of every kind of fruit, and denies that he has any sufficently redeeming merits as an insect destroyer. It must certainly be admitted by the London sparrow's best friends —of whom I profess myself one—that in his moral qualities of impudence and shrewdness he does not degenerate in this climate. He is equally at home among the fowls in your farmyard—astonishing some grave old hen by withdrawing a choice morsel from under her very beak—or in making a raid on your vineyard or cherry trees just as the fruit is ripening, of which process he always keeps himself well informed by experiment. I have, notwithstanding, such a sneaking kindness for this humorously audacious little vagabond—we have been so long acquainted, and seem to have emigrated together—that I have long since tacitly admitted him into partnership (not a sleeping one) in all the fruit of my own garden, being quite unable, even if I were willing, to shake off his attentions. Not by the majority, however, is the sparrow equally respected ; and it is not more certain that the cherry season will come round again in a month or two than that the Presbyterian clergyman and his party will come round with it.—*Melbourne Correspondent of Times.*

Groundless Charge against a Medical Officer.— A special meeting of the Roadford Dispensary Committee, in the Ennistymon Union, was held to investigate a charge of neglect of duty brought against the Medical Officer, Dr. William Ryan, by the Rev. Mr. Morris, Roman Catholic curate. Col. M'Namara, Capt. Armstrong, Mr. Lucas, and several other members were present. After a long investigation, the committee came to the unanimous conclusion that there was no neglect of duty on the part of Dr. Ryan, who was at all times a most attentive officer in the discharge of his duties. This public acknowledgment of the zeal and attention of Dr. Ryan to the poor of the district is most gratifying, while at the same time it shows the utter groundlessness of such a charge, and gives reason to suppose there was some other object for bringing it than pure love for the poor.—*Nenagh Guardian.*

By telegrams of yesterday's date we learn that France, as one of the countries represented at the Conference of Geneva on the subject of the care of the wounded in war, has manifested a desire that a further extension should be given to the proposed neutralisation of the ships set apart for the hospital service.

GLEANINGS IN TOXICOLOGY.

No. II.

ON POISONING BY COLOCYNTH.

By Charles Meymott Tidy, M.B., M.S.
Joint Lecturer on Chemistry at the London Hospital.

Mrs. P., a young married woman, had all her life enjoyed fair health. She had, however, suffered from a slight cold, and had passed nearly a fortnight over her usual monthly period. Talking with her landlady and another friend, she asked them what was a good thing to take, upon which her friend remarked she had heard "bitter apple" recommended. This was on the afternoon of the 5th of November. She took threepence out of her pocket, and asked her friend to purchase some for her, which she did at a neighbouring chemist's. She brought it home and gave it deceased. When she took the drug it is impossible to say, as there was no evidence on this point. She was seized, however, early the following day with violent purging and vomiting, which never ceased until her death, which took place on the 7th of November.

Dr. Godfrey made an examination of the body, and reports that all the viscera were healthy. The uterus with its appendages, and the stomach and its contents, were forwarded to me for examination.

The uterus was unimpregnated, and seemed to me slightly congested. The stomach was preternaturally pale, and contained about 16 oz. of a light, yellow fluid, which smelt of digesting matter, and had a slightly acid reaction. I allowed the sediment to collect, and then examined it under the microscope, but was unable to detect any substance having the structure of colocynth. I then endeavoured to extract the bitter principle with alcohol, but was again unsuccessful.

Colocynth is imported in the form of a dried fruit, but is usually sold as a powder, having a yellowish white colour. Three pennyworth is a somewhat vague quantity, but I found that somewhere between two or three drachms is usually sold for that sum. The chemist of whom this sample was bought said at the inquest that he never gave more than a drachm for threepence.

Upon experiment I found that one grain of colocynth was the smallest possible quantity that could be detected in 10 oz. of a liquid made up of coffee, &c. Three drachms and a-half was, I found further, the smallest quantity that would prove fatal to a dog, in one case in eighteen hours, in a second in twenty-two, in a third in thirty-six hours; but its action is so uncertain, on account of the excessive vomiting that occurs, that frequently animals will recover after having taken a very much larger dose. Orfila relates the case of a man who recovered after having taken 3 oz. of the powdered colocynth for a gonorrhœa—and Christison the case of a woman who died in twenty-four hours after swallowing a teaspoonful and a half. Clearly then the action of colocynth is very uncertain, and so also is its detection after death; I found it in every case in the evacuations, but only in the stomach provided death occurred within twenty-four hours.

The symptoms in animals come on after a short time, somewhere between one and three hours. Vomiting generally occurs first, and diarrhœa follows rapidly upon it, a considerable quantity of blood being invariably evacuated. There is evidently, in most cases, severe pain, and the pupils were in all cases contracted. I have occasionally noticed giddiness and extreme languor, but in no case convulsions.

The *post-mortem* appearances are variable in the extreme. As a rule, the stomach and duodenum are highly congested, and large ulcers are occasionally met with in the stomach. But in other cases, the appearances are precisely the reverse of this, the stomach and intestines being paler than usual, with this exception, that the rectum was in every instance considerably inflamed. Occasionally traces of inflammatory action are to be found in the bladder and kidneys. I have not noted anything abnormal in the other viscera.

I do not regard, therefore, failing to find the poison in this case as proof that death did not result from it, inasmuch as forty hours must at least have elapsed between the time she took the poison and death. Indeed, on the contrary, the vomiting and violent purging, the bloody stools, as noticed by Dr. Godfrey, the pale stomach which I have referred to as not unusual; the previous good health of the woman, the certain evidence the drug had been bought, and she herself ascribing her illness to having taken it, leave no question in my mind that the cause of death was from the colocynth. And from all I can gather, it is the smallest quantity on record that has produced a fatal result.

On Poisoning by Opium.—In consequence of the facility with which opium in one form or another can be obtained, it is not surprising that more cases of poisoning occur with this drug than with any other. It seldom happens, however, that it is given in order to commit murder, as nearly all the cases are suicidal, except in some few instances where it has been administered to induce stupor, in order to facilitate the commission of other offences.

The two following cases that have occurred in my practice within the last few months present several points of very great interest to the medical jurist.

A young man, J. E. H., aged twenty-eight, living in the country, had led a somewhat irregular life, and suffered from time to time with fits of melancholy. One night he retired to rest somewhat earlier than usual, his relatives remarking that he seemed brighter and better than he had for some time past. In the morning, not appearing at breakfast at the usual hour he was accustomed, his friends went up-stairs to call him, and were alarmed at finding him in a perfectly comatose state. A medical man was sent for, and, (quoting his words in a letter he addressed to me,) "he seemed in a deep sleep, with a warm skin and frequent pulse, with contracted pupils, the reflex functions being active." He succeeded in rousing him slightly, when he said he had taken laudanum. Of this, however, there was not a doubt, for there was a recently emptied bottle on the table labelled "laudanum," and by its side a tumbler from which he had evidently drunk it. Every means to recover him was of course tried, but he died at 10 p.m. It is difficult to say precisely the interval of time that had elapsed between death and the taking the drug, but it must have been somewhere between fourteen and twenty-four hours.

The following day, by the coroner's orders, I had the stomach and its contents sent me. I was unable to detect any smell of opium: I examined the stomach and it seemed healthy. I then made an analysis of one half of the stomach for morphia and meconic acid, but could not detect the slightest trace of either. I then retraced my steps, and repeated the whole of the experiments on the remaining half, but again was entirely unsuccessful. I need scarcely add that I examined it systematically as I always do, for both mineral and organic poisons, but with negative results.

The second case I wish to refer to was one that excited a great amount of public interest from the mystery that seemed to surround it.

A policeman, whilst on his rounds early one morning in the neighbourhood of Hackney Wick, discovered the body of a man in the cupboard of an unfinished house. At the inquest it was proved to be a man who had escaped some four months previously from a lunatic asylum at no very great distance from the spot where he was found.

At the request of Mr. Humphreys, Mr. Gant, of the Royal Free Hospital, made a *post-mortem* examination of the body, and although it was in a somewhat advanced state of decomposition, he was unable to detect, in his opinion, sufficient cause for death. The stomach was then forwarded to me, by the coroner's orders, for chemical examination, as well as a bottle found by the side of the deceased, labelled "Laudanum, Poison." The bottle was perfectly dry, and merely had adhering to its side a small quantity of a brown deposit, an appearance not unfrequently seen on bottles in which laudanum has been kept. This deposit I tested, and found to be opium. The stomach was dried up, and it was impossible, owing to its semi-decomposed state, to make out any peculiar *post-mortem* appearances. It merely seemed covered internally with a brownish red matter. One half I submitted to analysis, and detected morphia in considerable quantity, as well as a trace of meconic acid. These results I afterwards showed Dr. Letheby with the other half, and he confirmed my analysis.

These two cases may be regarded as typical cases of opium-poisoning. In the one, although it is a moral certainty that death resulted from the action of opium, the man confesses he has taken it—by his side is the empty bottle, and the glass from which he drank the laudanum is on the table—and yet chemical analysis entirely fails to detect it. In the other, although a long period has elapsed since death, there is no difficulty in its detection.

And now the question naturally suggests itself, Why in one case is its discovery so easy and so certain, and in a second so difficult, indeed I may venture to add, impossible? There is but little doubt that the true explanation depends on the length of time that has elapsed between death and the exhibition of the poison. The action of the living stomach on opium, and as I shall point out in future papers, on organic poisons generally, is active and rapid. The poison may be taken, absorbed, and circulated, and yet if a sufficiently long time has passed, the medical jurist will probably fail to obtain any evidence whatever of its existence.

I will not attempt here to speculate on the causes of all this. It may be that the poison has been removed out of the reach of analysis, passing off by the secretions and excretions, if life be sufficiently prolonged—it may be that the quantity taken when distributed throughout the whole body is not in sufficient quantity in any one part, such as is submitted to analysis, to be discoverable; whereas, if we could experiment on the whole body we might find it; it may be that these poisons locate themselves in special parts of special viscera—or it may be (and such I deem most probable) that organic poisons when present in the living blood and the living stomach are really decomposed.

But on the other hand, I do not hesitate to state that the dead stomach has no action on opium, or upon organic poisons generally, which fact, as I believe it to be, I purpose dwelling upon at greater length afterwards. Here, at anyrate, is an illustration that a man has been dead four months, and yet opium is detected without difficulty. I believe Dr. Letheby has had several other cases in which he has found it after a still longer period. And thus we were able to draw the following conclusion in this curious case :—"That the man died from the effects of opium poisoning, and that he died very shortly after having taken the drug, or otherwise it would not have been discoverable."

I should wish here, briefly to allude to the detection of opium, (or rather of morphia and meconic acid) in organic mixtures. My own experience is that the morphia is far more readily detected than meconic acid. The plan occasionally recommended of decomposing the plumbic meconate with diute sulphuric acid, seems to me a very unsatisfactory and questionable mode of proceeding. Certainly it is far preferable to suspend the precipitate in a *small* quantity of water, and then decompose it by passing a stream of sulphuretted hydrogen through it. The length of time this method takes may be an oblection to some. Meconic acid, I think, is broken up by the presence of a trace of free sulphuric acid. And further, if this mode of examination is adopted, the less water that is employed for suspending the impure neconate of lead the better, so that the application of heat to the neconic acid solution may be in this way rendered necessary.

Perhaps the best plan is to throw the precipitate, filter and all, into a mortar, and rub it up with either sulphate of soda, or what I am disposed to think is even preferable, namely, carbonate of soda, mixing it with a small quantity of water, uhtil a liquid is produced, having the consistency of a thick cream; allow this to remain about four or five hours, and then take up the neconic and set free by shaking with alcohol. The filtered liquid may then be tested.

I may venture, however, once again to repeat what I have already stated, that I believe in opium poisoning; it is quite possible to obtain very decided reactions of the alkaloid and yet fail to detect neconic acid.

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Wheaten Flour.—At a meeting of the Metropolitan Association of Medical Officers of Health on Saturday, objections were strongly urged against the use of flour separated from the husk, as is at present the custom for bread-making, especially in the preparation of children's food. The loss of the phosphates and gluten thereby was much deplored, and the use of entire wheaten flour—that is, the bran being very finely ground and dressed with the ordinary flour—advocated. We have submitted to analysis the entire wheaten flour prepared by Messrs. Chapman & Co., of Hatcham, and fully concur in the remarks made at the meeting on Saturday; at the same time we would suggest that the house mentioned should tempt the public by offering their flour in bulk at as low a price as they consistently can, in preference to the pound packets, which appears to be their present mode of sale.

The Siamese Twins arrived in Liverpool from New York on Saturday last, and intend forthwith to again become the objects of a public exhibition in some of our chief cities, prior to the surgical separation, which is the primary cause of this second visit to our shores.

Bequests to Medical Charities.—Mr. John Bairstow, a manufacturer of Preston, who has just died at the age of ninety, has made the following among numerous charitable bequests :—Preston and County of Lancaster Royal Infirmary, 20,000*l.*; Medical Benevolent College, London, 200*l.*; and to the Northern Counties Asylum for Idiots at Lancaster, he leaves 5,000*l.*

Discovery in Regard to Blood-letting.—A "Clinical Lecture on a case of Epilepsy and Vertigo, in which Blood-letting was employed with advantage," is reported. The lecturer is no less distinguished a personage than Dr. C. Handfield Jones. A new light appears to be dawning on the profession with reference to the therapeutic action of venesection. The practice has now been discarded long enough to render blood-letting a comparative novelty, and the knowledge of its curative power, which was common-place with our grandfathers, is to be recovered by fresh observation and promulgated as original, to swell the current of progress which is the boast of the present age.—*Pacific Medical Journal.*

The Poison of Toads.—Some European savans have discovered what was known a thousand years ago, but has been almost lost in modern times, that the toad carries an active poison in its parotid region, almost as deadly as the curare. We opine that schoolboys in the Atlantic States are proof against it, or, at least, that it is not capable of any greater injury than the production of warts, which a popular notion attributes to the handling of the reptiles.—*Pacific Med. Jour.*

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 23, 1868.

EDUCATIONAL REFORM.—No. IV.

IN our last two articles we pointed out that the institution of a single and uniform set of examinations for the bestowal of a minimum qualification to practise, and the publication by the Medical Council of a single code of regulations, were the essential and fundamental changes which would introduce order and method into our educational system. The difficulty of obtaining these changes —the former especially—we fully recognised ; but as the difficulty is not insurmountable, we proceeded to point out the beneficial results which the changes would produce. On three of these—the abolition of schedules, the substitution for schedules of a general certificate vouching for good conduct and satisfactory study and signed by the Dean, and the reduction of lectures to their proper level— we touched in the last article. The present article will be occupied with the consideration of three other advantages which would flow from the simple measures recommended in the Report of the Medical Teachers' Association. These are, the definition of the work required from the student, harmony between the curriculum established by the Medical Council and the curricula of our Universities, and the introduction of a single title in the place of a number of separate titles of variable and uncertain values.

In the present advanced state of scientific and medical knowledge it is utterly impossible for the student, in the limited time at his disposal, to master all the subjects which are crowded into the curriculum. In less than four years he has to obtain an acquaintance with chemistry, botany, materia medica, anatomy, physiology, pathology, medicine, surgery, hygiene, forensic medicine, midwifery, diseases of the eye, diseases of the ear, diseases of the skin, diseases of the throat, and diseases of the mind. In point of fact, the curriculum is often got through in less than three years, as the regulations of the English Licensing Bodies permit the student to pass one year or eighteen months with a registered medical practitioner. The recommendation of the Medical Council that there should be four years' professional study contemplated four years' study at really educational institutions ; but, owing to the Medical Act conferring a merely permissive authority over the licensing bodies, this important regulation is set at nought. If the authority of the Medical Council were made absolute over the corporations, four years' medical study would be insisted upon and divided into periods. At the end of each period there would be an examination, and no one would be able to count study in the second period before he had passed the examination terminating the first period ; or in the third period (if there were three) before he had passed the examination terminating the second period. This point is also recommended in the Report of the Medical Teachers' Association, and judging from the remarks of the speakers at the last two meetings, there appears to be a pretty general agreement that four years' *bonâ fide* study are not more than sufficient for obtaining a theoretical and practical knowledge of the profession. Add to the division of the four years into periods the definition of the knowledge required from the student, and a very satisfactory arrangement is obtained. The latter desideratum is so well put in the Report to which we have referred, that we extract the passage.

"We are of opinion that the controlling authority ought to define with very much more precision than is now used, within what area of knowledge candidates for minimum qualification are to be examined—to what exact extent in chemistry, to what exact extent in physiology, to what exact extent in forensic medicine, and so forth. We would insist that examinations should be thoroughly searching and strict within the area to which they purport to extend ; and it is in order to this object that the examiner's requisition of knowledge should, in the first instance, be well defined. The present programme, unless it be understood with modifications which are not expressed in it, is, we think, too pretentious for its object. We cannot hope (much as we might wish) that everyone entering upon practice in the United Kingdom shall have thoroughly mastered all the studies which are now nominally comprised in his curriculum—all the botany, physics, and chemistry, all the anatomy and physiology, all the forensic medicine and pharmacology, &c. ; but if the requisition of the examining authority in regard of each such subject matter were defined in the manner we suggest, a really thorough knowledge within that more limited area might, we think, be made indispensable, and very advantageously be substituted for smatterings of larger pretension."

The next advantage of an uniform code of regulations issued by the Medical Council would be the harmony which would thenceforth exist between the curriculum of the Medical Council and the curricula of the Universities. We cannot but think that the classification of subjects and examinations adopted by the University of London is essentially correct and logical. To obtain the degree of Bachelor of Medicine four examinations must be passed : the first in general education, the second in scientific knowledge, the third in knowledge of the anatomy, physiology, and chemistry of the human body and in knowledge of drugs, the fourth in diseases and the methods of cure. The knowledge embraced under both the two first heads can be acquired away from an hospital—at the universities, at schools, at colleges, and by private reading and tuition. It seems, therefore, an unsound principle to require students to come to a medical school to learn what they can learn as well elsewhere, and equally illogical to mix up general science with science applied to the human body. For these reasons we contend that botany, elementary chemistry, and physics should be removed from the purely medical curriculum, and should be learnt, so far as may be considered necessary, previously to anatomy and physiology. If this view be sound, the only question to be decided is—How much botany and how much chemistry and physics should be required. Opinions on this head greatly vary. Some are for the devotion of nearly a year to the study of these subjects; some would add comparative anatomy as the basis of human anatomy; some would get rid of botany altogether, as useless to the medical man and derogatory to the profession of medicine, because it forms a connecting link between medicine and herbalism. For our own part, though differing from Dr. Parkes as to the mode of arrangement of the subjects of study, (for he still retains botany in the first summer session), we think, with him, that "it is futile to suppose we can ever insist on a *special* scientific education for those who desire to enter the medical profession." We should be content to take the amount of botany, elementary chemistry, and physic, at his standard, merely providing that it should be acquired before the strictly medical studies. The amount of knowledge of these subjects would be as clearly defined as it is in the calendar of the University of London. On comparative anatomy we would not insist. The botanical knowledge should embrace morphology and vegetable physiology, the natural orders being omitted altogether and incorporated, as far as they are required at all, with materia medica. The knowledge required in natural philosophy and chemistry would not greatly exceed the amount demanded for the matriculation examination at the London University. Putting all the preliminary scientific work together, we believe it might all be learnt in a few months—six at the outside—but most probably in only three or four. The best men would easily pass in these subjects at the same time as they passed in general education; but those who found the general and scientific knowledge together too much for them could take up these subjects separately.

The limits of our space prevent our entering more at large into this subject in the present article, and therefore we must reserve its further consideration, passing on now to the last advantage which we specified as likely to result from having an uniform minimum qualification and a single code of regulations for it. This was the introduction of a single title in the place of a number of separate titles of variable and uncertain values. At the present time there are a number of different titles evidencing complete or partial qualification, representing different amounts of knowledge and severity of examination, taking different ranks in the estimation of the profession and the public, and leading the minds of the uninitiated into a fixed contempt for alphabetical combinations.

There is a vast amount of jealousy introduced into our ranks through the existence of so many titles, and interminable discussions go on about the right of licentiates of colleges and bachelors of medicine to the title of doctor. If there were one qualification which all were obliged to take, one title could be given in respect of it, fixed by absolute authority. The greater number of medical men would content themselves with this one qualification; others of a more ambitious turn, and destined for the higher walks of the profession, would plume themselves with college fellowships and university degrees.

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THE CAT.

We are amongst those who cannot restrain a feeling of indignation when we remember how many a brave soldier and sailor has been demoralised by the application of a punishment only fit for the most depraved criminals. Only those who have witnessed the tortures inflicted on the triangles can form a just opinion on this subject. We have no sympathy at all with the superfine officers who think "the cat" the only means of maintaining the discipline of the service, and we believe that such officers must have irremediable deficiencies, which ought to prevent them holding commands. Discipline depends to a large extent on the qualities of commanders, and those whose authority depends on flogging could best serve their country by selling their commissions.

A contemporary that has often given expression to similar views, has recently produced a very flippant article in which the sufferings produced by the punishment under consideration are rather ridiculed than otherwise. How the article in question came to appear we shall perhaps never know, but it is scarcely worth noticing except incidentally.

Those who can best judge all agree with us. Those of our brethren in the Army and Navy who have been required to witness the degrading tortures, unequivocally condemn it. This we could prove by abundant testimony, and indeed it has been shown over and over again, never more distinctly perhaps than in a little volume entitled "Medical Life in the Navy," which has lately been published. The work is by Dr. W. Stables, and abounds in much interesting and useful information, so that we can heartily commend it to our readers. It is neither large nor pretentious, but will afford a very pleasant half day's reading. We propose to give the author's views on the "cat" as a sample of his style, and at the same time a sufficient enforcement of the opinions we have expressed.

Dr. Stables thus writes:—

"I do not believe I shall ever forget the first exhibition of this sort I attended on board my own ship; not that the spectacle was in any way more revolting than scores I have since witnessed, but because the sight was new to me. I remember it wanted fully twenty minutes of seven in the morning, when my servant aroused me. 'Why so early to-day?' I inquired as I turned out. 'A flaying match, you know, sir,' said Jones. My heart gave an anxious 'thud' against my ribs, as if I myself were to form the 'ram for the sacrifice.' I hurried through with my bath, and dressing myself as if for a holiday, in cocked hat, sword, and undress coat, I went on deck. We were at anchor in Simon's Bay. All the minutiæ of the scene I remember as though it were but yesterday. The morning was cool and clear, the hills clad in lilac and green, sea-birds floating high in the air, and the waters of the bay reflecting the blue of the sky and the lofty mountain sides, forming a picture almost dreamlike in its quietness and serenity. The men were standing about in groups, dressed in their whitest of pantaloons, bluest of smocks, and neatest of black silk neckerchiefs. By-and-bye the culprit was led aft by a file of marines, and I went below with him to make the preliminary examination, in order to report whether or not he might be fit for the punishment. He was as good a specimen of the British marine as one could wish to look upon—hardy, bold, and wiry. His crime had been smuggling spirits on board. 'Needn't examine me, doctor,' said he; 'I ain't afeard of their four dozen; they can't hurt me, sir—leastways my back you know—my breast though; hum-m!' and he shook his head, rather sadly I thought, as he bent down his eyes. 'What,' said I, 'have you anything the matter with your chest?' 'Nay, doctor, nay; it's my feelins they'll hurt. I've a little girl at home that loves me, and—bless you, sir, I won't look her in the face again no-how.' I felt his pulse. No lack of strength there, no nervousness; the artery had the firm beat of health, the tendons felt like rods of iron beneath the finger, and his biceps stood out hard and round as the mainstay of an old seventy-four. I pitied the brave fellow, and—very wrong of me it was, but I could not help it—filled out and offered him a large glass of rum. 'Ah! sir,' he said, with a wistful eye on the ruby liquid, 'don't tempt me, sir. I can bear the bit o' flaying athout that; I wouldn't have my messmates smell Dutch courage on my breath, sir; thankee all the same, doctor.' And he walked on deck and surrendered himself. All hands had already assembled, the men and boys on one side, and the officers, in cocked hats and swords, on the other. A grating had been lashed against the bulwarks, and another placed on deck beside it. The culprit's shoulders and back were bared, and a strong belt fastened around the lower part of the loins for protection; he was then firmly tied by the hands to the upper, and by the feet to the lower grating; a little basin of cold water was placed at his feet; and all was now prepared. The sentence was read, and orders given to proceed with the punishment. The cat is a terrible instrument of torture; I would not use it on a bull unless in self-defence; the shaft is about a foot and a-half long, and covered with green or red baize according to taste; the thongs are nine, about twenty-eight inches in length, of the thickness of a goose-quill, and with two knots tied on each. Men describe the first blow as like a shower of molten lead. Combing out the thongs with his five fingers before each blow, firmly and determinedly was the first dozen delivered by the bo'swain's mate, and as unflinchingly received. Then, 'one dozen, sir, please,' he reported, saluting the commander. 'Continue the punishment,' was the calm reply. A new man and a new cat. Another dozen reported; again the same reply. Three dozen. The flesh, like burning steel, had changed from red to purple, and blue and white; and between the third and fourth dozen the suffering wretch, pale enough now, and in all probability sick, begged a comrade to give him a mouthful of water. There was a tear in the eye of the hardy sailor who obeyed him, whispering as he did so, 'keep up, Bill; it'll soon be over now.' 'Five, six,' the corporal slowly counted—'seven, eight.' It is the last dozen, and how acute must be the torture! 'Nine, ten.' The blood comes now fast enough, and—yes, gentle reader, I will spare your feelings. The man was cast loose at last and put on the sick-list; he had borne his punishment without a groan and without moving a muscle. A large pet monkey sat crunching nuts in the rigging, and grinning all the time; I have no doubt he enjoyed the spectacle immensely, for he was only an ape.

"Tommie G—— was a pretty, fair-skinned, blue-eyed boy, some sixteen summers old. He was one of a class only too common in the service; having become enamoured of the sea, he had run away from his home and joined the service; and, poor little man! he found out when too late that the stern realities of a sailor's life did not at all accord with the golden notions he had formed of it. Being fond of stowing himself away in corners with a book, instead of keeping his watch, Tommy very often got into disgrace, spent much of his time at the mast-head, and had many unpleasant palmer rencounters with the corporal's cane. One day, his watch being over, he had retired to a corner with his little 'ditty-box.' Nobody ever knew one-half of the beloved knicknacks and valued nothings he kept in that wee box; it was, in fact, his private cabin, his sanctum sanctorum, to which he would retreat when anything vexed him; a sort of portable home, in which he could forget the toils of his weary watch, the giddy mast-head, or even the corporal's cane. He had extracted, and was dreamily gazing on, the portrait of a very young lady, when the corporal came up and rudely seized it, and made a very rough and inelegant remark concerning the fair virgin. 'That is my sister,' cried Tommy, with tears in his eyes. 'Your sister,' sneered the corporal; 'she's a ——,' and he added a word that cannot be named. There was the spirit of young England, however, in Tommy's breast; and the word had scarcely crossed the corporal's lips, when those lips, and his nose too, were dyed in the blood the boy's fist had drawn. For that blow poor Tommy was condemned to receive four dozen lashes. And the execution of the sentence was carried out with all the pomp and show usual on such occasions. Arrayed in cocked hats, epaulets, and swords, we all assembled to witness that helpless child in his agony. One would have thought that even the rough bo'swain's mate would have hesitated to disfigure skin so white and tender, or that the frightened and imploring glance Tommy cast upward on the first descending lash would have unnerved his arm. Did it? No, reader; pity there doubtless was among us, but mercy—none. Oh! we were a brave band! And the poor boy writhed in his agony; his screams and cries were heartrending; and, God forgive us! we knew not till then he was an orphan, till we heard him beseech his mother in heaven to look down on her son, to pity and support him. Ah! well, perhaps she did, for scarcely had the third dozen commenced when Tommy's cries were hushed, his head drooped on his shoulder like a little dead bird's, and for a while his sufferings were at an end. I gladly took the opportunity to report further proceedings as dangerous, and he was taken away to his hammock. I will not shock the nerves and feelings of the reader by any further relations of the horrors of flogging, merely adding, that I consider corporal punishment, as applied to men, cowardly, cruel, and debasing to human nature; and as applied to boys, brutal, and sometimes even fiendish. There is only one question I wish to ask of every true-hearted English lady who may read these lines—be you sister, wife, or mother, could you in your heart have respected the commander who, with folded arms and grim smile, replied to poor Tommy's frantic appeals for mercy, 'continue the punishment.'"

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EXTRA PROFESSIONAL MEDICAL PUBLICATION.

Dr. Haviland *vice* the *Standard*, or the *Standard pro* Dr. Haviland, entered last Saturday on a reply to the extent of a column and a half to the flagellation administered to both by the *Lancet* a couple of weeks since, on the occasion of the publication in its entirety of Dr. Haviland's paper recently read before the Medical Society of London.

The latter half of the defence is devoted altogether to a refutation of certain alleged scientific errors which the *Lancet* was supposed to have fallen into in its criticism, and which had no relevancy whatever to the question of the propriety of extra professional publication, with which we are most interested. For the purposes of the *Lancet's* condemnation it is immaterial whether Dr. Haviland's figures were right or wrong, and we cannot allow the question to be begged by the introduction of the scientific matter at all.

We aver that the publication of medical communications in the public press is most injudicious on the part of the journal which admits them, and much worse than injudicious on the part of any author who abets or permits their publication.

The tacit consent of the public press generally to abstain from the practice, while a legion of authors might be had ready to furnish contributions, and while abundance of medical subjects might be selected such as would interest their readers, is evidence of the feeling that such publication is out of place and impolitic. For the same reason that it would be inadvisable to introduce the art of making gunpowder into a boy's magazine, because the readers are not educated so as to judge for themselves, and most probably make a mistaken use of the instruction, medical dissertations in public papers are objectionable. Does not the reading of medical books on their own diseases always lead patients to delusions and panics in every direction? Surely then it is not well to place Dr. Haviland's or anyone else's medical views before an indiscriminate herd of readers, many of whom have no doubt felt all the imaginary symptoms of cancer ever since the bug-a-boo has been hung out by the *Standard.*

The defence would appear to exonerate Dr. Haviland from active assistance in the publication.

In the good old times doctors wrote essays for the instruction of their brethren, and the addition to medical science of their views and experiences. Is that intention subserved by contributions to the penny papers? We think not, nor can we recognise any marked distinction between the use of a doctor's name (if with his consent) in the news columns of a penny paper, and the same doctor's name amongst the advertisements in the adjoining page.

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THE SUPERANNUATION OF IRISH POOR-LAW MEDICAL OFFICERS.

The Draft Bill which we announced last week that the Council of the Royal College of Surgeons of Ireland had instructed their solicitor to prepare, was laid before them at their last meeting, and ordered to be printed. As a measure of the greatest importance to a large section of the profession in Ireland, we give it *in extenso*:—

"*A Bill to Provide for Superannuation Allowances to Medical Officers of Poor-law Unions in Ireland, and of Dispensary Districts of such Unions in Ireland.*

"Whereas it is expedient that provision should be made to enable superannuation allowances to be granted to Medical Officers of Poor-law Unions in Ireland, and of dispensary districts of such unions, who become disabled, either by infirmity or age, to discharge the duties of their offices: Be it therefore enacted by the Queen's most excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal and Commons in this present Parliament assembled, and by the authority of the same, as follows:—

"1. That the Board of Guardians of any union in Ireland may, at their discretion, with the consent of the Commissioners for administering the laws for relief of the poor in Ireland, grant to any Medical Officer or Medical Officers of such union, or of any dispensary district in such union, who shall have been appointed as such officer or officers, and who shall, at any time after his or their appointment, become incapable of discharging the duties of his or their office with efficiency, by reason of infirmity of mind or body or of old age, upon his or their resigning or otherwise ceasing to hold his or their office or offices, such annual allowance for his or their life or lives, not exceeding in any case two-thirds of the income derived by such officer or officers from his said office, as to the said Board of Guardians shall seem fit; and shall charge such officer or officers' allowance to the same account as that to which such salary or salaries would have been charged if continued in his or their office or offices.

"2. That in estimating such income it shall be lawful to compute, not only the salary payable to any such Medical Officer at the time of his resigning or otherwise ceasing to hold his office, but also all such fees derivable by such officer from his said office under the authority of any Act of Parliament, or which shall have been sanctioned by the said Commissioners; the annual amount of such fees to be ascertained by the average amount thereof for the three years next preceding the time of such resignation or ceasing to hold the said office: Provided, that if any such Medical Officer shall not have held his office for the period of three years, then the annual amount of such fees shall be ascertained by the average of the fees derived by such officer, and the next preceding officer or officers for the period of three years prior to the time of such resignation or ceasing to hold the said office.

"3. That such allowance shall be payable to, or in trust for, such officer only, and shall not be assignable or chargeable with his debts or other liabilities.

"4. No grant shall be made without one month's previous notice, to be specially given in writing to every guardian of the union, of the proposal to make such grant and the time when it shall be brought forward.

"5. That nothing herein contained shall make it compulsory upon the Board of Guardians of any union to grant any such allowance to any such Medical Officer.

"6. That no such grant made as aforesaid shall be effectual or commence to be payable to such officer, unless and until the same shall have been sanctioned by the said Commissioners, and shall be effectual for such amount only as the said Commissioners shall approve.

"7. In the construction of this Act the words Medical Officer shall include Surgical Officer.

"8. Nothing herein contained shall affect the right of any Medical Officer who may be entitled to any superannuation allowance under any other Act or Acts.

"9. The words herein used shall be interpreted in the manner prescribed by the Acts in force for the relief of the destitute poor in Ireland.

"10. This Act shall be called 'The Medical Officers' Superannuation Act (Ireland), 1869.'"

The details of this Bill will require full and earnest discussion before it is laid on the table of the House, and in order to provoke that expression of opinion, which must afford the best guide to those who are charged with it as to the feelings of the Irish Poor-law Medical Officers, we proceed to point out some of the considerations which its clauses involve.

The counsel commissioned by the College to prepare the Bill has advised—

"That the simplest course is to vest the power of granting allowances in all cases in the Guardians of the Union only, and not to confer the power upon the Dispensary Committee in the case of Medical Officers of Districts.

"It is always desirable to have as simple a machinery as possible to work out in practice, and I see no reason why the Guardians of the Union should not be the parties to decide (subject of course to the Commissioners' approval) in *all* cases."

Now, there is not the least doubt that the more simple the procedure under the Bill may be, and the fewer hands the superannuation claim may have to pass through on its way to the Commissioners, the greater the probability of the grant being undisputed. But it is to be remembered that the persons who are most capable of judging of the merits or demerits of the claimant, and the amount of zeal with which he has managed his district, are the Dispensary Committee, who are on the spot, and not the Guardians, who are residents at some distance. Moreover, the members of the Dispensary Committee are usually of a rank superior to the petty shopkeepers who compose Boards of Guardians, and therefore less accessible to the mean and miserable promptings of parsimony, which have so frequently stood in the way of Medical Officers and their claims. It would seem to us, therefore, that if the power of granting superannuation be given to any single body, it ought rather to pass directly from the Dispensary Committee to the Commissioners for their approval.

Secondly. It would seem that a practical difficulty must necessarily arise in carrying out the clauses of the Bill, if it be provided that the superannuation allowance shall be charged in any part against the union funds. If a Medical Officer has spent twenty years in the Poor-law Service in three or four different unions, can the last district to which he may be attached be asked to vote him retiring compensation for his services in other places? We think not, and we should strongly urge, therefore, that the retiring allowances should be charged solely on the grant now made under Mr. MacEvoy's Act from the Consolidated Fund, for the payment of half the salaries of Irish Medical Officers. We shall revert to this subject again, and meanwhile shall be pleased by a free expression of opinion on the part of our readers.

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ARMY MEDICAL REPORT FOR THE YEAR 1866.

In our last notice of this valuable work we spoke of the health of our troops in the West Indies, let us now see how they thrive in China, Japan, and India.

The average strength of white troops in China in 1866 was 869, of whom 28 died, and 10 on their passage home and at Netley. This gives a very high death-rate, no less than 43·72 per 1,000. Paroxysmal and continued fevers were greatly above the average of the preceding seven years. Dr. Heffernan, Inspector-General of Hospitals, reports great sanitary improvements, such as increased cubic space to each man in barracks and hospital; in the former, 1,000 cubic feet in all the barracks save one; in the hospital the space is 1,500 cubic feet per man. Surgeon-Major Saunders reports from Hong Kong, that intermittent fever prevailed to a considerable extent, as the result of the last hot season, and the causes of sickness to which the regiment had been exposed in 1865. In Japan there were, at Yokohama, 887 men in 1866, and 19 of them died, being a death-rate of 21·41 in 1,000. Enthetic diseases during the year caused a large number of men to be sent to hospital, no less than 566 in 1,000. Venereal diseases are said to be extremely common among the native population of Japan, and there are no measures in force to diminish them. Upwards of half the cases were primary venereal sores, and the proportion of secondary symptoms was one in 6·5 sores seen. The climate is stated by Assistant-Surgeon Piper to be fine. Frosts commence in

November. The country is very well cultivated. The marshes are the rice grounds. Small-pox is very common yet among the Japanese. There is much rainfall.

During 1866 the average strength of the European non-commissioned officers and men serving in Indian commands was 58,901 ; the admissions into hospital 84,359, and the deaths 1,278, of which 157 occurred among invalids on their passage to England or at Netley. This gives 1,432 admissions and 21·70 deaths in 1,000 troops—a low death-rate, in comparison with average years in India. There were about 35,446 European troops in Bengal, of whom 822 died—*i. e.*, 23·19 in 1,000. Of these 2·71 in 1,000 died of consumption. The mortality from spasmodic cholera was less than it had been for five years. The class of enthetic diseases still causes one-seventh of the whole admissions. Dysentery and diarrhœa were much above the average in the Presidency. In Allahabad, Saugor, and Meerut Divisions diseases of the digestive system caused 107 in 1,000 admissions in Oude, and 4·59 in 1,000 in the Presidency Division. Much of the most fatal diseases of this class was inflammation of the liver. Delhi sore, a kind of boil, is mentioned as being frequently met with. One hundred and two cases of sunstroke or heat-apoplexy occurred, of which 50 terminated fatally. Paroxysmal fevers were very prevalent, as also continued fevers.

In 1865 there were no less than 121 deaths caused by heat-apoplexy, and in 1866 there were only 61. The most common disease of which soldiers suffer in Bengal is ague. Venereal diseases have caused, says Surgeon-Major A. D. Home, in 1866, slightly fewer admissions into hospital than in 1865, being 206 admissions per 1,000 of the strength, against 213 per 1,000 in 1865 ; but the after consequences have been especially disastrous, 14 men having died directly from venereal diseases. At nearly all the stations it appears that police measures, sanctioned by the Legislature, have been put in force for the purpose of controlling this evil. "If the figures in the return of diseases are to be taken as indicating the working of the regulations, we find that they have produced a very slight decrease in the number of cases, and a four-fold virulence in the character of the malady." No remarks are made as to treatment. Our Indian brethren used to be much addicted, we hope they are not so now, to the salivation treatment of syphilis. It appears to be a hopeless task to speak of draining the marshes, which cause the pernicious fevers of Bengal. As to cubic space in barracks, it has been ample, and sometimes sleeping tents have been allowed. The smallest amount of cubic feet allowed was at Dum-Dum, where the average space for the year was 1,300 feet for stations in the plains, and 600 cubic feet for stations in the hills.

The average strength of European troops in the Madras Command during 1866 was 11,378. Of these, 24·08 deaths per 1,000 occurred. Spasmodic cholera does not seem to have been prevalent. Miasmatic diseases had been more prevalent there than in 1865, except on the plains. At Secunderabad, dysentery was extremely prevalent, and 12 persons died of spasmodic cholera at that station. Disease of the liver was a frequent cause of death, and 13 deaths from sunstroke are mentioned. "The classes of disease influencing invaliding were, in largest proportion, diseases of the liver; next, affections of the circulation, dysentery, and ailments derived from erotic sources, in pretty equal proportion ; rheumatic affections, separated as much as possible from chronic syphilitic affections, and asthenia, furnished the subjects next most numerous, and included the cases chiefly of old debilitated soldiers, approaching the completion of their service, and involving, in most instances, men of prolonged residence in India. The effects of attacks of periodic fever in young soldiers chiefly, with affections of the chest, bring up the list." Residence in the Neilgherry Hills is found to be more useful as a prophylactic than as a curative agent. Secunderabad is considered the most unhealthy station in the Madras Command.

The average strength of European troops in Bombay in 1866 was 12,077, and the death-rate was 15 in 1,000 men. Spasmodic cholera was not epidemic, except at Poona, where six deaths occurred from it. Tubercular disease gave a higher than ordinary rate of deaths. Nineteen cases of sunstroke, or heat-apoplexy, occurred, and nine proved fatal. One hundred and fourteen admissions occurred from ophthalmia, attributed to a debilitated and scorbutic condition of the system in such places as Aden and Scinde. Deputy-Inspector-General Dr. Currie speaks favourably as to the improved ventilation of the barracks and hospitals. Water for drinking purposes is usually obtained from wells, and filtered through sand and charcoal—a very indifferent mode of purifying it. The system of drainage, again, of Indian Cantonments has not yet been improved to the extent desirable. Drains are for the most part surface and ineffective. Until water is supplied by other means than by the present system of water carriers and carts, the supply will always be more or less inadequate. The dry earth conservancy system for latrines has now become commonly adopted in the Bombay Presidency, and is very successful. The carts are driven away beyond the cantonment limits morning and evening.

The extent of invaliding from the three Presidencies was as 47·23, 56·69, and 45·95 per 1,000 of mean strength in 1866 ; 21·98 per 1,000 were discharged the service from India in that year at Netley.

On looking back upon the results in the field we have already surveyed, we find that the average deaths in 1,000 among our troops were in 1866—At home, 9·62 ; in British America, 9·58 ; in the West Indies, 26·94 ; at the Cape, 10·46 ; at Mauritius, 14·01 ; at Ceylon, 21·44 ; in Australia, 12·53 ; in China and Japan, 32·46 ; in India, 21·70 ; and on board ships, 10·54 ; in Gibraltar and Malta, 8·89. The highest death-rate occurred among the black troops in Western Africa, 38·09 per 1,000, and in China, 42·11 in 1,000. This report is perhaps one of the most favourable which has hitherto been issued by the Army Board. Hygiene is the great religion of our time. To preserve the life and to assuage the sufferings of our own branch of the human family, is to spread the knowledge of the true *religio medici* among the various peoples under our sway. "Science," say the Chinese, "is one ; faiths are many."

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SCOTLAND.

THE SITE OF THE NEW EDINBURGH INFIRMARY.

WHERE shall the new Infirmary stand? A fierce controversy in regard to this matter, led by Mr. Syme, is still being waged in our daily papers. Most of the letters have been prompted by prejudice on one side or the other, and have displayed little knowledge of either the present or prospective necessities of a medical hospital for so large and rapidly increasing a city as Edinburgh ; and, besides, our hospital is cosmopolitan in its philanthropy, and ought therefore to be at least proportionate in its capacity for doing good, if not in actual capacity. This it can never be under existing conditions, and it is not easy to see how these conditions can be improved on the present site. To all this opposition the managers of the Infirmary have hitherto made two replies—1st, they have brought forward Mr. Syme's former evidence in favour of the present site against his present views, and have thus inferentially attempted to shew that his opinion is not worth much either way ; and, 2nd, they have stated that the subscriptions towards rebuilding the hospital were obtained for a definite purpose, which must be carried out. Mr. Syme, however, not more remarkable for his surgical skill than for his straightforwardness of character, has openly confessed that he has changed his opinion, but, as he thinks, for very sufficient reasons ; and we acknowledge we agree with him that the present surgical hospital is behind the age. How could it be otherwise when the best and healthiest part of it was built for a school, and not for an hospital? As to the other allegation, now that the question has been raised, the contributors themselves are taking a lively interest in it, and seem determined to shew that it was to build a really good hospital for Edinburgh, and not merely to perpetuate an anachronism, that their money was so freely contributed.

By-and-bye we shall hope for some good result from all this talk. Meanwhile the Medico-Chirurgical Society agitated the question at their last meeting, at which a paper on the subject was read by Dr. Andrew Wood. We hope, too, that the College of Physicians, as well as the College of Surgeons, both of them large subscribers to the new hospital, will take the matter up and see that their views are sufficiently enforced. By the way, the plans for the new hospital are believed to have been ready for some time, yet we have never heard of their submission to either of these bodies, who have such a vital interest in its proper construction, and to whose philanthropy and fostering care the existence and continued prosperity of the present Infirmary are due. Why is this? What can merchants, clergymen, and elderly medical men, who probably know only of fever as *febris continua* (who are the present managers), or any architect, however talented, know of the wants of the community in regard to hospital accommodation? To know that fully, so as to make the knowledge of practical benefit, something more than architectural skill is required, as the past history of our Infirmary could abundantly prove. A hint as to the direction the proof would take may be found in the following letter, which we extract from the *Scotsman* of December 9th:—

To the Editor of the Scotsman.

SIR,—The controversy as to what ought to be the site of the new Infirmary is being waged on very imperfect data, and with very limited and incorrect views as to what is required, and what can be obtained on the various proposed positions.

I am one of those who regard the present site as condemned; not because in itself bad—that is a mistake; it is easily drained, readily ventilated, and is very fairly penetrated by the sun's rays for a town site. It is infinitely superior in every respect to the dwellings of those city denizens who seek relief there; and for those from the country, it is not air and sunlight they seek—of that they have had enough in vain—but skill; and that shall, I hope, be found in every position in the future, as it has been in the past. But no one can deny that the Surgical Hospital is a vast incongruous pile of stone and lime—a series of corridors and staircases, with a comparatively few ill-ventilated wards as appendages; so, at least, they present themselves to my eye; and, as a body, the surgeons are, I believe, dissatisfied with them and rightly so, I think. But I leave the surgical wards to the surgeons, satisfied that they can efficiently plead their own cause.

And for the Medical Hospital, what can I say? Simply that on the present site, inclusive of the South Bridge shops, there is not room to build a Medical Hospital at all equal to the present requirements of the country, far less one to provide for the increasing necessities of the next hundred years. There is no means at present, and without undue curtailment of the general wards there never can be on the present site, any proper means of separating the various fevers—typhus, enteric, scarlatina, rubeola, and variola. Yet at least one ward for suspects, and adequate separate accommodation for each of these varieties, is a positive necessity for any Medical Hospital worthy of the name. As it now stands, the Medical Hospital of Edinburgh is a disgrace alike to medicine and philanthropy, specially in this respect. What is wanted is space easily drained. In the position of our city, ventilation is readily obtained, and sunlight such as we have can never be shut out if we have sufficient space. Situation is a very secondary object—1st, Because, even under present conditions, the visit hour may be changed, and made at any convenient hour—say from six to nine in the morning, as it is on the Continent—so as not to interfere with ordinary lectures; but, 2nd, Because the whole tendency of modern medical education is towards the increase of the practical element to such a degree as will ultimately necessitate its separation from the elementary branches, as on the Continent; and in that case situation will be a matter of secondary importance, and the hours of visit a thing for private arrangement. Nearness to the University is, therefore, a matter of not the slightest consequence, and one to which we must be careful to attach no undue importance. A large well-regulated hospital, with special cliniques, will attract students from all parts of the world, with far greater certainty than a whole series of systematic lecturers, however eloquent and deservedly famous, besides being infinitely more useful to the public at large.

Fancy a city like Edinburgh without special skin wards; yet there is no town in the world where skin diseases are so rife, or so infinitely various. We have no special chest *clinique;* yet where are chest diseases more frequent? And what is the reason for all this? Simply because, instituted by private benevolence, actively and efficiently aided by the Royal College of Physicians—and without their co-operation the attempt would have been abortive—the management of the Infirmary has passed into the hands of a set of managers who, however estimable in themselves, are not practically acquainted with the medical requirements of the community on the one hand, or of the students of medicine on the other, and who, from the absence of reporters at their meetings, are for ever removed from that correction of their opinions and direction of their views which would necessarily follow a promulgation of the reasons for their dubious deeds.

I commenced this letter by saying that this controversy was waged on very imperfect data; and what has most struck me in this respect is the cool way in which George Watson's Hospital site and grounds are set down for sale at a certain moderate sum. It seems to me that the proposers of that site are reckoning without their host, and that the Governors, when the time comes, will know when to put on the screw. That, however, is not the only, and far from being, in my opinion, the best site, and I think it would be right for a committee of contributors to be appointed to ascertain, in conjunction with a committee to be appointed jointly by the Colleges of Physicians and Surgeons, what is the most suitable and least expensive site—the money value being put in black and white before any arguments as to its suitability in other respects are entered upon at all.—I am, &c.,

A PHYSICIAN.

P.S.—A grievous blot in our present Infirmary, which must be remedied in the next, is the total absence of any wards to which persons of moderate means can be admitted on payment. How can we ever stamp out contagious diseases when our very dairy-woman may be lying ill amongst her milk pails for want of the accommodation just proposed?

GLASGOW AND ABERDEEN UNIVERSITIES.

IT has been decided by a committee of Mr. Gordon's supporters to petition against the return of Mr. Moncrieff to Parliament on the ground of bribery. Associations of the Presbyterian Church having paid the registration fee of their members, it is intended to try whether this will affect the validity of his election.

ABERDEEN ROYAL INFIRMARY AND LUNATIC ASYLUM.

ON the 14th a quarterly general meeting was held at the hall of this institution. The special business was the correspondence between Drs. Harvey, Smith, and Reith on the subject of homœopathy within the hospital, as introduced by the latter gentleman.—The Provost moved that, in regard to this correspondence, the managers agree to the opinion given by the consulting physicians, and refuse to give their countenance to its continuance, which was almost unanimously agreed to.—The medical staff were then re-elected, with the exception of Dr. Reith.

EDINBURGH WATER SUPPLY.

THE proposed scheme of supplying Edinburgh with water from St. Mary's Loch, Peeblesshire, was discussed at a meeting of the town council. Finally a special committee on water supply was appointed.

GLASGOW.

THE late Mr. J. Clark, jun., among other legacies, has left £100 to the Eye Infirmary of this city, and an estate (subject to the life rent of his widow), of the value, it is thought, of £10,000, to the Royal Infirmary.

FRANCE.

(FROM OUR OWN CORRESPONDENT.)

THE SECRET POISONINGS AT MARSEILLES.

PARIS, DECEMBER 13, 1868.

THE public had scarcely recovered from the shock caused by the trial of the Swiss nurse for poisoning her patients, when the still more horrible affair of the secret poisonings at Marseilles has caused every other topic of conversation to take a secondary place. The idea of several women being brought to the bar charged with disposing of their husbands by means of arsenic and belladonna, of one of them avowing the crime and accusing the others, and of the whole being clearly proved in a court of justice, seems to have taken a deep hold of the public mind; and this trial will for many reasons be long numbered amongst the *causes célèbres*. There are a great many points on which I should like to comment, but which do not belong to the province of a medical correspondent, and will probably be noticed in some of your papers. No trial could possibly throw more light on the manners and customs of some strata of French society, though it is to be admitted those strata should scarcely interest other nations, however much they may cause the deepest anxiety to thoughtful Frenchmen.

The accused women seem to have possessed little conscience, for they exhibited no compunction for their enormous crimes, and seem to have provided each other with white powder, &c., as a specific against inconvenient husbands with as much nonchalance as can possibly be conceived. Superstition, credulity, ignorance, and crime, abound in the details, and account for the shudder with which society has heard them. And yet what will society do? Very soon occupy itself with later news. The pages of the *Gazette des Tribunaux* are filled with the trial. I only give some of the medical evidence for the benefit of your readers, without making any comments upon it.

The chemical expert (M. Pascal, of Marseilles) deposed that the bottles and packets found in possession of the accused contained arsenic. In one packet there was more than a pound of this poison, not of a commercial kind, but of the pure sort employed in medicine. Some belladonna was also found in their possession. M. Broquier, an hospital surgeon at Marseilles, gave evidence as to the *post-mortem* examination of the exhumed bodies. One body was in a state of complete putrefaction. Another was in a fair state of preservation, having been buried only twenty-five days. Dark spots, effusion of blood, &c., were detected. One body gave no traces of arsenic on chemical investigation, the second gave considerable quantities, and the third traces. This witness further deposed that the body containing no traces of arsenic might nevertheless be that of a man poisoned by this substance, and previous evidence indicated that the deceased had taken none of the poison for two months before he died. M. Broquier said that after a certain time all poisons were removed from the system, but that persons might die from the effects produced, and so no trace be left in the body. The advocate of the woman implicated interposed that all medical men did not accept this doctrine. The witness replied that the elimination of some poisons was slower than that of others, but at the end of six weeks no trace of arsenic remained.

M. Rousset, Professor of Chemistry at the Marseilles Medical School, gave similar evidence. He went fully into all the chemical investigations made, and affirmed that a considerable quantity of arsenic was present in one body, appreciable traces in another, and none in the third. He further deposed that the elimination of arsenic was completed according to some authorities in a month, but according to others in six weeks. In reply to the judge, Professor Rousset said that if belladonna were given conjointly with arsenic, the former poison would interfere with and mask the effects of the latter.

Hereupon Madame Joye, one of the accused, was examined, as her instructions in reference to giving the poisons were to employ both the agents, either together or alternately. This woman had also been shown to have practised medicine, and had been previously convicted of illegally practising. Reminded of this, she was asked whether her instructions were not founded on knowledge of the action of the poisons. She answered she knew nothing about the alleged interference of one poison with another; had only practised in trivial cases, and when ill herself had always called in a doctor. On this the judge remarked that that was easy to understand, as she would be anxious to be cured herself, while as to her patients she would not be. Passing by this interpellation, which sounded so curious to English ears, I come to the next scientific witness and his depositions.

Dr. Alex. Martin said he was the attendant of the deceased M. Ville for about a year. In his last illness he was called to him, and found him suffering from what appeared at first to be typhoid fever, or gastritis. Nine days later he found him vomiting. He called Dr. Rampal into consultation, and they both noticed the dilatation of the pupil, the pains in the stomach, and the persistent fever, but the pulse had not the frequency it has in acute poisoning. Still the witness said that the idea of poison had haunted him, and one day when he met with Dr. Rampal he named it to him. The vomitings became very frequent, yet, the witness said, he could not get possession of the vomited matters, as, although he frequently requested them to be preserved, they were always thrown away. At length one day the deceased vomited in his presence, and he put some of the matter in a bottle and took it to M. Paret, pharmacien, who was well qualified to make an analysis. The patient at once became a good deal better, and the witness abandoned the idea of poisoning, for Madame Ville showed the greatest care of her husband, and had summoned all his relations, so that there was no appearance of doing anything to conceal things. Three days after, the doctor called on M. Paret, who said he had sought for phosphorus and then for copper, but found neither. He was going to look for arsenic when the bottle was accidentally broken. As the symptoms of poisoning did not recur, Dr. Martin, although his patient died, did not dwell further on the idea that had struck him, but when he heard of a woman being arrested on such a charge he had recalled his impression and mentioned it. The emotion of the witness at this point completely overcame him.

M. Adolphe Paret confirmed the previous witness as to his having requested him to analyse the vomited matters.

Turning from the scientific witnesses, one of the others stated the instructions given for administering the poison to be somewhat complete. He said the woman warned him when she gave him the substance not to be too fast, but to go to work cautiously and slowly. She also told him that when the vomiting which would follow the dose took place, all the matters must be thrown away before the doctor was sent for; that he, not seeing it, would probably call the attack a gastric fever, and would prescribe magnesia and lemonade, into which a little pinch of the white powder was to be put. On the next visit the doctor would call it typhoid, and in four or five days the affair would be over.

Dr. Larche was examined at a later stage. He was called to the deceased Salvago about January. Deceased's wife told him she attributed his ailment to excessive drink. He took the case for delirium tremens. If it had not been for the idea of ardent spirits having been communicated to him, he might have suspected poison. Belladonna would give rise to some of the symptoms of delirium tremens. He had never known of any vomiting, without which it would not be a case of poison.

Dr. Adout also visited Salvago in his last illness, but had not examined the case very carefully, as it was under the care of another medical man. He said deceased had complained of pain in the stomach, and of having vomited in the morning. When he saw him the case was quite hopeless. He had attended him at times for ten years.

He had frequently had inflammatory attacks in the stomach, and this was not surprising, as witness knew he was addicted to spirit drinking.

Such is the principal part of the medical evidence against these women, who have been found guilty of the most atrocious crimes. I have no doubt it will be interesting to many of our readers, and have therefore felt it better to repeat it than to criticise it. The whole trial is full of interesting points on which I would fain dwell, but space forbids. Never have I seen such excitement as that of which the court at Aix has been the scene.

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Notes on Current Topics.

Mrs. Gladstone's Convalescent Home.

The lease of the house, which Mrs. Gladstone obtained for her beneficent purpose, has expired, and the landlord yielding to the remonstrances of the inhabitants of Snaresbrook, who consider the "Home" a "public nuisance," has refused to renew it. The consequence is that at a moment's warning she has been obliged to remove her convalescent patients to Clapton. This, of course, is only a temporary expedient, and a permanent location must be sought for elsewhere. No one can over-estimate the importance of Mrs. Gladstone's efforts on behalf of the East-end poor. The care and medical skill provided by our Hospitals are not all that is necessary for perfect restoration after the effects of a debilitating disease. Pure air, good food, and quietude, when a patient is dismissed from the hospital, are equally needed before the wonted strength is regained. These are the objects of Mrs. Gladstone's "Home," and we have no doubt of the sympathy of the public. They will help her with their contributions, and a place will eventually be found where her charitable designs will be no more interrupted.

The Vestry of St. Pancras and the Medical Officer of Health.

Nothing could show in a more glaring manner the necessity for the admirable bill introduced into the House of Commons last Session by Mr. John Stuart Mill, for changing the present local government of London into a series of federated municipalities, than the recent conduct of the members of the St. Pancras Vestry in appointing the Medical Officer of Health for their district. It appears that one of the candidates, according to the *Times*, had but one qualification, and hence, and although well qualified otherwise, he was rejected. Our own opinion has long been that the whole system of appointment of medical men to public responsible posts, such as hospitals, &c., in this country, is one beneath contempt. We boast of being a practical people, in order to save ourselves the trouble of thinking how many follies we are guilty of in public affairs. The only just method of appointing educated and skilled persons to *public* posts of responsibility is that followed in France, *i.e.* these appointments should all be made by open competition among the candidates, the examiners being appointed by the municipality. Every other system leads, as in this case, to egregious folly and nepotism. We have ourselves been so constantly witnesses of like absurdities, that we are quite indifferent to all little changes that might be suggested. The only change we desire to hear of is that of introducing the *concours* system, which has gifted French hospitals and Paris with such a galaxy of gifted men as they at present are advised by, and compared with whom our staffs are, we fear, but second-rate.

The Indian Cholera Epidemic.

The report of the Sanitary Commissioner with the Government of India, for 1867, adds one more to the able investigations which support the water theory, and will therefore at once be quoted by those who have committed themselves to that theory, while it will no doubt be subjected to searching criticism by those who hold opposite views. It is of great importance that labours of this kind should be widely known, and that those who cannot accept the conclusions which such reports adopt should be willing to publicly express their dissent. We are not amongst those who believe that truth has anything to fear from the most animated debate, nor have we so much reverence for any hypothesis as to lead us to ignore the difficulties by which it may be surrounded. Even in this present case we are by no means satisfied with the manner in which the upholders of the water hypothesis have met the criticisms of their opponents. Those criticisms have been based on facts which cannot be ignored, and a fair consideration of them would be more convincing than repeated quotations from those who maintain the truth of the hypothesis. The advocates of the water theory seem to have entered into a tacit agreement to quote each other's conclusions, instead of supplying their readers with new arguments. However this may serve as an interchange of compliments it by no means increases the confidence of those who have doubts.

The Late Lunacy Case.

The case of Johnstone v. Cotham, tried before the Lord Chief Justice and special jury, is interesting to the profession, more on account of the surrounding circumstances than the principles involved. A chaplain to a large London Hospital, who gives himself up to the most violent language and actions, asserts a Fenian conspiracy is formed against him, has to be removed from a house by policemen, is found disturbing the peace of his neighbours at two o'clock in the morning, declares his lodgings to be full of thieves and Fenians, threatens to shoot his successor in a curacy, makes use of very excited gestures with a large stick, and otherwise acts violently and foolishly, has small reason to complain that people consider him mad and secure his restraint. It was clearly shown that those who placed him in an asylum acted in a most generous manner towards him, and the jury were perfectly satisfied that it was a case for restraint and gave their verdict for the defendant. It appears, however, that the jury were not quite satisfied as to the mode of removal adopted. They did not approve, apparently, of any deception being used. Yet it is a difficult question how most easily to remove any one so violent to an asylum. A great display of force and constraint would only irritate men half frantic already, and labouring under the effects of morphine and spirits. We should like to ask the twelve sensible jurymen who thought it necessary to confine this person as a lunatic how they would set to work to place him in a licensed asylum.

Small Pox at Sheffield.

THE medical department of the Privy Council have instructed Dr. Seaton to visit Sheffield with the view to inquire into the action taken by its poor-law guardians for the suppression of the epidemic.

Anglo-German Ophthalmic Hospital.

A BALL in aid of the funds of this institution was given on Thursday evening last, at St. James's Hall, Regent-street. The company was numerous and fashionable, and included several persons of distinction. The temporary offices of this charity are at 15, Old Cavendish street, Cavendish square.

French Hospital and Infirmary.

ALDERMAN SIR BENJAMIN PHILLIPS presided at a dinner held in the Queen's Concert Rooms, Hanover square, on Tuesday, the 15th inst., in aid of the funds of this institution. It is situated in Leicester square, and was established for the relief of foreigners, chiefly French, who are distressed and in need of medical advice, though a proportion of Belgians, Swiss, and Italians have been admitted to a share of its benefits. The principal French medical men of the metropolis form the staff, and it is visited by Sisters of Charity. It contains four wards—two for men and two for women—a consulting room, and a dispensary. Since it was opened, about a year ago, 150 in-patients and 3,716 out-patients have been relieved.

The Sanitary Condition of Falmouth.

AN inquiry respecting the sanitary condition of Falmouth has been held during the last few days. After hearing much evidence Mr. Taylor, the Inspector, proposed that the town and parish Boards should amalgamate for the purpose of sewerage. He advised the local authorities to drain, and to avoid draining into the harbour if possible, adopting in preference a system of irrigation by pumping up the sewage for that purpose.

A Royal Commission on the Sanitary Laws.

DR. RUMSEY and other leading sanitarians are to be congratulated on the issue of their labours. They have desired a Royal Commission to investigate the sanitary laws of the country, and such an one has been appointed. Our opinions on the matters to be investigated are pretty well known, as well as our idea of the benefits, immediate and remote, that may be expected from the labours of the commission. On the face of it, we are glad to observe that the medical authorities of the three kingdoms will be fairly represented, although there are some names that we miss from the list in the *Gazette* the presence of which would have been extremely satisfactory. The public health has become a question interesting to many outside our profession, and we may fairly anticipate that one result of such a commission having been appointed will be to vastly increase the number of sanitarians. By medical men a certain weariness has been felt on account of the apathy shown by the public ; but the appointment of the Commission will revive their courage, with the assurance that their labours have not been altogether in vain. They have educated the public to the present point, and they may fairly expect that so much having been gained, the future progress of sanitation will be more rapid.

The Royal College of Science, Dublin.

IMPORTANT changes are rumoured in connection with the new College of Science in Dublin, and, consequent on them, in the Queen's College, Belfast. We believe that Professor Wyville Thompson, of Belfast, will be appointed to the Chair of Botany and Zoology in the College of Science, and will, therefore, necessarily vacate the analogous Professorship which he holds in the Queen's College, Belfast. There will probably be a very hot competition for the latter Professorship, and already the names of Dr. Alexander MacAlister, of Dublin, Dr. Traquair, of Dublin, Dr. Spencer Cobbold, of London, and Dr. Burden, of Belfast, are mentioned as those of probable competitors. Dr. MacAlister is Secretary of the Geological Society of Ireland, and well known as a very earnest observer in comparative and human anatomy. Dr. Traquair is already connected with the College of Science in connection with the chair which Professor Wyville Thompson is expected to occupy. Dr. Spencer Cobbold has acquired considerable rank as a helminthologist and microscopic observer in London. It is likely that Professor Thompson will not vacate the Belfast Professorship until next April, as his duties in connection with the College of Science will not commence till May. It is thought probable that he will be a candidate for the Professorship of Botany in the University, vacated some months ago by Dr. Dickson.

Ligature of the First Stage of the Right Subclavian Artery.

WE had an opportunity of witnessing this operation on Thursday morning last, performed by Mr. Morgan, on a man aged thirty-four, at Mercer's Hospital. The disease was an extensive aneurism of the right subclavian. The patient being chloroformed, a triangular flap was raised over the right sternomastoid muscle at its origin, the parts carefully dissected and pushed aside till the division of the arteria innominata was exposed, as it was intended to ligature it, if the subclavian was much diseased or dilated. As the first stage of the subclavian appeared healthy, it was decided to put on a permanent hemp ligature ; this was done as close to the origin of the artery as possible. We were much struck by seeing the depth of the artery, the intricacy of the steps required to expose it, and the precision of anatomical knowledge necessary to the operation. There were not two ounces of blood lost, the veins being for the most part pushed aside, and the steps of the operation carefully conducted. So far the patient progresses without unfavourable symptoms as to artery, and the issue of the operation is anxiously watched for.

University of Cambridge.—Natural Science Scholarships.

TRINITY COLLEGE offers a foundation scholarship (value £80 to £100 a-year) for natural science. The examination will be held in Easter week, and will be open to all undergraduates, members of colleges or halls in Cambridge or Oxford. To qualify himself, therefore, a gentleman need only place his name on the boards of a college or hall. Further information may be obtained from the Rev. E. Blore, Trinity College, Cambridge.

Lord Robert Montagu intends, during the session of Parliament, to introduce a bill to amend the 1868 Pharmacy Act.

The office of Gas Examiner for the City of London, salary £500 per annum, is vacant.

By a narrow majority Dr. Stevenson has been elected Officer of Health to St. Pancras parish.

In the Army Medical Department, on the 8th February, 1869, the next competitive examination for Army Medical Surgeons will be held at Chelsea.

In a late number of his periodical Mr. Charles Dickens eloquently advocates the claims of the East London Children's Hospital for public support and patronage.

Dr. Stirling, arbitrarily dismissed by the Commodore at the Cape of Good Hope, has been appointed Medical Store-keeper at Plymouth Hospital, rendered vacant by the promotion of Dr. Pottinger.

A marble bust of the late Dr. Trousseau has just been erected in the Amphitheatre of the Paris School of Medicine. It is placed on a porphyry pedestal, in the front of which is a gilded wreath, and below the words: "Subscription—1867."

The surgeoncy of the Dublin Militia, which was occupied by Dr. Benjamin Grattan Guinness, the late esteemed Registrar of the King's and Queen's College of Physicians, has been conferred by the Earl of Howth, Lord Lieutenant of the county, on Dr. William Stokes, surgeon to the Richmond Hospital.

M. Joseph Perier, Regent of the Bank of France, and last surviving brother of M. Casimir Périer, although eighty-two years of age, has just undergone an amputation of the leg from an incurable tumour. The operation was performed by M. Huguier, in presence of MM. Nélaton, Jules Cloquet, Ricord, Tardieu, and other distinguished medical men, who had previously held a consultation on the case. There are now great hopes of the patient's recovery.

A most extraordinary case was communicated to the Surgical Society of Ireland by Dr. Kirkead, of Tuam, at their last meeting, the details of which we shall lay fully before our readers in the reports of the Society next week. A patient had been subject to epileptic fits, and had been treated without benefit for them. Being taken suddenly in one of the attacks, the patient fell with the head against the bars of the grate, and sustained very severe burns over the parietal bones. After a protracted illness the parietal bone became detached and exfoliated almost in its entirety, and the patient recovered, cured of the epilepsy but minus the parietal bone, and with no protection for the brain but the cicatrised integument.

◆

The notorious Madame Rachel was yesterday liberated on bail, pending a new trial, so that if she answers to her bail when the case comes on again for hearing, we shall probably have a repetition of some of those disgusting disclosures which are alike an offence to decency and a disgrace to the boasted morality of the age.

Correspondence.

REFORM IN MEDICAL EDUCATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Though the question of Medical Education has of late occupied much attention, a partial solution of the difficulties which surround this important subject has (as far as I know) been overlooked. Many plans have been devised to compel the idle student to retain something of the studies he is supposed to be engaged in. Now, with this object I would propose this simple plan, viz.:—That no student should be entitled to a certificate of attending a course of lectures, or a session at an hospital, until he had passed a strict public examination for such certificate. All the change necessary for the carrying out of this plan would be to make compulsory the examinations which are customary in all hospitals and schools of medicine at the close of every session. If students felt that they could not obtain a certificate until they gave satisfactory evidence that they had acquired a fair knowledge of the subjects they were supposed to study, we would not see so many instances of total idleness as medical students, during their first two or three years, so often afford, nor would the dissecting room fire have so many "chronic men" round it.

I have known many students of three years' standing who knew as little of their profession as they did after the first three months. I remember one in particular, who used to boast that he had never opened a book on any one of the subjects in the course. The fact is that students of this class, and unfortunately they are a large class, flatter themselves that, with the assistance of a grinder, they can make up enough of "tips" in the last year to pass; and though there *are* some few who, though they may have put off to the eleventh hour, yet by reading ten hours a day for the last year, pass, and pass with credit too, yet the vast majority manage to squeeze themselves through one of those "back-doors of the profession" which for the present shall be nameless; but with what knowledge we must leave to the imagination.

Why should a student in medicine be exempt from regulations to which a student in arts must submit? It might not be fair, indeed, to compel him to take out lectures in one particular routine, but let each course be independent of the other, and no certificate granted for that course without a strict examination—*no farce*. If all the Schools of Medicine and Hospitals, even in Ireland, adopted some plan of this kind, fewer medical students would be found in the haunts of idleness and vice than at present.

With regard to preliminary education, although (as has often been pointed out) we can hope for no good result till the rivalry of licensing bodies is abolished, yet the sad defects of medical students (as a class) in this respect, cannot but be deplored. The grand aim of Medical Reformers should be that the test of preliminary education should be nothing less than the degree of A.B. However, as this view has met with much opposition, a compromise might be effected; for instance, a student might reasonably, in the first instance, be obliged to pass an examination similar in all respects to that for the first half of the degree of B.A. of the Queen's University; then for the first year (*twelve months*) let him study Chemistry, Botany, a second course of Physics, and a second course of Mathematics; at the end of these twelve months let him pass an examination in these subjects before he can be registered as a medical student.

Some such regulation as this is required to purge the profession of a class who manage to make up a book or two of Virgil and a few chapters of Greek Testament, and who, if they even scrape through at last, are not able to read their diploma, if it should happen to be in Latin, no more than if it were in Chinese.

I am, Sir,
Your obedient servant,
Cognovi.

◆

Medical Remuneration.—Dr. Reynett, Medical Officer of Rathgormuck district, applied to the board for £2 2s for assisting Dr. Martin, Portlaw, in amputating the arm of John Boland. It appeared that Boland was drawing home some water to his employer's house when the horse took a start and ran away; he was thrown off the car, and the wheel passed over his leg and arm. The doctors found it necessary to amputate the arm at the shoulder, since which time Mr. Pim stated that Dr. Martin visited him three times a day.

MEDICO-SOCIAL PENCILLINGS OF LONDON LIFE AND PRACTICE.

No. 4.

STUDENT days have the reputation of being the happiest in a medical career, even when that career is successful, brilliant, and famous *ad finem*. My little experience on the point confirms me in an opinion quite the reverse of this: so I am compelled to declare that I never yet had the felicity to discover a really happy medical student. Plumule the freshman, just arrived from his mother's apron-strings, will tell you he's a "blighted being," with all his troubles before him. Perianth, who seeks immediate entrance through the Æsculapian portal, we all know is but a sorry specimen of the representative man of the type happy, his airs and his jauntiness notwithstanding. Too soon for these, oh P.! They are assumed, my dear boy. Spongiolis, the idle chronic, always short of funds, displays the needle nose of care at other times than when the postman fails to carry him a letter with enclosure from a loving mother, a deluded uncle, a philanthropic aunt, a gossip, or a sweatheart, the victim of misplaced confidence. "Is it possible for a fellow to be in high feather, and the danger of being 'plucked' visibly before his eyes every day?" said Stylo-Glossus on a certain occasion to his class-fellows, and his class-fellows answered to a man, "It isn't." Was Crista Galli, who had three hundred per annum and extras, happy the night he "punched my ribs," and asked an opinion on the tension of Madame Grisi's vocal chords as she stood before us, rendering in the wild, impassioned, and inimitable "tootles" of her sub-heavenly canticle a passage from Norma? Was Scalenus happy when he awoke me from a blissful slumber on a certain night "long after the witching hour," in order to recapitulate, from before backwards, the names of the parts exposed on the base of the brain, and the boundaries of the circle of Willis? These and many far better reasons might be adduced in order to show that the medical-student age is not the happy one. The happy age is in prospective, however:—let us look to it.

The curtain rises. Our second act commences. The scene is an extremely pretty one. A brilliant sun-lit, cloudless, peaceful, and happy-looking horizon; a background of bud and blossom, and of rippleless waters, in which is mirrored the etherial grandeur which encompasses it. A proscenium displaying the ages pastoral, agricultural, and medical, in the poetic voluptuousness of old classic art and imagery. Fields of golden grain, each stalk of which ends in a chubby head, apparently in the diphtheric throbs of suffocation, so anxious is it to throw off its quantum, to assist the never-ending wants of the ever "bolting" universal "inside." Flocks tended by heavy-eyed reclining shepherds, fed and watered by Faun or by Fredrika, as the case may be—Shepherdesses with crooks, Students *without* books, yet displaying their wonted gallantry and anxiety to render the modern Egeriæ any assistance that their studies require. Groves heavily weighted with foliage of emerald freshness, with fruits of every shape, of every hue, of every flavour, with perfumes intoxicatingly exquisite and delicious. Through these groves stretch in long and zig-zag distance, paths of coral, shingled with perfumed spangles of pearl, of ruby, of onyx, and of opal. Naiads in semi-habits, wreathed in flowers of newly-born freshness, reclining on rose-buds, imbibing sherry-cobblers, and with such pretty attendants! My eye! In a word, an Eden without an Eve; an universe without a single unit of discontent; where the right royal delights, peace, plenty, contentment, harmony, and jubilation reign the crown monarchs; their rule, the good old golden one. A lovely scene no doubt; a scene which to behold was well worth the study of years; a scene never painted on canvas, yet always present on the enravished retinæ of the "newly fledged," during the octave when he flaunts about, a "thing of life and beauty," honoured if not admired, respected if not beloved, fawned on if not fondled.

That is the only truly happy time in a medical career.

That is a time when the heart is buoyant and elastic, joyous and gushing; big as it were with brotherly love, and overflowing with Christian feeling; a time when you charitably consider, with all the seriousness of an inebriated stoic, that the examination, though "stiff," was as it should be, and the *vivâ voce* section of it "such as any fellow should know;" although old Maledicus did not deign to take much notice of some of the answers given him, but appeared to watch with nervous anxiety the evolutions of a tiny quadruped engaged in putting his fellows through their facings on the ceiling of the examination hall, (one of whose foster kin, visible to the naked eye, was perched on his barnacles); and although Mercurius put his questions to you with the "curled lips and disdainful snuffle-pouts" for which he is characterised, and with the "I want to know from you, sir," expressed so bitterly as to cause you to suggest—if your head had not "gone" prior to this time—the propriety of shying at him with merciless precision the proverbial boot-jack;—a time when you forgive your washerwoman for her inattention to your buttons, your landlady for her noise about that latch key, the cat for tripping up your milk-jug so often, and your "legitimate enemies"—the "Bobbies."

Such a time is during the first days following your examination, and before the gilding is brushed off your gingerbread; ere some considerate friend—if you lack the moral courage—pointedly asks, "What do you intend to do with yourself *now*, old fellow?"

QUID NUNC.

HOW TO DEAL WITH OUR CRIMINALS.—The *Daily News* objects to any system of treating crime which would make the criminal for ever belong to a caste with the police as his slave drivers. To admit the police as sole witnesses of so vague a thing as suspicion would be too tremendous an engine of intimidation against the innocent to be ever permitted as a weapon against the guilty. Nor would the suggestion that police suspicions must be corroborated by positive evidence of previous convictions much mend the matter. The *News* approves Mr. E. Hill's proposal to attack not merely the thieves, but the thieves' houses, the pawnbrokers who take their plunder, the tool-makers who supply them with implements. It is almost necessary for their avocation that thieves should live together. Their haunts are well known to the police, and evidence of one or two residents having been convicted would sufficiently corroborate in this matter police suspicions. There would be no new principle involved in making owners of such houses indictable. The law already does so in regard to brothels; and a public house that harbours disorderly persons loses its licence on conviction. The old adage which John Knox applied to the monasteries will here prove true, "Pull down their steeples, and the daws will fly away." The thieves' landlord is their abettor, if not their patron, teacher, and master. We must make him responsible for their conduct, for it is certain that he cannot long give them shelter without knowing their character and avocations.

Obituary.

DEATH OF DR. G. N. EDWARDS, M.D. CANTAB., ST. BARTHOLOMEW'S HOSPITAL.

With very great regret we have to announce the demise of the above highly-esteemed physician, after a long and painful illness. In 1860 Dr. Edwards was elected Assistant Physician to St. Bartholomew's Hospital, and in 1867 attained the distinctive post of full Physician. Dr. Edwards was Lecturer on Forensic Medicine to the school, and also Physician to the Consumptive Hospital, Victoria Park.

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OPIUM AND BELLADONNA.

It was thought here, not long ago, that belladonna as an antidote for opium poisoning was something new. That this is not the case may be seen by the following: "In the year 1570, this question already engaged the attention of the profession. Prosper, Alpin and Label were the first who pointed out the antagonism of these two remedies, as their observations had proved that they weakened each other's action. In the year 1677 the profession was so far enlightened on this subject, that Horstius and Faber proposed to use opium and belladonna as antidotes for each other. In the year 1766 the same proposition was renewed by Boucher, of Lille. In the present century the opinions *pro et contra* have appeared more numerous. For the antagonism Lippi, Graves and Carignan have especially declared themselves, who based their opinions on many cases of poisoning successfully cured by the use of these remedies against each other."—*Erlenmeyer's Subcutaneous Injections.—Cincinnati Lancet and Observer.*

NOTICES TO CORRESPONDENTS.

Dr. Pratt.—We much regret that through an error in the address your copies should have been delivered late. The alteration has been attended to, and we hope with that the annoyance will cease.

Monsieur V. Perreve, Paris.—We have forwarded your letter to Dr. Richardson as desired. Allow us to disabuse your mind of the impression you appear to entertain with regard to Mr. Barnard Holt. We are satisfied that no *animus* was intended to be displayed by this gentleman in the discussion with Dr. Richardson in our columns, as to the relative merits of the two dilators. In each case the writers had but one object in view, viz., to establish upon a basis for future guidance the origin of the invention of the "Dove-tailed Stricture Dilator," the improvements made thereon, and by whom.

Dr. L.—The advertisement has long been condemned by the entire profession, but unfortunately the Royal College of Surgeons in Ireland has no power to intervene in the matter, unless the culprit be a Fellow. The Charter declares that if a person duly qualified shall answer satisfactorily in his examination, the Council *shall* admit him to the Licence. The person in question expressed his wish to present himself for the Fellowship some time since, and offered to cease advertising, but he got no encouragement and thought the experiment unsafe.

Dr. Fraser.—Thanks. Proofs shall be sent you in due course.

Dr. Kirkhead.—We shall be happy to receive and publish the cases when most convenient to yourself.

The Right Rev. Dr. Alexander Goss.—No contradiction of the Report of the proceedings of the Dialectical Society, printed in this journal on July 22nd, has reached us. Had Lord Amberley "contradicted the sentiments attributed to him," we should have been happy to publish the communication. We beg to thank you for the stamps received for numbers sent.

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APPOINTMENTS.

Anderson, Dr. A.—Elected Consulting-Physician to the Glasgow Lying-in Hospital.

Broster, J., M.D.—Assistant-Physician to the Royal South Hants Infirmary, Southampton, vice G. Scott, M.D., resigned.

Buchanan, Dr. G.—Elected Consulting-Surgeon to the Glasgow Lying-in Hospital.

Bullar, J., M.D.—A Consulting-Physician to the Royal South Hants Infirmary, on resigning as Physician.

Bullar, W., M.D.—A Consulting-Physician to the Royal South Hants Infirmary, on resigning as Physician.

Dowson, C. H., L.R.C.P.Ed.—Medical Officer for the new Medical District No. 2, of the City of Bristol.

Maul, E. H., M.D.—Physician to the Royal South Hants Infirmary, vice J. Bullar, M.D., resigned.

Orton, Mr. F.—House-Surgeon to the Coventry and Warwickshire Hospital, vice R. Ploughman, L.R.C.P.L., resigned.

Pim, F., L.K.Q.C.P.I.—Medical Officer to the Asylum for Idiotic and Imbecile Children, Lucan.

Rainy, G., M.D.—Waltonian Lecturer on the Eye in the University of Glasgow, vice W. Mackenzie, M.D., deceased.

Scott, G., M.D.—Physician to the Royal South Hants Infirmary, vice W. Bullar, M.D., resigned.

Swan, R. J., L.M.—Assistant to the Maternity Department, Dr. Steevens's Hospital, Dublin.

Tannahill, Dr. R. D.—Elected Physician-Accoucheur to the Glasgow Lying-in Hospital.

Vacher, F.—House-Surgeon to the Birkenhead Borough Hospital, vice G. W. Harrison, resigned.

Wilson, Dr. J. G., Professor of Midwifery in Anderson's University has been elected Physician-Accoucheur to the Glasgow Lying-in Hospital.

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BOOKS, PAMPHLETS, &c., RECEIVED.

Fresh Leaves. By L. N. R. London: William Macintosh.

The Nuisance of Street Music.

Giving Alms no Charity.

The Plague of Beggars.

Who are the Poor? Four Pamphlets by a London Physician. London: Henry Renshaw.

The New York Medical Journal.

A Treatise on the Diseases of the Eye. By J. Soelberg Wells, M.D., M.R.C.S. London: John Churchill and Sons.

A System of Physical Education. By Archibald Maclaren. London: Macmillan & Co.

Report of the Sanitary Inspection of Shipping within the District of the City of London. By H. Letheby, M.B., M.A., &c.

Pacific Medical and Surgical Journal.

Journal de Médécine de Bordeaux, &c., &c.

Advertisements.

NOTICE TO ADVERTISERS.

The Medical Press and Circular
OFFERS UNUSUAL ADVANTAGES

FOR the Insertion of announcements from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales, and Transfers of Practices, Surgical Instruments, Chemicals, and Trades generally.

The scale of charges is as follows:—

Seven lines and under	£0	3s.	6d.
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One-quarter page	1	5s.	0d.
Half ,,	2	5s.	0d.
One ,,	4	0s.	0d.

The average of words per line is twelve.

When advertisements are given for a series of insertions, a very considerable reduction from the above scale is made.

☞ Advertisements for Insertion in this Journal must be at the Office, on Saturday, by Two o'Clock.

CITY OF DUBLIN HOSPITAL.

DR. ARCHIBALD H. JACOB
will deliver, during the ensuing Session,
A FULL COURSE OF LECTURES
on the
DISEASES OF THE EYE AND EAR,
and the
OPERATIONS NECESSARY FOR THEIR TREATMENT.

ALBERT LIFE ASSURANCE
COMPANY,
7 WATERLOO PLACE, PALL MALL, S.W.
LIVES ASSURED,
DISEASED AS WELL AS HEALTHY.

MR. HOWARD, Surgeon-Dentist, 52, Fleet-street, has introduced an entirely NEW DESCRIPTION OF ARTIFICIAL TEETH, fixed without springs, wires, or ligatures. They so perfectly resemble the natural teeth as not to be distinguished from the original by the closest observer; they will never change colour or decay, and will be found very superior to any teeth ever before used. This method does not require the extraction of roots, or any painful operation, and will give support and preserve teeth that are loose, and is guaranteed to restore articulation and mastication; and that Mr. Howard's improvements may be within the reach of the most economical, he has fixed his charges at the lowest scale possible. Decayed teeth stopped and rendered sound and useful in mastication.—52 Fleet street. At home from 10 till 5.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 30, 1868.

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THERAPEUTIC APPLICATION OF HEAT AND COLD.*

By David Basil Hewitt, A.B., T.C.D., Lic. Coll. Phys.
Physician to City of Dublin Hospital.

Thermal therapeutics are no mere modern innovation. The fathers of medicine were intimately acquainted with the effects of heat and cold when applied to the cure of disease. Hippocrates speaks of the value of cold in checking external hæmorrhage, and he strongly advocates the use of cold affusion in idiopathic tetanus. It is a curious coincidence that he, in common with Dr. Chapman, held that the use of snow or ice to the external surface of the chest was liable to give rise to pulmonary hæmorrhage, and that ice was contra-indicated in hematuria. Celsus and Galen also speak of the use of cold in the cure of constipation, disorders of the bowels, and fevers. In fact, the modern quackery of hydropathy had its brief periods of favour among the ancients, for we find that in the time of Pliny a certain native of Marseilles, Charmis by name, amassed a large fortune by the cold water cure.

As this paper is intended rather to ventilate the truth of certain modern views regarding the use of heat and cold than as a historical notice of the opinions of the ancients, I shall merely remind you that during the latter half of the eighteenth century the use of heat and cold appears to have been almost forgotten, until revived by Currie and Jackson, who advocated the use of cold water in various disorders.

Dr. Arnott, of Brighton, published some interesting cases in the *Medical Gazette* for 1849, in which he used ice or some freezing mixture as the remedial agent. He regarded the use of congelation as a certain and safe remedy for external inflammation, and as a prophylactic against erysipelas and secondary inflammation arising from wounds. He detailed some cases of erysipelas in which intense cold had seemed to assist the disease, and he found that many cases of severe cephalalgia which resisted all other remedies were signally benefited by this treatment. In cholera, Dr. Arnott advocated the use of large doses of solutions reduced five or six degrees below the temperature of freezing water.

I do not think that Dr. Arnott supported his views by the citation of a sufficient number of cases, and I do not find that his plan of treatment was looked upon with much favour by the profession.

In the *Lumleian Lectures* for 1849, the late eminent Dr. Richard Bently Todd unfolded his views with respect to the pathology and treatment of tetanus. Regarding the phenomena of this disease as due to an exalted polarity of the spinal cord, he proposed to diminish this condition of the nervous centres by the application of ice in ox gullets to the spine; and he especially insists on the frequent renewal of the ice, as by this means alone could the cold reach the spinal cord. Thus it will be seen that this eminent physician maintained the possibility of influencing the spinal cord by the direct transmission of cold externally applied. But Dr. Todd has left us no record of the effects of this treatment on the temperature of the body, on secretion, or on the pulse. He contended, however, that the local application of ice to the spine was depressing in its effects, but whether on the nervous system or the vascular system does not clearly appear.

On the 18th July, 1863, there appeared in the *Medical Times and Gazette* a paper by Dr. John Chapman, on "A new method of treating disease by controlling the circulation of the blood in different parts of the body." It consisted in the application of ice, iced water, or hot water to the spine, and its discoverer rightly regarded it as a new and potent addition to therapeutics.

Having regard to the discoveries of Bernard and Brown-Séquard respecting the function of the sympathetic nerve in controlling the diameter of the arterial capillaries, Dr. Chapman believes that he has discovered agents which, by increasing or diminishing the functional activity of the sympathetic ganglia, can diminish or increase the diameter of the capillaries. These agents are heat or cold applied along the spine or some segment of it.

For the sake of clearness I may be allowed to enumerate the supposed effects of each agent, and we shall then be in a better position to compare the hypothetical results with observed facts.

Heat is supposed to cause hyperæmia of the spinal cord, and in the sympathetic ganglia; it therefore stimulates and increases the vital properties of these nerve centres.

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* Read before the Medical Society, College of Physicians, Dublin.

The excito-motor power of the spinal cord is increased, thus giving rise to cramp of voluntary and involuntary muscles.

The nerves derived from the cerebro-spinal system, which, on the authority of Bernard, Ludwig, and Pflüger, are supposed to supply some glands, and hypothetically by Chapman all glands and glandular cells, have their vital activity increased, and consequently secretion is increased; and this notwithstanding that the amount of blood sent to the gland at that period is less than when it is inactive.

I state this second effect thus fully, because a writer in the MEDICAL PRESS AND CIRCULAR of November 18th has fallen into an error respecting glandular inaction. He makes Chapman to attribute glandular inaction to a preponderance of sympathetic nerve force, whereas Dr. Chapman himself states in his work on Diarrhœa and Cholera, at page 4:—

"When heat is applied along the spine, and when the glands are stimulated most vigorously, the *vaso-motor nerves* are emitting their *maximum* of energy, and are thus shutting off a large proportion of the blood."

Glandular inaction, therefore, is due to a paralysed state of the cerebro-spinal glandular nerve fibres, and is almost always attended by hyperæmia of the gland, due to a like paralysis of the vaso-motor nerves supplying the vessels of the gland.

He allows that any secretion—sweating, for example—*may* occur when the vessels of the skin are dilated; but this arises from the application of heat to the general surface, and not merely along the spine. It is well known that cold to the general surface checks sweating, but this, Dr. Chapman contends, is due to a local spasm of the capillaries, which is unaccompanied by the excessive activity of the cerebro-spinal glandular nerves found in certain diseases, like delirium tremens, where with a cold anæmic skin we have profuse perspiration.

In the second place, heat applied along the spine induces through the vaso-motor system:—

1. Contraction of the capillaries of the body.
2. A fall in temperature of those portions in which the capillaries contract.

On the other hand, cold diminishes the vital activity of, and amount of blood in, the cerebro-spinal and sympathetic nerve centres, and consequently—

Muscular spasm is relaxed.
Glandular activity is diminished.
The arterial capillaries are dilated.
The temperature of the part is raised.

Let us now see how far these hypotheses and supposed results accord with observed facts.

As to the existence of the so-called positive motor nerves, which I have named cerebro-spinal gland nerves, their existence is partly hypothetical but partly real, as is proved by Bernard, Ludwig, and Pflüger.

As to the power of ice to induce anæmia of the spinal cord and sympathetic ganglia, this is purely hypothetical, but the resulting effects which have been observed are quite in accordance with the supposed condition of the spinal centres.

It is similar with regard to the effect of heat.

It must be remembered that although the circulation through a part may be modified directly through the sympathetic ganglia, it may also be modified, though less effectually, by the direct application to the part affected, or even by means of reflex action.

In this way may be explained the fact referred to by Dr. Robert McDonnell at a meeting of the Surgical Society last year, namely, that if one thermometer be placed in the left hand, another under the tongue, and the right arm be plunged into a vessel containing ice, the thermometer under the tongue was not affected, while that in the left hand sank.

This does not invalidate any statement of Chapman's; it rather proves what he asserts, that symmetrical parts of the body are affected in like manner; and I have found that when ice is applied to the head, for example, the temperature falls, and the pulse is diminished in frequency, while in the very same case the ice when applied to the spine produced an elevation in temperature, and increase in the frequency of the pulse.

The effects I have found to result from the application of ice to the spine are quite in accordance with those enumerated above as given by Dr. Chapman, but I find with this, as with all other remedies, that its effects vary in degree in different persons and in the same disease. I shall proceed to enumerate my experience and to refer to that of others in Dublin who have tried this mode of treatment.

Dr. J. H. Benson read a paper before the Surgical Society last year in which he detailed the success of the ice bag in a case of amenorrhœa accompanied by remarkable coldness of the feet. The amenorrhœa was suppression due to exposure to cold.

I have tried the ice bag in a similar case, of which the following is a note:—M. K., twenty-five years of age, five months irregular, complains of intense headache, which gives her a stupid expression of countenance, and is extremely persistent. She has also a most distressing pain in the lumbar region, and eats almost nothing. She was treated with tonics, iron, and Ruffus' pill without effect, but on the application of the ice bag to the spine for two hours daily the headache and spinal pain were greatly relieved, and when the ice was placed on the head as well as on the spine the pain was quite cured. The patient being in hospital for rather more than a month without menstruating, I placed a small blister on the sacrum, and in two days the discharge came on, lasting for six days, and being extremely abundant. This case proves the value of ice in headache, and while I am inclined to think the great abundance of the discharge was due to the application of the ice to the spine, yet the use of the blister diminishes very much the value of this case as evidence.

I am convinced of the value of ice in many forms of headache, but more especially when occurring in hysterical patients or those suffering from anæmia and amenorrhœa.

In some cases it is painful and disagreeable when applied to the forehead, but most comfortable and beneficial when applied to the cervical spine. I tried it about three weeks ago in a young lady complaining of violent pain limited to the right temple, and when applied to the forehead it increased the pain; but when an ice bag was procured, and I fixed it on the spine from the base of the skull to about the sixth dorsal vertebra, she experienced immediate relief and soon fell asleep. This lady is subject to the most curious congestions of the face, accompanied by a sensation of burning heat. One cheek will be pale and cold, the other with a pink flush and of a burning heat. Her hands and feet are constantly painfully cold. On the occasion referred to, the ice had the effect of equalising and raising the temperature, but I did not use the thermometer, as I had not it with me at the time. She now gets the ice and uses it herself when the headache comes on, and she always finds it relieve the pain.

My experience in other cases is the reverse of this. In two cases lately under my care in the City of Dublin Hospital, the ice when applied to the spine had no effect on the headache, but when applied to the forehead it entirely removed the pain as long as it was left on, but it returned, although with much less severity, when the ice was removed. One of these, a girl named Cowley, suffered from pain which was confined to the right side of her head, and she had been leeched, blistered, and salivated before she came under my care. Whenever the ice was not applied for a day she always complained of an increase of the pain. I have, however, discontinued the use of the ice in this case, as no permanent benefit seemed to follow from its use, and am now giving her large doses of bromide of ammonium with good effect.

I tried the ice in a case of chorea, but although the patient expressed herself better from it, I did not find her progress as well as I had seen others under the use of sulphate of zinc, and I therefore substituted the latter drug with perfect success.

Dr. J. H. Benson reported a case of chorea treated by ice in the Medical Press and Circular on the 19th of August. In this case little benefit was produced until purgatives had first removed the eccentric cause of irritation, but subsequently the effect was rapid and complete.

In a paper read by me before this society last session, I gave the results of some thermometrical observations which I made on the action of ice to the spine in a case of hemiplegia, in which this agent diminished the rigidity in the flexor tendons of the fore arm, removed tremors from the muscles of the sound arm, and restored much power to the paralyzed muscles. The result was a rise of from one-fifth to three-fifths of a degree in the temperature of the axilla.

I have since tried the remedy in a case of partial hemiplegia of two years' standing, in which there was great rigidity in some of the flexor tendons of the fore arm, but especially in the flexor carpi radialis. The result, however, was negative, but all other modes of treatment likewise failed.

In the paper referred to above, I gave the result of the use of ice in a case of delirium tremens, in which capsicum, tartar emetic and opium, and cold affusion had all failed. In this case the use of the remedy was followed by the happiest results, and since that time Mr. Hamilton, surgeon to Steeven's Hospital, has treated three cases of delirium tremens by ice. His cases were published in the Medical Press and Circular on the 30th September, and his results were similar to mine. I may here enumerate them :—

1st—The induction of sleep.
2nd—The diminution, and finally the disappearance of tremors.
3rd—The regulation of vascular action.
4th—The cessation of sweating.
5th—The production of a rise in temperature, with a return of the natural colour to the face.

In that paper I stated " that the most suitable cases for its use would be those in which there is profuse sweating, pallor of countenance, much tremor, and continued wakefulness ;" and I can confirm this statement by further experience.

On the 12th November, 1868, James Coon was admitted into the City of Dublin Hospital, under my care, suffering from a fourth attack of delirium tremens. He is thirty-eight years of age. In the third attack he was also under my care, and after the failure of ice to the spine I treated him successfully with capsicum in large doses, without any other stimulant. On this occasion he begged he might be treated by stimulants, as he said he had been "living very low" for some time. When admitted, his face was flushed, the conjunctivæ were congested, and the skin was dry and hot. He bore an excited aspect, but there was very little tremor, and little or no delirium. He had slept but little for some nights, for when he dozed he was soon awakened by some hideous spectre. Tongue was tremulous, and covered with yellowish-white fur. Pulse was sixty and feeble. Ordered twenty grains of freshly-powdered capsicum in a bolus with honey. In the evening he was not any better. The capsicum was repeated. He passed a restless night, being delirious and starting from his sleep. He was less excited next morning, but not much improved. Capsicum to be repeated every eight hours.

On the 14th he was much worse, sweating profusely ; but the skin was so hot that when the bedclothes were drawn down he steamed as one in acute rheumatism. The muscular tremors were so much increased that he could hardly hold anything in his hand. Slept none. Imagined that insects were crawling over him. Pulse could not be counted at the wrist owing to the tremors, but counted by the first sound of heart it was 68. The heart's action regular but feeble.

At one o'clock p.m. the ice bag was applied to the spine from the occiput to the lower part of the dorsal region.

Before application, pulse 60, temp. 99.7°
After „ „ 64, much stronger, temp. 100°.
Feels much better. Slept a little. Perspiration checked.

After an interval it was again applied, but this time to his head.

Pulse before application, 76 ; temp., 99.3°.
„ after „ 70 ; „ 99.3.

Here the effect was to lower the pulse ; the temperature was not affected. He experienced great relief in his head and felt more inclined to slumber, but the sleep was still much disturbed by hallucinations.

On the 15th.—Ice to the head for two hours.

Temp., before, 99.3°.
„ after, 99.2.

16th.—Passed a restless night, but appears much better to-day. There is no perspiration and less tremor.

Application to head for an hour and a-half.
Before application—
Pulse, 80 ; temp. 99.7°.
After application—
Pulse, 74 ; temp. 99.2°.
Again in the evening for an hour and a-half—
Pulse, 84 ; temp. 98.9°.
Afterwards—
Pulse, 80 ; temp. 98.7°.

He passed a very good night, sleeping at intervals, and on the 17th ate a chop for his dinner.

On the 18th he told me he had slept soundly for six hours last night, and was greatly refreshed. The tremors were quite gone, and the appetite was quite restored. After a few days he was discharged cured.

This case is interesting as showing the difference in the effect of cold when applied to the spine and to the head. In the first case the pulse was increased in frequency, and the temperature increased three-tenths of a degree ; while on the four occasions of its application to the head there was a diminution in the frequency of the pulse, and the temperature of the body was decreased in three instances.

In a case of spinal meningitis and myelitis which I hope to have the honour of bringing under the notice of this society on a future occasion, the ice bag was applied several times, and almost always there was an increased rapidity of pulse and a rise in the temperature ; at the same time a rigid condition of the flexor muscles, which was present in a marked degree, was lessened by the use of the ice, and a hyperæsthetic condition of the upper extremities was cured. The expense, however, of the ice, led me to use extract of belladonna instead, and this has produced even more marked benefit than the ice. If our notions as to the effect of belladonna on the capillaries of the spinal cord be correct, I think this rather confirms the view that ice produces anæmia of cord ; but this action of belladonna is now denied by many eminent authorities.

In a case of obstinate vomiting to which I was summoned early in July last, the effect of the ice was most remarkable.

The lady was in the seventh month of pregnancy, and after giving dilute hydrocyanic acid, small quantities of soda water, with liquor bismuthi and small bits of ice, putting mustard to the epigastrium, &c., without effect, I thought of Chapman's method, and as I had no bag I procured a large lump of Wenham Lake ice, and held it by means of a piece of flannel against the lower dorsal and upper lumbar spines. In less than five minutes all retching ceased, and the patient felt so relieved that she preferred bearing the wetting of the clothes produced by the melting of the ice rather than allow it to be removed. In an hour she had fallen asleep, chiefly, I think, from the fatigue produced by constant vomiting. She had no return of the vomiting.

I never saw an instance in which any other remedy produced so sudden and complete relief of vomiting, and even of nausea, as in this case, and it is difficult to account for the effect produced on any hitherto accepted hypothesis.

Thus it will be seen that in many cases there can be no doubt that the effects produced by the application of ice to the spine are those detailed by Dr. Chapman. My wish is to stimulate further investigation on this subject in an impartial spirit, and to avoid rushing into any dogmatic statements until much more numerous observations shall warrant our making some induction from which we shall not soon have to recede. I accept Dr. Chapman's hypothesis as at least convenient, and even probably near the truth; but I do so merely provisionally, and because I conceive that by it the facts observed are more readily accounted for than by any other hypothesis.

I cannot, however, agree with Chapman that we must revolutionize medicine, and regard all disease as due primarily to either anæmia or hyperæmia of the spinal and sympathetic nerve centres. The history of medicine furnishes us with many similar attempts to refer all disease to a single source, but such theories have never been adopted by truly philosophic minds, and have always led their promulgators into what is closely allied to empiricism. The truth seems to be that we may have in ice and hot water, when applied to the spine, agents which may modify some of the known effects of disease.

I have hitherto chiefly referred to the use of ice, I shall now give you the result of my limited experience respecting the use of heat to the spine.

I first used it in two cases of bronchitis occurring in the course of typhoid fever. In one of these cases the vesicular murmur was everywhere replaced by rhoncus and sibilus. The respirations were forty-five in the minute, temperature 105°, and pulse 128. Turpentine stupes, and mustard and linseed-meal poultices, had been previously applied, without apparent effect. I then ordered the spinal water bag to be filled with water at a temperature of 140°, and applied to the upper dorsal spine; the water to be changed every twenty minutes. Unfortunately this produced extensive vesication where the surface had been previously reddened by the turpentine, so that the marked improvement that followed might be said to be due to the vesication. The respirations fell to thirty-four within a few hours, and abundant mucous râles indicated that secretion had taken place.

In the second case there was much less inflammation, but the patient expressed a great sense of relief from the application of the hot water, and in two days all râles had disappeared, although the fever had by no means abated.

Some ten days ago a patient named Martin was admitted under my care into the City of Dublin Hospital, suffering from chronic bronchitis with emphysema. He complained much of the constant cough, which kept him awake all night; great difficulty of breathing; a distressing feeling of tightness, referred to the diaphragm; and great difficulty of expectoration. All over the chest the vesicular murmur was replaced by rhoncus sibilus and mucous râles; the resonance on percussion at the base of both lungs partook of the tympanitic character in a marked degree. The spinal water bag, temperature 140°, was ordered to be kept constantly applied to the dorsal spines during the day; and Mr. Donaldson recorded the effect on the temperature of the axilla by means of Casella's thermometer:—

First day.
11 o'clock, when the bag was applied; temp. 99.6°
12 „ „ „ 99.7
1 „ „ „ 99.0
2 „ „ „ 99.0
4 „ „ „ 99.1
6 „ „ „ 99.2

It will be seen that after an hour there was a rise of 1-10th, whereas at the end of two hours the temperature had fallen 7-10ths deg. After five hours the temperature again began to rise.

Second day.
1 o'clock, when the bag was applied; temp. 98.6°
2 „ „ „ 98.2
3 „ „ „ 98.9
4 „ „ „ 98.7
5 „ „ „ 98.7
8 „ „ „ 98.8

Here it will be noted that the temperature of the axilla had fallen one degree since the previous trial, three days before, during which time the use of the spinal water bag was persisted in, but that on this occasion the diminution of temperature which took place at first was followed by a rise of 3-10ths after two hours.

I presume this may be due to reaction, but I do not profess to be satisfied with such an explanation. And now as to the effect on the bronchitis. Although no other treatment was adopted, there was a marked improvement both in the symptoms and physical signs. There was a considerable increase in the amount of expectoration, which was frothy and not viscid. Dyspnœa was greatly relieved. The sense of constriction and distress about the diaphragm disappeared, and there was much less rhoncus and sibilus audible. In fact, the effect was quite as good, if not better, than that produced by expectorants, &c. The man is still under treatment.

This, gentlemen, is the result of my experience on this subject. I am not so sanguine as to expect that a more extended induction will exhibit the same results, but I trust you will give me credit for a wish to arrive at truth; and I shall be delighted to avail myself of the experience of other members of this society who may have used these agents.

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NOTES ON URTICARIA.

By Henry Samuel Purdon, M.D., L.R.C.P.E.,
Physician to the Belfast Dispensary for Diseases of the Skin, &c.

Urticaria is in many cases nosologically identical with erythema, as is proved by their occasional occurrence in the same person from the same cause. To herpes it likewise bears some resemblance; one of the principal differences observed is, that herpes is generally preceded by neuralgic pains, frequently of some days' duration, which is not the case in urticuria, that affection occurring suddenly—as, after eating various kinds of indigestible food, &c., or from irritation of the lining membrane of the uterus, as noticed by Scanzoni (1); but they resemble each other in the fact, that in herpes the œdema ends in serous exudation, which elevates the cuticle in the form of vesicles; whilst in the latter, the effused fluid is not so superficial, and gives rise to the appearance of wheals, accompanied by spasm of the muscular tissue of the skin. Hebra has seen cases of urticaria in which bullæ developed themselves upon some of the wheals; this is accounted for by the extension of the serous exudation beyond its usual limits. In the affection under notice, three symptoms are apparent, viz., increased sensibility, vaso-motor spasm, and vaso-motor paresis. It is well known that the cerebro-spinal nerves cause dilatation, the sympathetic constriction of the capillaries; and Virchow (2) informs us that the exudation we meet with is essentially composed of that material which is due to both the altered condition of the part, and to the transuded fluid which escapes from the vessels, urticaria being a reflex irritation affecting the sensibility and nutrition of the skin. Many other cutaneous diseases, owing to the irritation they occasion, cause the appearance of wheals—as, for instance, scabies. The redness surrounding a wheal is due to hyperæmia, and which state was considered by the late Dr. Buchanan to arise

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1. "Edinburgh Medical Journal," October, 1858.
2. "Cellular Pathology."

from a circumscribed œdema of a cluster of capillary loops springing from a common stem, and under the influence of a common nervous twig.

Before the cutaneous eruption becomes manifested a feeling of fulness at the stomach, nausea, headache, &c., are complained of; the pulse is also quickened. Scratching makes the pruritus worse, also warmth, as when in bed, the heat probably relaxing the capillaries. In chronic cases furfuraceous desquamation of the cuticle takes place. Urticaria is occasionally connected with the presence of a rheumatic or gouty diathesis, and I have observed the eruption alternating with chronic bronchitis. A short time since I had under treatment a female, aged fifty-four, who had lately returned to this country from California, where she had endured great hardships, and also suffered from rheumatic fever. During the time this patient was under observation, the eruption of wheals alternated with lumbago, and were evidently connected with rheumatism, this latter disease being well known to involve both the motor and sensory nerves. In some cases the capillary vessels may be ruptured, allowing extravasation of blood, followed by the formation of wheals, hence the *purpura urticans* of Willan. Dr. Tilbury Fox (1) states "that the solar plexus is oftentimes involved," and those individuals subject to this distressing complaint are occasionally troubled with functional palpitation of the heart, which may be accounted for by means of its nervous connexions, that organ becoming symptomatically affected through the means of the semi-lunar ganglia of the sympathetic; the splanchnic nerves which from the ganglia communicating in the thorax with the cardiac, the greater splanchnic receiving also a small twig from the pneumogastric and phrenic; this accounts likewise for the difficulty of breathing experienced during the attack in some cases. The treatment of an acute attack of urticaria is to remove the cause, and an emetic to unload the stomach is generally prescribed, followed by an aperient. During the attack the skin may be sponged with a weak alkaline lotion, which tends to relieve the tingling. In chronic urticaria the cause, if possible, must be ascertained. If it arises from a rheumatic or gouty tendency, we may prescribe in the former bi-carbonate of potash, or tincture of actea racemosa; this latter drug, besides being useful in rheumatic affections, is an excellent anodyne; if gout be suspected, colchicum or carbonate of lithia are indicated. Sometimes the stomach seems morbidly sensitive to nearly all kinds of food, being in a state of what is called "gastric irritability." In such cases I have derived benefit from the administration of the hypo-phosphites of lime, soda, and potash. In many cases the bowels are costive, and the patient troubled with flatulence. The former condition must be remedied by appropriate aperients, the latter by carminatives. I may mention that when copaiba occasions urticaria—as when administered for the cure of gonorrhœa—an excellent substitute is found in the yellow oil of sandal wood, which I have used largely in several cases. (2).

Urticaria is occasionally complicated with lichen, (*lichen urticatus*), and also occasionally occurs in the course of many acute febrile diseases.

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Hospital Reports.

ST. GEORGE'S HOSPITAL.

DR. OGLE'S CASES OF ABDOMINAL TUMOURS.

(Continued.)

CASE XXXII.—*Tumour formed by a soft carcinomatous growth of the kidney, simulating ascites by its apparent fluctuation during life.*

THE patient, a child, æt. three years, was an out-patient at the hospital, and was thought to be labouring under ascites. She was taken ill at her own house, and died. The early history of the case is unknown.

Post-mortem Examination. — Thorax. — Carcinomatous disease of the lungs was found.

Abdomen.—The liver and other abdominal viscera were healthy, excepting one kidney, which was occupied by carcinoma. This growth consisted of large masses, which had evidently originated in the concave portion of the kidney, and had grown inwards, the convex end of the organ projecting separately from the outer side of the mass, whilst its upper and lower parts were continued a little distance into the upper and lower parts of the tumour, the remaining portion of the surface of the tumour being covered by the fibrous capsule of the organ. The apparent fluctuation noticed during life was altogether dependent on the carcinomatous tumour of the kidney. All parts, examined *microscopically*, were found to consist exclusively of circular granular nuclei, exactly similar to the nuclei of th ductless glands.

CASE XXXIII. — *Tumour in the left iliac (?) region; excessive distension of the urinary bladder, which became ulcerated and perforated; peritonitis; unsuspected pregnancy after an interval of nine years from the birth of the previous child.*

Martha M., æt. 45, was admitted March 19th, 1854. Last child had been born nine years previously; had not suspected herself to be pregnant; had been ailing since Christmas, and had latterly had a tumour in the left iliac region, which was thought to be the cause of her illness. On the 25th of February she was suddenly seized with pain in the abdomen, and for the three following days is said to have passed no urine. *It then began to dribble away*; and from that time she had never been able to retain the urine, and had not been free from pain. It appeared that no catheter had been passed until the day before admission, when her medical man had been changed. For some time before admission, the legs and abdomen had swelled. The bowels had been constipated, and she had great thirst.

Post-mortem Examination.—Thorax: Firm adhesions existed in both pleural sacs. Lungs emphysematous and congested and friable in their lower parts; and in the substance of the right one some blood was extravasated. The lining of the bronchial tubes was very vascular and covered with bloody mucus. The heart was natural.

Abdomen: There was much fat in the integuments and beneath the muscles. The peritoneal sac contained dark-coloured fluid and shreds of recent fibrin. The great omentum was thickened and adherent, along with one or two folds of small intestine, to the left part of the upper surface of the bladder, which reached as high as the umbilicus, and was distended. On removing the adherent omentum and intestine, a small aperture in the walls of the bladder became apparent, as also some recent pus among the adhesions; and through this aperture came a quantity of dark-coloured urinous fluid. The bladder was found to be enormously distended with fetid dark fluid. Its walls were thickened, and its lining surface presented in many parts rounded ulcerations, by one of which penetration of its walls was only obviated (as before said) by adhesions externally. The neck of the bladder was very vascular, and presented one or two abrasions or ulcerations. The entire pelvis was filled with a fluctuating tumour, which proved to be a pregnant uterus; the fœtus being about four months old, and apparently healthy. The distended membranes projected through the os uteri.

Cranium: The arachnoid cavity contained a quantity of recent yellow fibrin; but otherwise all the contents were natural.

CASE XXXIV.—*Abscess in the walls of the abdomen in connection with a piece of bone which had been swallowed, and which perforated the intestine.*

A. B., admitted May 19, 1855. She was a charwoman, who had been living badly, but who did not appear un-

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1. "Manual of Skin Diseases," page 85.
2. "Medical Mirror," September, 1865.

healthy; the tongue was irritable and the appetite bad; and she applied to the hospital owing to an abscess in the abdominal walls about one inch below the umbilicus in the median line. Of its history she could give no account, except that she had observed a lump at the affected part for three weeks, which had been increasing and getting painful for two weeks; had two fits of shivering, one six days and the other two days, before admission. On admission the skin covering the tumour was red, but no fluctuation was apparent. There was no impulse at the part on coughing, and it was not resonant. Leeches were applied; and in a few days an abscess formed, which was opened and much foul pus let out. The fetid discharge continued until the 30th, when, after sleep, at night she was suddenly seized with faintness and a sensation of cold. In spite of stimulants she became pulseless and cold, but was still sensible enough to indicate that she had no pain in the abdomen. She very quickly sank and died.

Post-mortem Examination.—Lungs and heart healthy; the right cavities of the latter being distended with fluid blood.

The abscess described above was of about the size of the palm of the hand, and found to exist between the structures of the abdominal walls. Shreds of sloughing areolar tissue were found along with the fetid pus of the abscess, which had opened through the abdominal wall behind by an irregularly-shaped sloughy orifice of about the size of the end of the index finger; but this orifice did not communicate with the abdominal cavity as far as could be observed, for the great omentum was adherent to its margins and the surrounding part to some extent. The central part of the transverse colon was also adherent to the abdominal wall at the same part; the bands of adhesion connecting the colon to the abdomen were, however, firmer in texture and evidently of older date than those connecting the great omentum to the same part. In the cavity of the abscess was found an acicular piece of bone, smooth on its surface, pointed at both extremities, and of a yellowish-white colour. (I took it to Mr. Quekett, who determined that it was part of the rib of a rabbit.) The colon was found to be quite healthy. The general peritonæum was somewhat vascular; but the abdominal organs were natural.

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MERCERS' HOSPITAL.

LOCOMOTOR ATAXY SUPERVENING UPON SYPHILITIC TAINT.—SUCCESSFUL RESULTS FROM ANTI-SYPHILITIC TREATMENT.

By Benjamin F. McDowell, A.B., M.B. Univ. Dub., &c.

One of the Surgeons to the Hospital, &c.

As the highly interesting and important subject of nervous disorders arising from constitutional syphilis is daily engaging more attention, I have no doubt the history of the following case will be considered worthy of notice.

Richard Brophy, a well-built and strong man, æt. 24, by trade a plasterer, was admitted to Mercers' Hospital under my care on the 13th March, 1868. He had to be carried to his bed. On admission it was found there was no muscular atrophy of the lower limbs, but there was the fear to walk lest he might fall. Loss of co-ordinating power in the lower limbs, and partial loss of sensation. Frequent desire to pass water, which is highly acid—sp. gr. 10·21, ex-albuminous. Pulse 94; soft, regular. Has no stricture or calculus, and has not suffered from worms or hæmorrhoids. There is no ptosis, strabismus, or iritic adhesions, or visual impairment of any kind. Defœcates involuntarily, and sometimes unconsciously. He gave the following history of his case:—Contracted a venereal sore about twenty months back, up to which time he enjoyed excellent health. The sore he did not mind. In about two months it was followed by an eruption, which was accompanied by a very sore throat. He now obtained medical advice, but did not pursue his treatment regularly. The eruptions gradually faded, but after an interval of several months he had a second evolution of the disease in the form of severe sore throat, unaccompanied by any eruption that he could observe. About five months ago he was ordered mercury, and continued it for some time after being salivated. All this time he *suffered from severe rheumatic pains*, which recurred chiefly at night. During his illness he led an irregular life. About seven weeks ago the present attack commenced. The first symptoms he remembers were constant headache and severe pains, chiefly in the loins; soreness and tightness about the stomach, which affected him most at night; afterwards a sensation, as he explains it himself, as if "pins and needles" were darting into his feet and lower part of his legs. There was also numbness in his lower extremities. His gait now became tottering, and he feared to walk lest he might fall forward on his face. Ultimately, for some weeks back, he has been quite helpless. He gave the following family history:—Father and mother both alive, and "have never been a day sick." Two brothers and two sisters alive and healthy. Two brothers died young; one from severe injury. He was ordered to be kept in a hot bath for twenty minutes, and to have a brisk purgative afterwards. The next day a mixture containing in each dose ten grains of iodide of potassium and one-sixteenth of a grain of strychnia was prescribed, the dose to be repeated every sixth hour. The linimentum iodidi potassii c. sapone of the British Pharmacopœia, to be rubbed over the lower part of the spine night and morning. It was directed that the limbs should be hand-rubbed for half-an-hour twice a day, and this to be followed by electricity down the spine.

In a fortnight his condition was improved in every way. The numbness had almost disappeared. He did not suffer much from pains. Could retain his water several hours at a time, and had complete control over the sphincter ani. He continued rapidly to mend until the date of his discharge on the 1st of May, when he was able to walk with perfect ease, and no totter in his gait could be observed. I saw him in the country about three weeks ago looking perfectly well, and with entire control over the movements of his limbs, and able to follow his usual business.

The number of recorded cases of locomotor ataxy resulting from syphilitic lesion are few, and I believe this is the first in which the supervention of the disorder took place after *so short an interval from the first constitutional manifestation of syphilis.* Mr. Jonathan Hutchinson, in the excellent essay he has written upon constitutional syphilis, remarks that "syphilitic affections of the nervous system are usually among the late tertiary phenomena. I have rarely seen them at an earlier period than about five years after the primary disease, and in most instances the interval is much longer." In the present case it will be remembered that a period of only *eighteen months at furthest* elapsed from the occurrence of the constitutional symptoms of syphilis to the development of the nervous disorder. In another case, however, in which I attribute the origin of the lesion to syphilitic taint, an interval of seven years elapsed. I am sorry I cannot give the full history of this case, as the patient was not under my care for the nervous lesion; but, as I treated him a short time previously for another disease, I will mention what I do know, because it appears to me to fix beyond a doubt the origin of the subsequent ataxy from which he suffered upon syphilitic taint.

In November, 1867, Mr. —— consulted me for disease of his testicles, which I at once pronounced to be syphilitic. *He states that he contracted a venereal sore some seven years previously, which was followed by an eruption.* The left organ was very much enlarged, heavy, hard, and was adherent to the scrotum anteriorly, in which there were two ulcerated points, one about the size of a fourpenny-piece, superior and external to the other, which was much smaller. The point of a probe could be passed about half an inch under the integument of the larger ulceration inferiorly. Two vascular protrusions appeared in the centre of the ulcerated surfaces. The right testicle was slightly enlarged. He complained most of the stinging pain and sensation of great weight in the testicles. He got a mixture consisting of one-sixteenth of red iodide of mercury, and ten grains of iodide of potassium, and fifteen minims of tincture of opium, in each dose, three times a day. Peroxide of mercury was applied to the ulcerated points over the testicles, and a suspensory bandage ordered to be worn constantly. The symptoms yielded rapidly to this treatment, and he left me in three weeks apparently cured. But he was not well, for in about four months afterwards he was attacked by *severe rheumatic pains*, for which he was attended by Dr. Watson, of this city. Subsequently he became paralytic, and was placed under the care of Dr. Walshe, of the Adelaide Hospital, under whose treatment he recovered entirely the use of his limbs, and is now able to walk a distance of three miles each day to his office. Upon consultation with Dr. Walshe he fully agrees with me in believing that the nervous disorder in this case depended upon syphilis, and he treated it accordingly with iodide of potassium and red iodide of mercury, the same remedies which I had employed for the previous lesion from which he had suffered.

The preceding cases appear to me to go far to establish the following axioms, viz.:—

1. That there is a form of nervous disorder depending upon constitutional syphilitic taint which *closely resembles* the so-called "progressive locomotor ataxy" of Duchenne (de Boulogne).
2. That the said disorder is amenable to treatment, and therefore should not be called "progressive."

My friend and former colleague in this hospital, Dr. William Moore, the distinguished King's Professor of Practice of Physic in the University of Dublin, published some cases of nervous disorder connected with syphilis in a recent number of the *Dublin Quarterly Journal*, to which I would refer the reader as being well worthy of perusal.

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Literature.

THE MERCURIAL VAPOUR BATH, being an Account of its Successful Mode of Employment. By LANGSTON PARKER, F.R.C.S. Churchill, London, 1868. Pp. 48.

UEBER DIE BEHANDLUNG DER SYPHILIS, &c., OHNE QUECKSILBER. Von CARL DRYSDALE, M.D., aus dem Englischen. Mit einem Vorworte von Dr. JOSEPH HERMANN, K.K., Primararzt in Kraukenhause Wieden. Wien: Sallmayer and Co., 1868.

THE name of Mr. Langston Parker has long been well known in the literature of that important disease, syphilis. The plan of treatment which the little work before us advocates does away, says its advocate, with all the evils generally attributable to mercurial treatments, and does not, he pretends, produce salivation. The bath consists in a vapour bath, given for twenty or thirty minutes, accompanied by the fumes of bisulphide or iodide of mercury, or of calomel, to the whole surface of the body. Eighteen years' experience of the efficacy of this plan is claimed by Mr. Parker. Dr. Yandall, of the United States of America, considers this bath to be to the treatment of syphilis "what quinine is to ague." The patient is placed on a chair, on the seat of which is a thin cushion, and is covered with an oiled cloth or a blanket, the coverings being made tight about the neck to prevent the patient breathing the fumes, except in certain cases, when this is recommended. Under the chair is placed a small tin bath, holding a pint or two of water, and a stand, supporting a tinned iron plate, on which the preparation of mercury is placed; under each of these is placed a large porcelain spirit lamp. The patient remains exposed to steam, heat, and mercurial fumes for thirty minutes. This bath is actually recommended by Mr. Parker in phagedenic ulceration of the throat, and the author does not seem to be aware how easily such affections are treated by means of the topical application of nitric acid, and internally by large doses (gr. xv. f.d.) of iodide of potassium. Mr. Parker tells us that he has used this bath in thousands of cases, and considers it the most powerful and least harmful therapeutic agent which can be employed in treating of syphilis. It is most suited, he asserts, to affections of the tongue, skin and throat affections, and secondary ulcers. It is more certain in lepra than in pustular cases. Mr. Parker asserts that treatments by iodide of potassium are more hurtful than mercurial courses, and says that they produce iodic cachexia. We have not yet, we confess, seen this form of disease. He mentions that grave affections of the throat in syphilis are especially likely to occur in weakly subjects, "where the health has been broken down by long-continued internal courses of mercury or iodine." A case is related in page 17 in which a patient who had suffered from iritis some three years before, and lost vision, recovered it by means of the mercurial vapour bath, and the author says this case is not unique. In another case we are told that a patient had albuminous urine and loss of vision of the left eye. On using the mercurial vapour bath for three weeks, the œdema of the legs disappeared, and the sight was restored. Perhaps this might have been attributed by some of us to the simple diuresis caused by the bath. He claims, too, for the baths, that it prevents relapses of the disease. In page 25 we are told of a case which seems to have had plenty of mercury, the patient having submitted to two courses of mercury pushed to salivation, and was yet in a deplorable state. It took six months of the bath to cure him. We believe that twenty grains of iodide of potassium t.d. would have done it in three or four weeks. The bath, says its author, sometimes requires other adjuvants. Mr. Parker uses only either the bisulphide of mercury or calomel; ʒss. to ʒj. for a bath of the latter, ʒj. to ʒij. to the former. In page 34 our author says—"The ordinary modes of conducting mercurial courses by using the drug internally, not only frequently fail in curing the disease, or rather in removing the symptoms for which they are given, but a class of affections are commonly thereby induced which are the result of the treatment; so that on many forms of constitutional syphilis being presented to our notice, it is difficult to say what has been produced by the disease and what by the remedy employed for its proposed cure." Verily the non-mercurialists, such as Boeck, Hermann, Dolbian, Dépres, Cooke, Bennett, and C. Drysdale, could not say anything more against the drug than one of its admirers. The fact is that Messrs. Lee and L. Parker are quite of the infinitesimal admirers of mercury. They give *so very little of it* that it is doubtful whether *any* enters the system. We have heard of patients taking the mercurial vapour bath for a year who had no syphilis, and not being a bit the worse for it, but rather *cleaner* and better. Of course, when there are open sores the mercurial vapour is likely to prove beneficial, just as nitric acid, zinci chloridum, or other irritants. Our own experience shows us that the cases cited by Mr. Parker would all probably have done better on simple vapour baths, iodide of potassium in large doses, and energetic cautery by nitric acid or chloride of zinc. But we advise our readers to peruse this pamphlet and judge for themselves. It is not long, and can be read in about a quarter of an hour; and it is most important that the therapeutics of syphilis should now be carefully studied, since the diagnosis and pathology of the disease may now be said to be very nearly perfectly made out.

Dr. Burton, in a work just published on the Pathology and Treatment of Syphilis, 1868, objects to the mercurial vapour bath for its uncertain action; "sometimes salivation was produced rapidly and surely, and again no effect seemed to follow the treatment." Dr. R. McDonnell observes that "no absorption whatever takes place of the sublimed calomel through the skin, and the action depends altogether upon the vapour breathed by the patient."

Dr. Hermann, of the Wieden Hospital, Vienna, is a well-known foe to the employment of mercury in the treatment of syphilis, and he has thought Dr. Drysdale's pamphlet, which is a collection of the evidence against the mercurial treatment of this and other diseases, worthy of a place in the medical literature of Germany, at the same time adding a few remarks of his own in a short preface to the translation. It is now ten years since Dr. Hermann declared his conviction as to the great amount of mischief done by the administration of mercury in syphilis and in other diseases; and he declares, in his preface, that when the time shall come when mercury shall be confessed to be no remedy, but rather a cause of disease, science will have to celebrate one of its greatest triumphs—for she will free us from the belief now some centuries old in a blind superstition and prejudice ; she will free us from a method of treatment which is only sanctioned by the rawest empiricism. Indeed, with the complete banishment of mercury from therapeutics will disappear, he maintains, at the same time a complete host of forms of disease from the pathological register ; and, doubtless, the health of future generations, which mercury does at present so much to impair, will be greatly benefited by the change. The learned physician of Vienna adds many complimentary epithets to these remarks in speaking of the way in which Dr. Drysdale has brought together the evidence against mercury in his work. Those who read German may perhaps find the perusal of this translation—the original of which is out of print—diminish their certainty as to the virtues of mercury, either in the form of pills, mixtures, or fumigation. There have recently been two admirable discussions on the treatment of syphilis carried on in Paris and in Norway, and the non-mercurialists were, in our estimation, entitled to the honours of the debate, as they adduced much proof of the injury done by mercury.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

December 14, 1868.

B. W. Richardson, Esq., F.R.S., President, in the Chair.

Four new fellows were elected.

Dr. Sansom proposed the election of a committee to investigate the subject of gall-stone, the symptoms produced by them, and their treatment.

The motion was carried, and the following gentlemen nominated as members :—Dr. Thudichum, Dr. Leared, Dr. Thorowgood, Mr. Peter Marshall, and Mr. John Hainworth.

Mr. C. F. Maunder exhibited two patients upon whom he had performed primary excision of the elbow-joint ; in each there was considerable mobility of the artificially produced joint, one patient being able to lift the hand easily to his mouth ; both were able to lift the weight of at least half-a-hundred weight.

Mr. Henry Smith certified in congratulatory terms to the success of these cases.

Some observations were made by Mr. Gregory Smith.

The President then made some further remarks on the effects of exposing animal substances to extreme heat. He showed specimens of animals and organs which had been first embedded in various substances, such as clay, sand, plaster of Paris, &c., and then exposed to great heat. He had found that when animal substances embedded and enclosed in iron flasks were subjected to moist heat of 340° Faht. under pressure, they were, as a rule, completely removed in the course of from one to two hours. A dead frog placed in sand and plaster of Paris was found, on opening the iron flask, to have been almost entirely removed, its exact shape being left as a mould from which a cast could be taken.

Specimens of fish, prawns, oysters, &c., were exhibited in various stages of change towards complete destruction. The most striking fact was that the bodies of animals subjected to the influences above named would be, with the exception of one structure destroyed, and, to ordinary observation, removed. The order of the process of destruction was described. The osseous system persisted after all except the pigmentary matters. The latter were pure exceptions to the rule ; they seemed quite indestructible at the temperature employed. As stated on a former occasion, blood resisted the destructive process, becoming a material resembling caoutchouc ; an analogy therefore existed between blood and pigment.

After some observations by Dr. Routh,

Dr. Thudichum stated that observations, in some respects resembling Dr. Richardson's, had been made aforetime by Papin. The solvent action of the menstruum (water) which he employed modified the results.

The President pointed out the interest of the subject with respect to fossil remains.

Dr. Thudichum then read a paper on "The Spectroscope, in Relation to Physiological and Pathological Research."

NATIONAL ASSOCIATION FOR THE PROMOTION OF SOCIAL SCIENCE.

The Municipal Law Section of the Jurisprudence Department held their first meeting on Monday evening, Dec. 7th, when a paper was read by Thomas Hare, Esq., "On the Means of Manifesting Public Opinion in the Election of Representatives to Parliament." Mr. Hare considered the pause after an election a fitting time for considering the lessons to be learnt from it. Dissatisfaction was general at the exclusion by individual localities of men whom the nation demanded should sit in Parliament. This led at once to the reflection how this could be prevented, and the question naturally arose, whether it was necessary to confine within the limits of a certain district the power of electing or rejecting men of acknowledged eminence and national importance. The present system was liable also to other abuses. A knowledge of the temper of a certain locality taught wireworkers what cry must be raised to insure success, and what passion must be stirred up to overthrow a rival candidate. These abuses would be swept away by enlarging the area of the constituency. He had repeatedly advocated the abolishing of all limits, so that every view and interest might be sure of being represented by the combination of individual votes collected from every part of the kingdom. At present their individual opinions and preferences were swallowed up by a merciless majority. One object of the present paper was to put forward a tentative plan suggested to him by Mr. Hastings, the General Secretary of the Association. Since it was generally agreed that before long the seats would be taken away from the smaller boroughs, it was proposed that fifty seats so obtained should be thrown open to the whole country, each voter to have a national, in addition to his local, vote. Their votes should then be placed on a general list, and then after ascertaining the quotient of the general votes divided by fifty, to return each one of the fifty candidates who obtained such quotient, or who approached nearest. The names of the small boroughs might be retained, and the representatives might be named the members of the Wells College, of the Thetford College, and so on. This plan opened a favourable opportunity for testing the system, leaving it easy to advance or recede according to the result. If the system prospered, what was corrupt and both would be possible to be isolated, and separated from honesty and justice instead of tainting the whole system. This expansion of choice from its present narrow limits would be highly satisfactory to the individual voter and the progress of political education would be incalculable.

In the discussion which followed,

Mr. Hastings thought the late disastrous campaign had prepared men's minds for seeing the necessity of some new system. The scheme presented by Mr. Hare was capable of being adopted tentatively, and the disfranchisement of small boroughs, which, it was generally agreed, must soon take place, would offer a favourable opportunity for trying this plan without disturbing the general system. Under Mr. Hare's plan such men as Mr. Gladstone, Mr. J. S. Mill, and Mr. Austin Bruce, whom the nation demanded to see in Parliament, would not be thrown upon the mercies of certain localities which might happen not to appreciate their ideas, which found favour with the majority of the nation. Intellect and labour would also find place in Parliament instead of simply wealth and capital as at present. He further recommended that the national vote should be taken after the close of the local polls, so that the nation might secure the return of any eminent man who had been rejected.

Mr. Torrens, M.P., opposed the scheme proposed, because South Australia had been thrown into one constituency for the election of members to the Upper House, and the plan had not realised the expectations entertained. [Mr. Hare objected that this was not the same as the plan he proposed.] Mr. Torrens further objected because Mr. Hare's plan was incompatible with the ballot, which he knew from experience to be necessary to prevent bribery and undue pressure. He objected also to voting papers sent through the post-office as a system fraught with the greatest dangers. The system might work in the Universities, but would not do for the masses.

Mr. Hurst thought the scheme unnecessary and unsuitable. The recent rejections in South Lancashire and Westminster he considered due to an ill selection of constituency.

Dr. Staleard was greatly in favour of Mr. Hare's scheme, believing himself at present to be the worst represented man in the kingdom every time that he had exercised the franchise, he had found himself either in an immense majority or an immense minority, so that his individual vote was of no account. Under Mr. Hare's system he would be able to vote in "such a manner that his vote would benefit what he had most at heart—the advancement of his profession. There were one or two medical men in Parliament, but taken as a body they were nothing like adequately represented. He believed the country also would be benefited by the admission of more medical members into Parliament, since so many bills came before them in which sanitary knowledge would be of the highest use. He differed from Mr. Hare and Mr. Hastings in that he would limit the area of these general votes to counties, and not extend them to the whole country, as he considered local influence ought to be preserved. Dr. Staleard also advocated the adoption of some plan by which large constituencies might be more commensurately represented, and the periodic adjusting of the representation to the increase or decrease of population.

Mr. **Holland** thought the plan a good one, because it would make it impossible for local jealousies to exclude an eminent man fro m Parliament. If a candidate obtained a certain quota of votes he would be secure of a seat, no matter how many were against him. It would largely benefit the medical profession, and the admission of more medical men to Parliament would have a beneficial influence on sanitary measures and sanitary state of the country. He had never yet been able to vote for a man whom he cared at all about. By this plan he would be able to vote directly for the man of his choice.

Mr. **Westlake** approved of the plan if it could be shown to be compatible with the ballot, which the majority of the Liberals had come to consider necessary.

Mr. **Shadwell** said any considerable religious denomination would, under Mr. Hare's plan, be able to have representatives in Parliament in proportion to their numbers.

After Mr. **Hastings** had replied to certain strictures and opposed outbalancing advantages to the objections made, the Chairman summed up briefly as it was getting late, and gave his assent to the scheme with certain modifications. A vote of thanks was given to the Chairman and the paper was ordered to be printed.

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Summary of Science.

[The Editor of this Summary wishes it to be understood that he is not responsible for the ideas, theories, or the correctness of statements made in any of the papers quoted in the compilation.]

(*Specially Edited and Compiled for the Medical Press and Circular.*)

By C. R. C. TICHBORNE, F.C.S., F.R.G.S.I., etc.

EXTRACTUM CARNIS.

Mr. Bruce Warren has made the observation, that if a solution of the above-named preparation is digested with a large quantity of æther, there is found on the surface of the solution a substance that does not dissolve in the supernatant æther, but, if mixed mechanically, again separates. In diluted acetic acid, the caustic alkalies, and alcohol, it is partially soluble. Its alkaline combinations yielded no crystals. These results, the fact of its swelling in water without dissolving, and its insolubility in æther, shows that it consists principally of cerebric acid.

The cerebric acid is derived probably from the nerves which ramify the parts from which the extract is made.

"A suggestion arises," says the author, "that cerebric acid, as found through the nerves of the muscles, may have a distinct modification to that found in the brain, for its insolubility in water should prevent its appearing in the extract, even in the smallest quantity.

PEROXIDE OF NITROGEN.

Hyponitric acid vapour decreases rapidly in density up to 43°, then this decrease becomes less noticeable, and at 150° C., is nil. At the same time, the vapour assumes a deeper and deeper tint. M. Wurtz supposed that the molecule of peroxide of nitrogen, at a low temperature, contains $N_2\ O_4 =$ 2 volumes, and that it dissociated on heating in two molecules of the body $N\ O_2$, occupying two volumes. Peroxide of nitrogen is colourless at a temperature at which its vapour corresponds to $N_2\ O_4$. It is now supposed that $N_2\ O_4$ is colourless, and that $N\ O_2$ is coloured.

NOTATION OF MINERAL SILICATES.

Dr. Reynolds, in an elaborate paper published in the *Philosophical Magazine* for October, endeavours to construct a type formula which shall represent the oxygen ratio of these compounds, which, he says, is disguised in the notations used by Odling, Wurtz, Frankland, and Dana. His formula is constructed upon the water type, representing the normal molecule of silicic acid as $Si\ O_2$. He is of opinion that the normal rate of condensation is three, or some simple multiple of that number. The subject is too foreign to the purposes of this Journal for us to enter further into this important question, therefore we must simply draw attention to this interesting paper.

HARROWGATE WATERS.

Dr. Muspratt gives a fresh analysis of the Harrowgate water this year. He points out what must be evident, that, although the general character of mineral waters must, with some violent volcanic shift of the earth's crust, be the same, yet that a continuous partial change is often evinced. Thus, in the water re-examined, there is an increase of twelve grains to the gallon, whilst the sulphides of sodium, chlorides of potassium and magnesia, are augmented.

The waters originally contained sulphate of lime, which has now all disappeared. The following is the composition, according to this gentleman, of what may be considered the most important sulphur well in the United Kingdom :—

	Grains in the Imperial Gallon.
Carbonate of lime	10·545
Carbonate of magnesia	2·864
Chloride of sodium	862·412
Chloride of potassium	69·897
Chloride of magnesium	61·769
Chloride of calcium	79·878
Chloride of barium	4·998
Chloride of strontium, trace.	
Chloride of lithium, trace.	
Sulphide of sodium	16·418
Iodides, bromides, and ammonia, traces.	
	1108·781

Cubic inches of carbonic acid in the gallon, 25·5. Sulphide of hydrogen, 7·01.

ON THE PRESENCE OF STARCH IN THE YELLOW OF EGGS.

When the yellow of the egg is washed with æther the yellow oil is got rid of. This operation, says M. Dareste, must be performed very quickly, or the albuminous matter will coagulate. The residue is then, on being washed with water, freed from the substances soluble therein, especially albuminous and saccharine substances. The residue is then treated with acetic acid for some considerable time (three months). It then forms a very slight precipitate, the greater part of which is the amyloid substance.

This presents the usual characteristics of starchy matter.

THE APPROXIMATE ESTIMATION OF THE INTENSITY OF TOTAL DAY-LIGHT.

Mr. Wright ("Proceedings of the Royal Society") proposes an easy method by which the intensity of day-light may be approximately estimated. His simple instrument consists of an upright rod, the top of which is painted with a black spot upon a white ground. The rod is divided into one hundred parts. Over the rod is a tube, the interior of which is painted black, and which slides up and down the rod. The tube is drawn gently down the rod, and at the same time the operator looks steadily down at the black spot. It will be found, that as the tube ascends, the black spot will gradually disappear, and ultimately vanish in the gloom ; it will also be found, that on different days, and different hours of the same day, the point at which the black spot vanishes will vary with the intensity of the light. This point is read off on the scale connected with the rod. The results are not scientifically correct, as it will be affected by the eye-sight of the person who makes the observation. This measurement also has nothing to say to the chemical activity of the light ; but, as Mr. Wright observes, such an instrument is of considerable practical use.

Erratum.—"Dropsy and its Pathology." Page 505, ninth line, for "*microscopic*" read "*necroscopic*."

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 30, 1868.

EDUCATIONAL REFORM.—No. V.

IN the preceding articles we have principally insisted upon the necessity of having one portal of entrance into the medical profession. It is a simple and a sweeping change, which cannot long be delayed. The Medical Council must gird up its loins for the work, or be prepared to give an account of its neglected stewardship. If it cannot achieve the end under its present constitution the profession must help it to attain a constitution which will ensure success. If any other measure would suffice we should be inclined to favour it, for we know what is involved in gaining the proposed object. But the fact is, that nothing less can ever raise the medical profession to its proper estimation in society; and it must appear obvious to common intelligence that there are certain things which every medical man ought to know, and a certain order in which he should be tested in them. If so it cannot be right that there should be a number of different bodies issuing contradictory programmes, and selling licences to practise which afford no guarantee whatever of proficiency in several important branches of medical knowledge. And if it is not right that such things should exist, the profession must see these evils abolished. The profession can act partly through the journals, partly through the corporations, partly through the Council, and partly through independent organisations; and to these means of action we purpose to call attention hereafter. At present we must start with the supposition (remote as it is from the fact) that the Medical Council, aroused to a proper sense of the trust committed to it, enjoys an absolute power over the corporations in educational matters, and is determined to exercise it to put an end to all anomalies and to establish uniformity. The first step would be to affirm the principle of instituting an uniform set of examinations for a minimum qualification to practise—a qualification which all medical students would be required to obtain. Now it is obvious that this end would be effected in two ways—namely, either by the creation of machinery entirely new, for which fresh powers would have to be conferred by Act of Parliament, or by a combination of the machineries already existing. If the Colleges of Surgeons and Physicians in each of the three kingdoms were made use of, it would be easy enough to arrange everything satisfactorily; but, in our opinion, it would be a task of the greatest difficulty and hazard to attempt to extinguish altogether the privileges of the Colleges, and to institute new machinery for conducting examinations and conferring a licence. It is not our present intention to enter more at large into the mode in which the Colleges might be made to work under the Medical Council; it is sufficient to affirm the possibility and the facility of the plan. The result would be that in each kingdom there would be Examining Boards appointed jointly by the Colleges of Physicians and Surgeons, that all fees would be paid to the Medical Council, and that the Council would possess entire control over the examinations and the conditions of study. Thenceforth no corporation would be allowed to issue schedules or regulations for the general qualification to practise. The duty of doing this would rest with the Medical Council, and with the Medical Council alone. The Medical Council would clearly lay down the subjects in which students must be examined before they could obtain a licence, the extent to which they would be required to learn each subject, the certificates which they would have to produce, and the number of separate examinations and the intervals between them. If this were done by the Council all the existing regulations, contradictory and confusing as some of them are, and all the existing schedules would cease and determine. Amid the present enlightenment and advanced growth of rational conviction it would be impossible to attempt to publish from head-quarters any minute set of conditions of study or to attempt to transform students into Scribes and Pharisees, paying "tithes of mint and anise and cummin" and neglecting the weightier matters of the law. The whole of the curriculum would be divided into periods, and to each period certain subjects would be assigned, and at the end of each period there would be an examination in the subjects assigned to it. No period would be overweighted, and hence the student would have a considerable amount of time at his own disposal, which he could employ to the best advantage. He would not be driven, as he is now, to do what he is convinced is useless to him and interferes with studies of greater importance.

A general certificate of satisfactory study and good conduct would be required at the end of each period, and the extent to which the student would be examined in each subject of study would be clearly defined. This is absolutely all that the central authority need lay down. All the rest belongs to the individual schools. The examination is the helm by which the student would be guided, and the mode of instruction the sails by which he would progress. If the mode of instruction were faulty, progress would be slow, the student would fail to reach the haven where he would be, and the reputation of the school at which he studied would suffer. Hence, by throwing the burden of choice of means of instruction on the schools, by making them select and arrange the amounts of lectures, reading-class examinations, and examinations for prizes, the burden would only be thrown on those who for their own interest would wish, aye, and be glad to bear it.

The school which taught the best, which adopted the best methods, which had the best appliances, and the most abundant educational material, would take the first place. A healthy competition would be engendered. Competition exists at present, but it is not a healthy competition. It is a competition rather of show than of substance; of advertisement, and not of reality. Students are attracted by prospectuses, by bygone prestige, by respectability, by connection, by tradition, by scholarships, and by the apparent, not the actual existence, of educational advantages. It is because we wish to see the teaching of the schools reach a higher standard, because we desire that the best men should occupy the best places, because we are anxious that neglected material should be utilized for turning out medical men thoroughly qualified for the purpose of practice in *all* branches of our profession that we so strongly urge the advantage of a purer and more salutary competition. No school can be forcibly extinguished. If any dies, it must die of inanition. Under the new *régime* which we anticipate, we should have no longer professors without classes or professors with inadequate payment. For instruction, and not for signatures, men would enter the lecture theatres, and our well-remunerated professors would feel the wholesome necessity of teaching well, or accepting the Chiltern Hundreds, or not teaching at all. As it is now, a school may have many, or several indifferent lecturers and teachers, and yet not suffer any appreciable diminution, but if the Medical Council possessed a general supervision over our educational institutions, and the numbers of successful and unsuccessful candidates from each school were published yearly, side by side, and if the responsibility of adopting good methods of teaching lay upon the schools, it would be indispensable for them to have able staffs, and to provide first-rate instruction. The managing committee of a school could not afford to elect inferior men out of its own body in the place of better men from other quarters. If it did, its school would languish; students might enter to one or two of the courses, but they would refuse to pay money for worthless instruction. If the school expenses had to be defrayed out of the fees, as is sometimes the case, the burden would at once become too obvious to be ignored, and the inefficient teachers would have to resign their offices.

The existence of schedules renders it difficult, at the present time, for a student to escape from entering to the whole course of instruction; but with schedules abolished, with greater freedom of entry at the different hospitals, with utilization of the workhouse infirmaries, special hospitals and dispensaries, and possibly with independent teachers starting up in the metropolis, all the departments would have to be well worked if the authorities wished to see their school in a flourishing condition. We advocate the inauguration of a reign of freedom, that competition, becoming keener, may culminate from the professional chair, amiable incompetence, obsolete imbecility, and drawling dulness; that our lecture rooms may be filled with men eager for instruction, not meditating mischief, or settling into sleep; that our museums may be made thoroughly educational, and their contents be easy of access to the diligent and inquiring; that our pupils may obtain for their money the money's worth; that the labours of professors may be directly requited with adequate recompense; and that our courses of instruction may be adapted more thoroughly to the great end of all medical education—the production of safe and skilful practitioners of the healing art in all its branches.

FEVERS IN SCHOOLS.

An outbreak of fever in some of our public schools has lately directed public attention to the responsibility that attaches on the one hand to the managers of those institutions, and on the other to the parents of the boys.

There are many points that may be said to be common, and not worth discussion. There are, again, points where the interest of the school and the parent is opposed and as to each party, where interest and duty scarcely coincide. So far as public opinion is concerned, all fevers may be placed in the same category. The profession, however, will regard scarlet fever with peculiar interest, both on account of its extreme communicability and the serious nature of a large proportion of the cases. It is, further, of greater consequence from the length of time that must elapse before the patient can be safely admitted into the society of those who have not had the disease. The contagion clings more persistently to the convalescent from scarlet fever than almost any disease, and there is little hope of destroying it, except by the most rigid and complete disinfection, extending over a considerable period. When a boy contracts the disease in a public institution, he should at once be separated from all the others, and medical men with the care of schools should personally superintend the precautionary measures they desire to enforce. We would advise the thorough use in large quantities of disinfectants throughout the establishment. Sulphur fumes are most easily applied, and very effective. A spoonful of sublimed sulphur should be burnt in the room lately occupied by the patient, and the fumes should be shut in for a whole night. After that, windows and doors should be opened for several days, and subsequently carbolic acid may be sprinkled about. It is superfluous to add that clothes and linen should be disinfected by these or other means. The best plan is to subject them to a great heat. Were similar measures in a less degree resorted to throughout the establishment we should hear of fewer cases of the spread of the disease. For instance, we would, as soon as fever appeared in a school, having removed those affected, burn a little sulphur in every room every morning after the boys were up, keeping each room closed for an hour or two, so as to allow the fumes full play. After that, windows and doors could be kept open all day, and in the evening dishes of Condy's fluid should be placed in every room, to remain all night. All closets and urinals should be treated to abundant quantities of carbolic, and properly diluted. Here we would remind our readers that Professor Parkes's recent investigations show the need of using all disinfectants more freely than is commonly done, if we wish to secure their complete action.

Whether children who are attacked by fever should remain in the convalescent building of a public school, or how soon they should return to the school, or whether they should go home to their families, involve some nice points between parents and managers. As a rule we believe parents will usually prefer to have their sons at home during the illness. The duty of the medical man will be to determine whether the patient can safely be taken—a decision often very difficult, for it involves the questions of distance, means of transport, and other things, besides the actual condition of the sufferer, for the uncertainty that exists at first as to whether the disease will prove as suspected is only resolved when the appearance of the rash renders the danger of a chill greater. It is an anxious question for the practitioner, and he must conscientiously weigh the facts and act for the best in each individual case.

The question of conveyance meets us both at the first sickening and on convalescence. We have often supported the movement for securing proper carriages for the use of hospitals, and if they were generally in use much danger to the public would be averted. Complaints have been made of convalescents being sent careering through the country and disseminating disease wherever they went. But no one can say the precise moment when there is no longer danger, and no provisions exist for the conveyance of such invalids.

In the case of scarlet fever, it cannot be too much impressed on the public that there is more danger of infection during desquamation than in the earlier stages, and until that process has been completed for some days, there is great danger to the patient himself if he leave his own room. To do so is in the highest degree imprudent and has often resulted in a fatal relapse or complication. It follows, therefore, that instead of relapsing, we should redouble our attention to disinfection in the latter stages. It is want of attention to this that so frequently gives rise to new cases, when the household has begun to think all danger over; and to the fact stated we must look for the explanation of the immunity sometimes enjoyed by those who have at first been exposed to, but afterwards removed from, the source of contagion.

What we have said bears directly on one point in which parents are apt to err—we trust inadvertently and unintentionally. After a vacation no source of contagion ought to remain in a school. During the holidays there is time and opportunity to take every precaution, and we may presume that wherever an epidemic has occurred, the medical man would be sure to enforce the necessity of the most thorough measures being adopted. And yet the commencement of an outbreak is almost always at the beginning of a term. The reason, we believe, may mostly be traced to fresh importations. We have known boys who have had scarlet fever in the holidays sent back to school at the opening of a term before it was safe for them to mix with others, and that, too, without regard to proper means of disinfection. Now this is unjust to large numbers. It is almost certain that in a large school some will be peculiarly susceptible, and they will then fall sick of the fever. It may be that the schoolmaster knows nothing about it—the parents have never named the illness of their boy—he seems tolerably well again. So when the first case occurs there is no suspicion during the period of *malaise*, and only when the doctor is called in to see the rash is it revealed that the formidable disease has established itself in the school. A good deal has been said lately about schools giving boys fevers; but our experience indicates that the parents of some one lad have usually thus introduced them. A good deal has also been written, and that too in rather a bitter spirit, against schoolmasters sending home convalescents before it is safe to do so. Surely it is quite as wrong for parents to act thus towards the schoolmaster. In truth, our sympathies are rather with the latter, for the disease is infinitely more formidable to him than to a small household, and the parent who receives a lad at home only risks his own family, while he who sends one to school in an unrecovered state may distribute infection to every one of the numerous families who send a child to that school.

TRAINING SHIPS AND THE NAVY.

That a commercial country like Great Britain, with a large superfluous population and a traditional right to "rule the waves," should be short of sailors is certainly a reason for some misgivings. The Royal Navy will find the reserve insufficient in case of active service, and the mercantile marine is now in the same condition. Yet we have a vast and appalling number of boys growing up and being, so to say, regularly apprenticed to the criminal trades. "Homeless and destitute boys" abound in London and all our large cities. Waifs and strays, belonging to no one, knowing no home, no father, no mother, are growing up, and they have no resources by which to gain an honest livelihood. What a blessing it would be could we turn all this raw material into sailors, and thus increase the supply for both the navy and the merchant service.

According to statistics recently published, the loss of the mercantile marine alone is at the rate of 8 per cent. per annum. The present gain from boys and apprentices is only 3 per cent., and that figure is continually decreasing. This fact has been properly used to stimulate the philanthropy of those who rejoice at the success achieved by the training ships that have been employed in this good service. There is little reason, we should imagine, to encourage those who have already interested themselves in the undertaking, and there must be an immense number of people engaged in other ways in reclaiming young criminals *in esse* or *in posse*, who would gladly give their influence to aid this plan. We should be glad to see every port possessed of its training ship, and the large ones supporting several; for experience has fully confirmed all the predictions of good that the institutions have given rise to.

There is another point, too. Where a ship cannot be obtained, as in inland schools, why should not the plan that has succeeded in Belgium be tried by us? The Belgians place in school yards the deck, masts, sails, &c., of a good-sized ship, and have an experienced sailor to teach the boys to go aloft, set or furl sails, and, in fact, do everything they would have to do at sea. This preliminary education is found to be very useful to those who enter the services, as a very large proportion of them do. The Stepney Union has tried this plan in its school with great success. We were also lately told that some members of the School Committee of the St. Pancras Board of Guardians would bring forward the subject for discussion, in which case we trust it will not be hastily dismissed. There is no reason why every Union in the country should not adopt such a scheme. For the ports undoubtedly an actual ship would be better, and there should be no difficulty in our large cities supporting an adequate number. To those inclined to help we may whisper that it is not difficult to get a ship for this purpose, and it should be remembered that under the Industrial Schools Act, the Government allows a capitation grant on all the boys thus educated on board.

We have said that a ship is better than the appliances that can be fitted up in a school play-ground; but that these latter are of great value is incontrovertible. Mr. C. Tufnell's report has been often quoted in support of this view, but we may venture to cite the following passage:—

"A captain came to the Stepney School, and said, 'I have seen a little boy at sea scarcely higher than a coil of rope, who has been trained in this school, and he is so active and useful that I am determined to have a boy like him, if I can obtain one.' Another day, a shipowner called at the school and said, 'That as his ship was going down Channel on her last voyage, with one of the boys from the school on board, the pilot said, 'It would be as well if the royal were lowered; I wish it was down.' Without waiting for orders, and unobserved by the pilot, the boy instantly mounted aloft and lowered the royal, and at the next glance of the pilot to the mast-head, he perceived that the sail had been let down. He exclaimed, 'Who's done that job?' The owner, who was on board, said, 'That was the little fellow whom I put on board two days ago.' The pilot's rejoinder was, 'Why, where could he have been brought up?' That boy had never seen the sea, or been on a real ship; but these and similar facts which I could relate, appear to me to prove that it is possible to turn boys into not inefficient sailors by appropriate arrangements on dry land."

Nothing could be more encouraging than this official declaration, and we hope that it may lead to a rapid development of the plan that we may soon see results as pleasing as those which have so gratified us on the Continent.

We now turn to a more strictly medical part of the question. It is not only necessary to provide for, but to preserve the sailor class. The health of these pillars of the State has never been adequately cared for. Last year's Merchant Shipping Act will, we hope and believe, have some effect in protecting the health of the British sailor, but we fear that, like many other acts, it leaves numerous passages through which the shipowners may escape. The carelessness of all concerned is almost incredible. Men constantly go to sea who are too ill to do their duty, and whose illness is protracted for months, although a captain may easily assure himself that his crew is in good health. Again, the old routine as to diet is too often adhered to, in spite of the many improvements that have rendered it easy to replace the old salt meat with good, varied, and nutritious food, without increasing the cost.

Shipowners should reflect over their own luxurious meals on the uniform rations they provide their crews—ask themselves how long they could subsist in health on such a diet, and conscientiously discharge their duty towards those who are so dependant upon them.

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THE INDIAN SANITARY COMMISSIONS.

Sanitary Commissions in India would appear to have had a short, and in some instances, a somewhat troublous career. In February, 1864, the Government of India directed that a Commission should be established at each of the Presidency towns for the purpose of devising means whereby effect should be given to the recommendations by, or, as they were called, from their number, *the thirty-nine* articles of the Royal Commission of 1859. Among other instructions issued for their guidance, the relative duties of president and members were clearly defined. The former had, on all occasions, decisive authority, the members having the right of recording their views in minutes, and requiring that those minutes should be submitted to Government. All civil and military authorities were directed to afford to the Commissioners every assistance they might require.

A medical officer of standing was appointed President of the Commission formed at Bombay, and the propriety of the step does not admit of question. What was right there, however, does not appear to have been considered suitable for Madras or Bengal, in both of which Presidencies the Commissions were presided over by civilians, a medical, military, and engineer officer being nominated as members of each. Another point of difference seems to have existed in the composition of the Commissions. In those of Bombay and Madras the medical member belonged to the Indian Medical Service, but in Bengal an officer of the Army Medical Department was appointed, not in consequence of the official position he held at Calcutta, but, as recorded in official documents, because it was considered desirable to have on that Commission an officer having special knowledge of European soldiers and their requirements. It would, moreover, appear, that so great was the advantage which arose from this arrangement, that when, on the approach of the hot season, the president and secretary accompanied Government to its summer retreat at Simla, where the Inspector-General of the British Service also resided, documents requiring a professional opinion were sent to the medical member at Calcutta, some of the latter functionary's being probably among the number. Civil and military authorities had been ordered by the Supreme Government to afford every facility to the Commissioners, who were, in their collective capacity, no more than a consultative body, and, in submitting their respective views to the President, had frequently to comment upon opinions expressed by various officers holding higher rank than themselves, or even than the President; it is, therefore, a remarkable circumstance, that among the reasons assigned for breaking up all these Commissions, was, with reference to the one for Bengal, that "there was a constant risk of disagreement between the Commissioners and the head of the Medical Department, British troops, and other departments, at army head-quarter, but especially with the former, his own subordinate, the Deputy-Inspector General at the Presidency, being in the Commission." Surely there must have been "something the matter" with the Bengal authorities, for no such complaint came either from Bombay or Madras. The former distinctly asserted, that so far as they were concerned, no such collisions had occurred; neither should they have happened in Bengal, had the authorities alluded to there been constituted as are those of the minor Presidencies.

But there is reason to believe that other circumstances than those just stated really terminated the existence of the Commissions in question; that the true cause lay in the fact that dissatisfaction was felt by the members of the Bengal Commission at an officer of junior rank being appointed to the vacant post of President, and that the opportunity of their expressed dissatisfaction was taken to reconstitute those of all three Presidencies. Thus ended in May, 1866, consultative bodies whose births dated only two years previously. During those two years, however, the Bengal Commission not only submitted to Government its views as to the means by which every one of the recommendations of the Home Commission might be carried out, but laid down definite rules as to the manner of effecting needed improvements that bore upon the masses of native population of that country.

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DETENTION OF LUNATICS.

Another important lunacy case has been decided in a manner we can cordially approve. After only two or three minutes' deliberation the jury decided that the relatives who subjected to restraint a man who was proved to have committed acts of outrageous folly and clear insanity were justified in so doing. Questions of this kind will constantly recur, and the profession has the deepest interest in them. The case to which we allude was concluded in the Court of Common Pleas on the 18th inst., and the violence of the alleged lunatic, who now sought redress on the ground that he had been improperly confined in an asylum, according to the medical evidence, originated in intemperance. In the course of his summing up Mr. Justice Smith pointed out that it was very important that persons should not be shut up in lunatic asylums from any improper motives; but it was equally important that those afflicted with mental disease rendering them dangerous to others should not be at large. Further, although it would be unjustifiable to shut up a harmless imbecile in a lunatic asylum, it was the duty of the friends of any one afflicted with a disease which made him dangerous to others to prevent his being at large. To justify detention the person should be of unsound mind and dangerous to himself or others at the time when the restraint was commenced. Mere passionate outbursts or occasional instances of cruelty should not suffice; but the jury should be satisfied "that when the plaintiff was placed in the asylum his reason had left its throne, and he had become incapable of controlling his actions." We have said that the jury were so satisfied, and that, so far as we may judge from the published evidence, we concur in the verdict. The case is interesting to medical practitioners as an illustration of the responsibilities they assume in signing certificates of lunacy, as well as from the fact thus brought out that a patient may be in such a state of mind as to render restraint necessary, but in a comparatively short time may be so far recovered as to commence a prosecution for improper detention, and to give his evidence in a coherent manner. There is nothing new in this to those who are familiar with lunacy practice; nor, indeed, to the immense majority of medical men; for cases of *delirium tremens* and other results of intemperance are unhappily too frequent. The lesson to be learned from the trial, then, is merely one of caution, for it exhibits in a striking manner the risks of certifying to the unsoundness of mind of a patient whose welfare seems to demand restraint.

The profession is by no means careless of the danger; and we have known practitioners who have uniformly refused to sign certificates. In large cities this may be no inconvenience; but in country districts it is obvious such a course of action might lead to sad consequences. This trial shows that a jury will not be necessarily led away by present appearances from the evidence of what has preceded.

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SCOTLAND.

THE UNIVERSITIES OF EDINBURGH AND ABERDEEN.

These two Universities have not been unanimous in their choice of a representative in the General Medical Council. Mr. Syme's term of office expired some time ago. The Edinburgh University re-elected him, but that of Aberdeen has chosen its own Professor of the Practice of Medicine, Dr. Macrobin. The Queen, by the advice of her Privy Council, had to decide, and has selected the latter gentleman.

THE ROYAL INFIRMARY, EDINBURGH.

Letters are still appearing in the Scotch papers on the subject of the site of this institution. There seems to be strong difference of opinion as to the best place for its erection. Meetings have also been held to discuss the point. On the 23rd instant a paper was read by Mr. James Gowan at a meeting of the Architectural Institute of Scotland, on "The Edinburgh Infirmary and its Site," in which he suggested the extension of the present site by acquiring additional ground to the east, and advocated the raising of the level of the present site, and the building of the new infirmary on the artificial platform so obtained. A number of gentlemen took part in the discussion to which the paper led. On the following evening an adjourned debate was resumed at a special meeting of the Medico-Chirurgical Society on the infirmary and its site, and was continued by Dr. Sanders, Professor Balfour, Professor Syme, and other medical gentlemen. The majority of the speakers were in favour of the adoption of the site of George Watson's Hospital, and building upon it both a medical and a surgical hospital.

ST. CUTHBERT'S.

The ceremony of opening the new poorhouse for the parish of St. Cuthbert's took place on the 21st instant, in presence of a large number of the members of the acting committee and of others interested in the parish. Sir James Gardiner Baird presided, and delivered a brief congratulatory address, in which he remarked that the house was as handsome and commodious an erection as they would be justified in building for such a purpose. An hospital had also been built, and he trusted that those who suffered from sickness, and required to go to the hospital, would find it a means of restoring them to health and strength.

PRIVATE SCOTCH BILLS.

Seventeen of these were deposited in the Parliament Office for the next session. Among them we find the Edinburgh and District Water Bill; another to obtain from the Edinburgh Water Company a supply of water for the new poorhouse and buildings connected with it; and another, the Edinburgh Royal Infirmary Bill.

EDINBURGH.

On the 21st inst., the Edinburgh House of Refuge for the Destitute held its annual meeting in the Council Chamber. A number of eminent gentlemen were present, and after the report had been read by the secretary, took part in the proceedings.

The same evening the Society for the Relief of the Destitute Sick held their annual meeting in the Craigie Hall, St. Andrew's square. The chairman gave a practical description of the working of the society, and one of the speakers stated that "next to the Royal Infirmary no society in Edinburgh did so much good."

THE ROYAL MEDICAL SOCIETY.

The annual dinner of this society was held at the Douglas Hotel. The toast of the evening was proposed by the President, Mr. F. Pritchard Davies, and was received with great enthusiasm. Professor Spence replied to the toast of "The Royal College of Physicians and Surgeons," and that of "The Edinburgh Medical School" was replied to by Sir James Simpson. The next toast was "The Medical Council and Dr. Andrew Wood," and Professor Playfair acknowledged "The Sister Universities." The remaining toasts were "The Royal Infirmary," "The Clergy," and "The Ladies," to which Professors Bennett, Kelland, and Blackie respectively responded.

SCOTTISH REGISTRAR-GENERAL'S REPORT.

The monthly returns for the eight principal towns of Scotland are still unfavourable. In November 2,474 deaths were registered. Allowing for increase of population this is 117 more than the average number for the month of

November in the last ten years, and is 425 more than the number registered in the corresponding month of last year. Scarlatina, though on the decrease, continues the most fatal of the epidemics, having caused 272 deaths in the eight towns.

Notes on Current Topics.

Charity.

At this season of the year the usual appeals to the charitable are being made in aid of the various institutions for the relief of the destitute and needy. No less than four of these were noticed in the *Times* of the 23rd inst. The Dudley-Stuart Refuge, founded upon the principles of discriminating charity; receiving only those whose characters will bear a careful investigation. The Institution for Needle-women; the object of which is to find them partial employment when old or widowed, and yet desirous of work. The Field Lane Refuges for the homeless poor, which, in addition to affording temporary relief, is making special efforts to reinstate them in their former positions. And the Boys' Refuge Farm School, which was opened on the 22nd inst., for the reformation and employment of the destitute and homeless boys of London. There are others as well which we have not space to enumerate, equally deserving of encouragement and support. We cannot speak too highly of such efforts, but it becomes more and more self-evident that voluntary benevolence, however liberal, can never meet the difficulties arising out of our wide-spread and increasing pauperism.

Public Health.

From the weekly return of the Registrar General we select as follows:—In the week ending Saturday, 19th December, 3,350 deaths were registered in London and thirteen other large towns, the rate of mortality being twenty-seven per 1,000 persons living.

Active measures have at last been taken to secure a more general adoption of vaccination in Sheffield, they are, however, too recent to have yet considerably affected the mortality from small-pox in that town; during the fortnight ending last Saturday 17 more fatal cases of this disease were then recorded, raising the total deaths from this cause since 1st July to 268. Scarlatina, and fever, principally of the typhus and typhoid type, are still fatally prevalent in Manchester, and typhoid fever in Leeds. The typhus epidemic in Liverpool has declined in the two past weeks. In Hull several fatal unvaccinated cases of small-pox were reported last week.

The deaths registered in London during the week were 1,558. The deaths in the present return exceed by eleven the estimated amount, and are more by seventy-two than the number recorded in the preceding week.

The deaths from zymotic diseases were 332, the correct average number being 354. Five deaths from small-pox, thirty-three from measles, 100 from scarlatina, seventeen from diphtheria, thirty from whooping-cough, sixty-one from typhus, and eleven from diarrhœa were registered.

One hundred and sixty-six deaths occurred from phthisis, 190 from bronchitis, and 117 from pneumonia.

Diseases of the brain and nervous system proved fatal to 194 persons, and seventy-eight persons died from diseases of the organs of circulation.

The Treatment of Consumption by Ether.

The dyspepsia of consumptive patients, which is developed to the greatest extent in those very stages of the disease in which perfect assimilation is most needed, and which thus tends to counteract every effort to introduce cod-liver oil and other fatty bodies into the system just at the moment when those remedies are virtually important, has met with a new and physiological system of treatment in the use of ether and etherised cod-liver oil. Dr. Foster, of Birmingham, has reprinted the observations on the subject which he made at the British Medical Association, and throws considerable light on the principles and practice of the new treatment.

"Numerous independent inquiries have all ended by pointing to the difficulty of assimilating fat as the constant characteristic of the dyspepsia of phthisis; and statistical observations tell that, in at least seventy-five per cent. of consumptive patients, this defective assimilation occurs. Adding this fact to others, such as the early and rapid disappearance of the fat stored in the tissues, the development of the inability to digest fat, antecedent to the local lesions, and the marked improvement observed in patients when the digestion of fatty matter is restored, we have, I think, evidence strong enough, in the absence of any more precise indications, to demand that our first efforts should be directed to improve this state of defective assimilating power."

. . . .

"To pour oil into a patient's stomach, without at the same time taking measures to ensure its digestion, has always appeared to me a crude kind of therapeutics."

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"Experimental physiology has taught us that the only fluids in the body which have the power of acting upon fat, so as to render it fit for absorption, are the secretions of the pancreas and the duodenal glands."

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"As Bernard has shown, the chief of these glands (the pancreas) is most sensitive to nervous influences, ceasing to form a healthy secretion from very slight irritation, and even from emotional influences."

. . . .

In this paper I have, however, to propose a mode of treatment which should, I think, in all cases precede the use of such remedies as pancreatic emulsion, because it aims at remedying the disorder, not by artificially complementing the defective secretion, but by stimulating the glands to renew their healthy action. Instead of throwing into the system a substance that may yet be formed in physiological quantities, it endeavours to promote the normal flow of pancreatic juice."

. . . .

"The drug which gives us this power is *Ether*."

. . . .

"In the out-patient departments of our hospitals, many such cases occur, which are generally classed as dyspepsia. Many cases of neuralgia are also to be met with in which a decided improvement follows the increased power of absorbing fatty food. To both classes of patients I gave Ether sometimes in combination with cod-liver oil, sometimes alone before meals. The results were most satisfactory; the oil was digested more easily, and the nutrition of the patients greatly improved."

. . . .

"In my first cases, the Ether had been given in water with hydrocyanic acid and bicarbonate of potash, twenty-minim doses of Ether to each ounce of the mixture. The Ether was afterwards added to cod-liver oil, about ten minims added to every two drachms of oil at first, afterwards fifteen and twenty minims were occasionally given in the same quantity of oil. In some cases the Ether was administered in water alone, and taken a short time before the oil. The effects were similar in all cases; but for convenience sake, and on account of its power of masking the unpleasant properties of the oil, I now, generally, give Ether mixed with cod-liver oil in the proportions mentioned. In my second and systematic inquiry, I treated fifty cases taken as they presented themselves at the Dispensary."

. . . .

Sixteen were admitted in the first stage of the disease; *nineteen* in the second stage; and *fifteen* in the third stage.

Of the *Sixteen* in the first stage (or stage of deposition) seven improved in general symptoms and in physical signs, gaining on an average over 7½lbs. each; five remained stationary, all gaining weight slightly; and only four became worse.

Of the *Nineteen* cases in the second stage, six improved in all respects, gaining, on an average, about 8lbs. each, two cases gaining 14½ lbs. and 10lbs. respectively; six remained stationary; and seven became worse.

Of the *Fifteen* cases in the third stage, seven improved, gaining, on an average, about 5lbs. each; five remained stationary; and three became worse.

Of the total *Fifty* cases, *Twenty* improved, *Sixteen* remained stationary, and *Fourteen* became worse.

Army Medical Promotion.

The reported reduction in the Army Medical Service will, we imagine, if it be carried out, be the signal for very many resignations of those assistant-surgeons who may not like the indefinitely distant prospects of promotion. The half-pay service to which it is believed that a large number of assistant-surgeons will be consigned, does not count for promotion; and as the junior surgeons expect to participate in the reduction, they will, of course, have their turn before any of the assistant-surgeons can even hope for an advance of rank. Were it not for this contingency the new men now at Netley might fix their hopes of promotion about twelve years hence, when the large number of their fellows who gained admission in 1858 were disposed of by death, resignation, or promotion.

Rumoured Reduction in the Army Medical Department.

We learn, on the authority of a correspondent who enjoys every opportunity of confirming the information, that a very extensive reduction in the force of the Army Medical Department is contemplated. We believe that the new War Secretary is determined, at all risks, on making John Bull's little account more grateful to that gentleman's pocket, and is not likely to be deterred in his economical schemes by any of the urgent claims for medical services of which we have lately heard so much. If our intelligence be correct, it is looked upon at Netley as most likely that at least 100 assistant-surgeons will be placed on half-pay for a year or two. If this intention is carried out, we presume that no vacancies in the British service will be filled up at the competitive examination next February; and those students who have been looking forward to that trial to settle themselves in the service will be compelled either to go to India or to remain unemployed.

The Vacancy in Vincent's Hospital, Dublin.

We are requested to state that Dr. Laffan is a candidate for the vacancy in the medical staff of this hospital created by Dr. O'Farrell's death. Dr. Laffan is an active member of the Catholic University medical staff, and as Registrar to the Faculty of Medicine has a good deal of school work thrown on him. He is known to the public as the author of a pamphlet on medical reform, in which, among other changes suggested, is contained a proposal for throwing open the Irish dispensaries to competitive examinations. We learn, on good authority, that it is probable that no appointment will be made on the working staff of the hospital in consequence of Dr. O'Farrall's death; but it is possible that the office of Consultant, to which Dr. O'Farrall has of late years devoted himself, may be filled up.

Professor Skoda.

We deeply regret to hear that this distinguished professor is dangerously ill, and that the profession in Germany is likely to lose its great auscultator. Everywhere the intelligence will be heard with emotion, and we doubt not that expressions of hope for his prolonged life will naturally rise to the lips of all who read it. A medical friend at Vienna writes to us as follows:—

"Just as I am about going to send this I hear with sorrow that Professor Skoda is very dangerously ill. When I saw him a few weeks since he looked an invalid, or as if some great change had passed over him, and, leaving him, I remarked to an English friend,

'There's something rotten in the state of' our great Skoda.

So I fear that his sickness will be fatal."

Propagation of Nuisances by the London Corporation.

There would be a very sufficient cause of complaint on the part of the citizens of Southwark in the fact that the London Corporation permitted the filth and putrid offal of the city markets to be set down in the centre of populous districts; and it is simply outrageous that the Commissioners of Sewers, themselves the supposed guardians of the health of the City, should be themselves the offenders. To offend through their agents, and, perhaps, without being fully aware of the existence of the nuisance, would evidence no greater guilt than gross negligence; but the Commissioners of Sewers have done more, for they have twice appeared in the law courts to plead under the shadow of a contemptible legal quirk that they ought to be asked to remove the filth which they had so kindly exported from their own neighbourhood. The Commissioners have, however, been brought to book in a very decisive manner; and although they endeavoured, in spite of evidence that their own carts were in hourly use of the ground, to show that they were not liable to abate the nuisance, the magistrate proved his superior estimate of justice as against law, by ordering the Commissioners forthwith to purify themselves, and to pay all the costs.

The Recent Candidature of Sir D. J. Corrigan.

Our readers will call to mind the "protest," as it has been called, which, during the recent candidature of Sir Dominic Corrigan for the representation of the City of Dublin, was published with its imposing array of signatures in our advertising columns. The document declared that, "the undersigned, while admitting the desirability of medical representation in Parliament, cannot support the candidature of Sir D. J. Corrigan in consequence of the pledge he has given to vote for the disestablishment of the Irish Church."

It would seem that some of the signatures appended were those of persons under censure of the College for unworthy professional conduct, and Sir D. J. Corrigan, therefore, took occasion to bring the matter under the notice of the College at a recent meeting, and to move the following resolution, which was seconded by Dr. Hayden :—

"That the College has no concern with the objects or intention of a declaration headed, 'We, the undersigned Physicians and Surgeons of Dublin, &c.,' inserted in the *Dublin Evening Mail* of Nov. 14th, and previously repeatedly inserted in the several Dublin papers.

"That, nevertheless, the College is of opinion that the junction and association in that document of the signature and title of the President of the College, with the names of persons under reprobation and censure of the College for unworthy professional conduct—not qualified as physicians or surgeons—not registered—with falsely assumed titles—was a proceeding not calculated to maintain the dignity of the College, and the position the College should uphold before the profession and the public."

The following amendment was proposed by Dr. Beatty, and seconded by Dr. Mollan.

"That the declaration alluded to in Sir D. Corrigan's motion was not a collegiate act, but one in which members of this College, and of other medical bodies took part in their individual capacities."

"That it in no way affected the position and dignity of this College. That this College has no power to interfere with the right of its fellows to express their political opinions, in any lawful manner; outside the walls of the College."

The amendment was carried.

Death of Sir Richard Mayne, K.C.B.

Sir Richard Mayne, K.C.B., died at half-past ten on Saturday night, at his residence in Chester square. The deceased who was born in Dublin in 1796, and was therefore in his seventy-second year, was the son of the late Hon. Edward Mayne, one of the judges of the Court of Queen's Bench in Ireland,

Sir Richard died with a very large abscess between the peritoneum and the abdominal and iliac muscles. It was opened two days before his death.

Although some of Sir Richard Mayne's regulations subjected him to much adverse criticism, and occasionally to ridicule, his organization of the metropolitan police force, which in these days has assumed almost the proportions of an army, won for him several marks of approbation of successive governments. He received the honour of a Commandership of the Bath in 1847, and was knighted in 1851, immediately after the Great Exhibition of that year.

Medical Society of London.

On Monday, January 4th, 1869, Mr. Henry Hancock, F.R.C.S., will read a paper on "Perforating Ulcer of the Foot."

Children's Hospital in Brighton.

It has been determined by several of the nobility and gentry who are residents or visitors of Brighton to establish at once an institution upon the plan adopted in many of the large towns of this country and the Continent, to be called the Brighton Hospital for Sick Children and Convalescent Home. The latter will be supported by a separate fund, provided partly by subscriptions and partly by payments from the friends of the patients. As it will be supported by voluntary contributions, patients will be admitted from any part of the kingdom. The objects of the institution are—1. The medical and surgical treatment of sick children of the poor. 2. The training of nurses for sick children. The medical officers appointed are :—Physicians—W. Addison, F.R.C.P., F.R.S.; S. Barker, M.D., St. And.; R. P. B. Taaffe, M.D., London. Surgeons—J. Cordy Burrows, F.R.C.S., Eng.; Athol A. W. Johnson, Esq., F.R.C.S., Eng. (Exam.); Thomas Moore, Esq., F.R.C.S., Eng. (Exam.) We congratulate the committee upon such a distinguished list of patrons, and heartily wish them success in so desirable an undertaking.

Professor Odling will deliver two lectures on "The Properties of Carbon," at the Royal Institution, at three p.m., on Thursday and Saturday next.

Dr. Joseph Fayrer, surgeon, Bengal Establishment, has been made a Companion of the Most Exalted Order of the Star in India.

An annual sum of £50 has been granted by the Council of the Chemical Society for the purpose of scientific investigation.

Subscriptions are being raised to build an asylum in the Midland counties for non-pauper idiots. Large donations have been already forthcoming.

At St. Pancras the guardians are still rendering themselves notorious. We understand they propose to have only two, instead of three, medical officers to attend on 700 sick inmates.

The guardians of Bermondsey have raised the salaries of their medical officers from £100 to £150 a-year; and the resident medical officer of the Leeds Public Dispensary will receive £150 the first year, and £200 a-year afterwards, besides board and residence. This is a step in the right direction.

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MEDICO-SOCIAL PENCILLINGS OF LONDON LIFE AND PRACTICE.

No. V.

At length the tinsel, in my case, met the fate of that on the gingerbread of divers youths that *figured* ere my time, and since, I have no doubt. It got brushed off, leaving the surface beneath, sound and firm, if not lustrous and "dandified;" the curtain that separated the real from the ideal was drawn aside, and the broad outline of an horizon supercharged with medical elements in a convulsed state appeared, to surprise, if not to confound me, thanks to a relation interested in my welfare, who, during a momentary calm and lull in the storm of evening parties and of routs, that had been raging from all points of the social compass—as a consequence of my late success—took the opportunity to inquire of me—with the determined seriousness of one whose mind, heavily taxed and fully burthened, evidently resolved at length to throw off the load at any risk, callously regardless of consequences—"When did I suppose it was probable that all *this* stuff and nonsense was likely to cease, and what did I really intend to do with myself now that I was in a position to obtain a livelihood?"

The query was a distressing poser to me, for, up to the time of it being thus pointedly put, I had not given the subject one second's consideration. Consequently, when my guide, friend, and *bursar* thus took me to task, I became utterly bewildered; the few words that he spoke were equal in effect upon me to what might have been printed in a folio volume—physiologically speaking—they might be regarded as a tiny portion of "Liebig's Extract of Beef," possessing equal, if not superior, "nutritive" properties to a sliver "off the round."

I assured my relation that I had not paid any attention to the "worldly" side of life's picture; that, as he desired it, I should do so, and finally I promised to inform him, ere the close of the week, the result of my deliberations.

Within the time specified, I duly kept my promise, and took the opportunity to state that I had thought over the subject of my medical future, but had not arrived at a satisfactory result, sought from him an extension of time for the purpose, obtained it, and promised to decide speedily.

The fact was—this is *entre nous*—as my relation, bless his heart! is yet in the flesh—the fact was, that Cupid had enslaved me; I was desperately in love—fell into it sudden—as an apoplectic sparrow drops from an eave into a water-butt that may be beneath it, and I knew what would occur—which did occur subsequently—whenever I concluded my deliberations. I should be called on to pack up and be off without further delay or procrastination, a calamity in such cases generally regarded as most disastrous in its consequences. Yet philosophers affirm that love, and absence from the object of it, is far less fatal to the human constitution than the "red gum" to babies.

At length the crisis came.

"Well," said my relation to me one night,—"well, are you for the Army, eh?"

"No, Sir," I replied.

"Why, eh? No more parrying."

"Well, Sir?"

"Well what, Sir, eh? Why not the Army, eh?"

"Well, Sir, the fact is I know many fellows in the Army, and they consider it nothing to boast of as a field for the employment of professional skill, or as a means to realise an income proportionate to the position a fellow is compelled to maintain, unless private resources be employed to fill up any deficiency, and you know too well, Sir, that my resources—monetary, I mean—are nil."

"Well, there's the Navy; the pay, I believe, is good, and the opportunity to be frugal unlimited. There's young Ruffkins, of Reefstown; he's in the Navy. He was at home, on leave, last summer—a tremendous swell, and happy as a lark—the Navy, eh?"

"The Navy is worse than the Army, Sir. Scalenus, and many fellows that I know, left the service in disgust."

"Not steady fellows. Scamps, I presume?"

"No, Sir; steady fellows, and many more would leave the Naval Service too, if a fair chance to succeed otherwise offered for their acceptance."

"You astonish me; you object to become an Army Surgeon; well, I don't much mind that. You reject the Naval Service; why you do so I should much like to be informed; at the same time, now listen. I do not want to force you into either service, yet I decidedly insist on requesting you to commence active professional life, both for your own sake, for your family's sake, and for *my* ease of mind. So choose your own path, and I shall assist you to tread it as a gentleman should; you understand?"

"I do, Sir. I told you why I objected to the Army."

"Yes; but you did not tell me why you objected to the Navy."

"Well, Sir, Scalenus and others often tell our fellows that a surgeon in the Navy is not a privileged person—he is only tolerated—tolerated for the "ship's" comfort and preservation, and looked on as a piece of machinery to be put in requisition when desirable—for although styled a "commissioned officer," he is always told on board that he holds no rank. This may be hard enough for a gentleman of education to stand, but he is also compelled to make an animated pump-handle of his right arm, and to salute when off duty in the public streets (like a private soldier), not only the commander of the vessel in which he serves, but likewise that of any and of every other vessel, whether small or large, on promenade or at concert, anywhere and everywhere they may crop up! Now, imagine Cerebrum, well and respectably brought up, highly educated and gentlemanly, having to raise his pump-handle to Sartorius, who joined the service at the mature age of fourteen years, and who is son of Nell Gwynn, the bumboat woman, or of Barbary Peg of Brighton. Why Private Juniper of the Guards is not obliged to salute any but the officers of his corps.

"Do you tell me so?"

"I do; and I also tell you that a naval surgeon has often to wait the personal convenience of the officer on duty for many of the necessary *privileges* he may be entitled to, such as the use of a boat to go on shore, &c., although I have heard that in the French and other Naval Services part of the system is that, at a certain hour daily, a boat is in readiness with its crew waiting orders to carry on shore all officers off duty, and who may desire change of scene."

"That's as it should be, and it is otherwise in the British Navy?"

"I have been told so, and have full faith in the credibility of my authority. Yet there is a worse feature in the service. It is this—that in the Navy you are nearly one-fifth portion of the entire time on half-pay, and such time does not count in your promotion nor in your pension; thus, before a naval surgeon can retire on what is called twenty-five years' service, he is compelled to actually be from thirty to thirty-five years *in the service*. Nor has he a claim for promotion nor for pay proportionate to the gross time he may be in the service, but only for the actual time *served*, so that the *whole* of the time which he may be on the half-pay list is absolutely so much time lost to himself and to his future prospects, which prospects we can scarcely assume to be brilliant, if we consider for a moment that his age, on retiring after twenty-five years' active service, must be three score years or thereabouts."

This is a glaring injustice to the naval surgeon. Eh? I couldn't stand it! Bless me no!"

"But Sir, in the army full time from date of entrance, whether on the Staff or otherwise, is allowed to him in promotion and in his retiring pension. In a word, an Army surgeon retiring on twenty-five years' service ranks as Deputy Inspector-General. A Navy surgeon may be thirty or thirty-five years in the service, and may not have served twenty-five years, consequently, he cannot retire with equivalent advantages to those of the Army surgeon.

Well, well, what a pickle, go on boy.

You see Sir, there is a difference in the Navy between *time* in the service and *active* service; the former is the grain with the hull and the stalk, the latter the grain only. Labour and seed and a fertile soil are employed to produce the hull for the winds and the grain for the market. Regard the grain as the active service in the Navy, the hull as the time on the half pay list, and the stalk, bearing both grain and hull, the full time a fellow serves."

"What robbery! Then if two brothers join the Army and Navy as surgeons, at the same time, the naval sureon must remain many more years than the Army surgeon, ere he can retire on pay and with rank equal to his brother owing to this half-pay list bugbear, eh?

"Precisely so, Sir, that's correct; and although he may have seen far more perilous service, and have roughed it in all quarters of the globe."

"Well, I never."

"Nor I, Sir; and now that we're on the subject I just remember having read something to the effect that naval surgeons should not be entitled to receive their shares of prize money nor decorations, unless on extraordinary occasions.

"Monstrous. Who is to blame for all this, the Admiralty, eh?"

"Both the Admiralty, the surgeons in the service, and the profession outside of it. Would you believe, Sir, that I have been told that at Boards for medical survey, non-medical officers—naval officers, in fact—sit, discuss, and vote on thosh purely medical questions!"

"Then the Naval Medical Service must be a muddle of red tape and humbug.

Above all, Sir, surgeons are denied not only rank on board ship, but even on shore in their social capacity. Now as an example of this, let us suppose a medical officer in company with a sub-lieutenant, or even a midshipman invited to dine at a private gentleman's table, either officer, the very "middy" according to the Admiralty regulations, takes precedence of the medical officer, no matter what his supposed rank may be, even were it that of a deputy-Inspector General of fleets, &c.

"You are right my boy, not to join, don't."

"Indeed I will not, Sir, nor will I advise any fellow with whom I am acquainted to do so until those glaring wrongs be rectified."

"Bravo! But what do you intend to do, try a Poor-law appointment, and eat your way up, as lawyers do, eh?"

"No, Sir, until the Poor-law Boards are by Act of Parliament compelled to pay their medical officers £365 per annum, which is less than a guinea a day,—certainly not exorbitant pay for which to get thoroughly competent medical practitioners to conscientiously discharge the duties, I do not purpose to try *that* quarter; and you know full well, Sir, that local interest and influence are at present the great sources through which candidates, in most instances, obtain dispensary and union appointments. Competency and ability to perform the duties of the appointments are quite a secondary consideration."

"Well, what's your game, eh?"

"I think, Sir, I'll seek in London fame and fortune."

"London, eh? London, eh?"

"Yes, Sir."

"Well, well, likely you're wise. I'm satisfied. Bow Bells, Whittington, and London; ding dong; good night."

QUID NUNC.

THE PROJECTED APPOINTMENTS AT THE DUBLIN COLLEGE OF SCIENCE.

IN our recent notice of the changes which are pending in this Institution, we stated that Professor Wyville Thompson would probably occupy the chair of Zoology, now held by Professor Traquair in addition to that of Botany. This statement is not accurately correct. The Professorships of Zoology and that of Botany are perfectly distinct at present, and their amalgamation is only a surmise. Professor Traquair is now, and will remain (unless he should seek for and obtain the chair, about to be vacated by Professor Thompson at Belfast) Professor of Zoology at the College of Science. Professor Thompson has been already appointed to be Botanical Professoriate, but whether he will accept the election and leave Belfast, whether Professor Traquair will succeed him there, or whether, if so, the Professorships of Botany and Zoology in the College of Science will be incorporated into one, is at present matter for speculation.

The impression is current that Professor Thompson will hardly vacate his present office unless he is appointed to the Professorship of Botany in the University of Dublin, without which his acceptance of office at the College of Science would envolve a very serious loss of income.

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Correspondence.

[We are happy to give space to the following letters, which have been forwarded to us for publication; if, on enquiry, the facts stated prove true, the sooner the stigma be removed the better for the credit of the profession.]

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I forward by this post a copy of the *Somerset Gazette*, published this day, containing what I believe to be a gross libel on the profession of surgery, of which the College is the natural guardian. The passage to which I refer, is to the effect that—"in past times Mr. Oakley (the governor of the jail) has actually had application from members of the surgical profession to perform the duties of hangman," and I think it devolves on the College of Surgeons to demand some explanation of this most extraordinary statement. I wrote to the editor a note, of which I enclose a copy, but feel quite powerless to enforce justice against such odds.

I have the honour to be, Sir,
Your very obedient humble servant,
J. CAREY, M.D. University of London,
and Member of the College of Surgeons.

To the Secretary of the
College of Surgeons.

TO THE EDITOR OF THE SOMERSET GAZETTE.

SIR,—An article in the *Somerset Gazette* of to-day, contains a statement that "in past times Mr. Oakley has actually had application from members of the surgical profession, (why did he not include the clergy and legal professions?) willing to perform the office of hangman." A gentleman such as Mr. Oakley would not wantonly slander a noble profession, every natural instinct of which is the saving of human life, without some colourable pretext for so doing.

Tramps and scoundrels of every kind have from time to time applied to me for money and assistance on the plea that they were medical men, but in every case in which I have taken the trouble to investigate, I have found their statements wholly false, *that they never were members of the profession at all;* the highest claim to that title ever found by me amongst them was that at some time or other they had been employed by medical men to assist them when in want of help.

Surely Mr. Oakley will not refuse to give the names and degrees of those "members of the surgical profession" to whom he alludes, for *I* must, until he does, consider that he has been grossly imposed upon in the matter to which I have referred, or otherwise that this statement is a pleasant invention of his own.

I have the honour to be, Sir,
Your very obedient servant,
J. Carey, M.D. University of London,
and Member of the Royal College of Surgeons, London.
2 Hamden Villas, Taunton,
December 26th, 1868.

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Obituary.

DEATH OF DR. O'FERRALL, OF DUBLIN.

We sincerely regret that we have to announce the death of Dr. Joseph M. O'Ferrall, which occurred on Wednesday last, the 23rd inst, at his residence, 15 Merrion square, North. For some years he had suffered from defective vision, yet, nevertheless, so valuable was his diagnostic skill, and so excellent his judgment, that he was extensively consulted by his professional brethren and the public up to the week in which his lamented decease took place. He commenced his professional career as an apprentice of the illustrious Richard Carmichael, the teacher of so many eminent surgeons. His industry was remarkable from the outset, and he utilised to the fullest extent the great opportunities which the House of Industry Hospitals then afforded. Professer R. W. Smith has informed us that he resided in the Richmond Hospital for no less a period than five years. He became a licentiate of the Royal College of Surgeons in 1818, and five years afterwards, an unusually short interval, was chosen a member of that body. Having located himself in Sackville street, the public soon became aware of the fulness of his professional knowledge, and he rapidly acquired an extensive practice. Unable to procure an appointment to any of the then existing hospitals, he gladly availed himself of the connection with St. Vincent's Hospital, which he retained from 1834, when it was founded, to the day of his death. At first he was the sole medical officer, but afterwards, the late lamented Dr. Bellingham was his colleague, and since his decease, Dr. O'Ferrall acted as Chief of the present staff. Many of the clinical lectures therein delivered, and most of the numerous essays on the cases there presented to his observation, have been published in the *Dublin Quarterly Journal*, the *Transactions of the Pathological Society*, the various series of the *Hospital Gazette*, and in this Journal.

His various contributions number 125, and as all exhibit a diagnostic skill rarely equalled, contain valuable practical suggestions, and are written in a clear, concise, and scholarly manner, they are well worthy of republication. A few of the more original of these essays may be enumerated :—" On Ileo-cæcal Abscess ;" " The Pathology and Treatment of Varicose Veins ;" " On the Cure of Popliteal Aneurism by Compression of the Artery at the Groin ;" " The Diagnosis of Hip Disease ;" " On Abscess, with Fistulæ of the Breast ;" " On the Structure and Diseases of an Apparatus surrounding the Eye-ball, and a New Operation for Extirpation of that Organ ;" " The Treatment of Anthrax." The operative procedure which has made his name most famous is the elevation of a tumour, or other part about to be removed, for the purpose of emptying it of blood as fully as may be.

The disease, which, after several months of suffering, terminated fatally, was of a paralytic character, first attacking one lower extremity, and then the other. A few hours before his death, he was attacked with difficulty of breathing, which his professional brethren who attended him regarded as solely due to paralysis of the diaphragm, and wholly beyond the power of remedies. In private life Dr. O'Ferrall was most warmly esteemed, and his removal, as a generous patron of art, will be deeply felt.

DR. RYAN.

A most brilliant career of usefulness and talent has been brought to a termination by the early death, last week, of Dr. Ryan, late of Middleton, Co. Cork, who, at the early age of twenty-four years has been shorn of the rewards of a very zealous studentship in medicine. He had gained the highest qualification in his profession—the Directorate in Medicine, the Mastership in Surgery, and the Baccalaureate in Arts, and had signalised his competition for these by obtaining a gold medal in Medicine, and another in six languages in the Queen's University in Ireland.

Our profession can ill spare so promising a member, and it could, perhaps, have better spared one whose genius had had time to germinate.

SULPHATE OF NICKEL IN NEURALGIA.

The interest of the following remarks does not lie in the employment of the sulphate of nickel in neuralgia, but in its therapeutic effects. We are told that it is a gentle tonic, acting like the preparations of iron and quinia. In this case, however, it seemed to exercise a sedative influence, more closely resembling that of the bromide of potassium.

Mrs. B. has suffered with neuralgia more than three years. During the last two months the paroxysms have been very violent and frequent—occurring every few minutes. She has taken iron, quinine, arsenic, strychnine, colchicum, aconite, morphine, chloroform, valerian, zinc, mercury, electricity, and many other remedial agents, with only temporary relief. As Prof. Simpson had used the sulphate of nickel successfully in a case of severe and obstinate periodic headache, I concluded to try it, and began February 19th by giving her half-grain doses three times a day. In less than a week the paroxysms were reduced to only one within twenty-four hours ; this came on at noon. On last Sunday (March 1st) it did not commence until about 3 p.m. I was present and gave one grain of the sulphate, notwithstanding she had taken her regular doses that day. Its sedative action was speedily manifested in reducing the pulse and producing sleep. All symptoms of the paroxysm disappeared, and Mrs. B. states that they did not return until 7 o'clock. In this case the sulphate of nickel has given more permanent relief than anything else ; Mrs. B. tells me that it soothes her quicker than morphine, and is not followed by any unpleasant effects.—*Richmond Medical Journal.*

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NOTICES TO CORRESPONDENTS.

A. B. L.—You will find the subject treated in the last volume of the "Philosophical Transactions."

Anti-Homœopath.—You were right in declining to meet in consultation, as there could be no discussion between parties, one of whom is committed to dogma the other denies.

Mr. Adams.—The case shall appear if a report be sent.

Dr. Humby.—The opinion of our contemporary in questions of practical medicine is not likely to arrest the attention of the profession.

Sulphur Pastilles.—A correspondent has tried Duncan and Flockart's, and those of Messrs. Bailey, of Wolverhampton. He prefers the latter, as they more completely burn out. They can be had in London from Hooper, of Pall Mall, and most chemists.

Dr. Pratt, Poole.—Your kind suggestion shall secure our best attention. We propose to devote a portion of our space for the future to a record of Continental progress in the English language.

Dr. Lamprey.—The "Case of Enchondroma" received with thanks. The illustrations, though very graphic, are hardly finished with such accuracy as to fit them for our columns. We have sent them to the engraver for his opinion. Do we understand your letter to imply that you have had them already engraved in a different form from the proofs sent ? We shall be glad to receive the other cases.

In our last attention was drawn to an "Extraordinary Case of Epilepsy," communicated to the Surgical Society by Dr. Kirkead. The author's name should have been Kinkead, and not as erroneously printed.

To the Editor of the Medical Press and Circular.

Sir,

Seeing my name mentioned in connection with the Belfast Chair, (about to become vacant), will you allow me to state that I have no intention of offering myself for the Professorship, which, however, ten years ago would have been for me an extremely inviting opportunity.

I am, Sir,
Your obedient servant,
T. S. Cobbold, M.D., F.R.S.
Swiney Lecturer on Geology.

Dr. Alfred Clarke, Shorncliffe.—We shall at all times be glad to publish the transactions of the society mentioned, should the reports not be too lengthy.

Dr. Wilson Yarm will please receive our best thanks.

"Dr. Barton on Syphilis" is unavoidably held over till our next.

The valuable proceedings at the meeting of the Junior Surgical Society will appear in our next.

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